



Building Resilient Lives

New Zealand Health Camps

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At Te Puna Whaiora Children's Health Camps in New Zealand, the approach to helping families reach their potential is radically changing the lives of many children and providing innovative solutions for its most vulnerable and troubled children.

There is an old adage that says "It takes a village to raise a child." Kretzmann and Schmitz (1995), offer an alternative viewpoint:

*Sometimes it takes a child to raise a whole village...
Young people have the gifts and talents to raise their
villages. They lack only the confidence of their vil-
lages in them to do it. (Kretzmann & Schmitz, 1995)*

Te Puna Whaiora Children's Health Camps in New Zealand have taken the latter to heart. Their approach to helping families is changing children's lives. This is their story—a story of courage, of resiliency, of innovation.

Global Issues, Local Solutions

Right now in the world there are literally millions of children who are battling trauma resulting from issues outside their control: abuse, neglect, indifference, abandonment, and isolation.

As discussed in a previous article in *Reclaiming Children and Youth*, in the United States, 800,000 children were removed from their homes in 2005 for a myriad of reasons. Of those 800,000, around 500,000 spent more than a year away from home in residential group care (1.6% of the current population; Malia, Quigley, Dowty, & Danjczek, 2008).

In New Zealand—with a much smaller population of around 4.1 million—there are currently around 10,000 children (0.24% of the current population) in some form of residential care, ranging from foster care homes, group family homes run by government agency Child, Youth and Family, church-based homes (such as group homes run by the Salvation Army), and charitable trust-run facilities.

Charitable trust-run facilities generally operate on shoe-string budgets and survive through the generosity of sponsors and donors and the positive will of their staff. In these terms, New Zealand's Te Puna Whaiora (Children's Health Camps' indigenous Maori name, as it is referred to in New Zealand) is no exception.

But the family-focused services offered by Te Puna Whaiora are something quite different. Rather than be a proverbial "ambulance at the bottom of the cliff" as many service providers find themselves, Te Puna Whaiora has forged itself a position as a crucial intermediary—empowering children, instilling courage, healing families, and as its vision attests, building resilient lives. The difference is its holistic approach to care—working with children, their families, and their communities.

Evolution of Children's Health Camps

The Children's Health Camp movement began in 1919 rising from a need for improved child health and education—identified, in part, by the poor health standard of soldiers recruited for the Boer War. As part of the solution, the government's education department employed medical practitioners and nurses to visit schools to review children's health.

Dr Elizabeth Gunn, one of the school medical officers in the Wanganui region (a rural part of New Zealand's North Island) decided to pilot a summer "canvas camp," which was held on a local farmer's property. This evolved into a series of "Sunshine Camps" that aimed to give children the benefits of plenty of sunshine, rest, fresh air, and regular healthy meals—and to stave off tuberculosis and malnutrition. These camps were fairly military in style with set exercise routines and dedicated times for eating and sleeping. In fact, the children slept in army-supplied tents and marquees.

These Wanganui-based camps proved successful with many undernourished children putting on weight and continuing to improve upon returning home. Following their lead, other regions began running camps around the country. In 1936, the

National Federation of Health Camps was formed, unifying the different camp organisations. A dedicated government fund established in 1937 secured the financial viability of the camps and set up an administration. Referrals to the camps came from schools and communities—channelled through public health nurses and medical officers of health under the education department.

Since it began in 1919, Te Puna Whaiora (now a charitable trust) has helped more than 260,000 children and their families. Today, Te Puna Whaiora has seven facilities around New Zealand and works with around 3,000 vulnerable children and their families at any one time. While still referred to as health camps, they are now permanent facilities providing child and family services that range from community-based social services to sophisticated residential care and schooling offering a whole child approach. The referral system has widened to include Child, Youth and Family (part of the Ministry of Social Development), Group Special Education (part of the Ministry of Education), Resource Teachers Learning and Behaviour (which work within schools), Child and Adolescent Mental Health Services, paediatricians, child psychiatrists and psychologists, Iwi (Maori tribal) social services, doctors (GPs), school principals, and other social agencies working with children and families.

The spectrum of needs of those accessing Te Puna Whaiora's services has also widened. The service now caters to 5- to 14-year-old children who have had long exposure to multiple risks and who lack the protection they need to ensure successful survival of such exposure. Many of the children referred to Te Puna Whaiora have been previously assessed or diagnosed as having long standing or chronic difficulties and exhibit multiple physical, social, mental, and developmental challenges.

Te Puna Whaiora Culture of Care

What Te Puna Whaiora sees in the children and young people is their survival instinct, their courage and resilience, their heroic effort, their desire to love, be loved, and to belong, and their unquenchable desire to be valued for what they can do and what they can give.

The modern day Children's Health Camps have a culture of care that is very different from the earlier military-style "Sunshine Camps." The focus is now firmly child-centred, family-driven and solution focused. Its mission is "to provide an early and transforming intervention in the lives of vulnerable



children so that together with their families they may begin to build a brighter future.” (Te Puna Whaiora, 2006)

The traditional approach of Children's Health Camps was based primarily on a model of service delivery that focused on child and family deficits, had restrictive participation and definitions of “family,” and relied heavily on didactic programmes and punitive consequences while undervaluing the importance of human interaction. The new child-centred and family-driven model of care emphasises a philosophical shift from deficits to strengths, from low expectations to high expectations, from control to collaboration, from an expert model to a partnership model, from gate-keeping to sharing, and from dependence to empowerment. This approach provides an intensive experience that grows children's development and well-being, strengthens family decision making and parenting, fosters child and family independence, respects children's and family choices, and builds on existing child and family functioning.

Collaborative intervention with family and whanau (the Maori term for extended family) permeates all aspects of assessment, planning, delivery, and evaluation of services. The organisation's philosophy of working with family and whanau is undoubtedly the key to its success. According to CEO Fiona Inkpen, “The basic premise is that the health and well-being of the whanau is a beginning point for restoring the spirit of hope to the children.”

At the time of acceptance into the service, children, parents, and teachers are asked to fill in a Strengths and Difficulties Questionnaire (SDQ). SDQ is a well-

researched and validated tool sensitive to treatment effects and can therefore be used to evaluate outcomes as well as predict the likelihood of future difficulty. This is a 25 item behavioural screening questionnaire that relates to five facets of child behaviour: emotionality, conduct problems, hyperactivity, peer problems, and pro-social behaviour—the first four of which are summed to form a total difficulties score. Children, parents, and teachers are asked to complete the SDQ again when they exit the service to assess the impact of the service and then at six-month and 12-month follow-ups to assess the long-term outcome.

A study entitled “Impact of psychosocial interventions on children with disruptive and emotional disorders treated in a health camp,” published in the *Australian and New Zealand Journal of Psychiatry* (Gibbs, Moor, Frampton, & Watkins, 2008) found that children within Te Puna Whaiora services demonstrated statistically significant improvements in all SDQ facets.

The aim is to build lasting, resilient relationships so that children can thrive.

Following a holistic assessment of children's needs and strengths, all services are individually tailored to the child's developmental, parental, and environmental needs. Individual service plans can include one-on-one mentoring relationships, individual and group activities in the community or school, out-of-home or residential interventions, and a range of coordination and brokering activities aimed at strengthening the child and family's connectedness and independence. In order to make the intervention “life transforming,” all Te Puna Whaiora staff are trained to understand the power of “heart to heart” relationships with the children and families in Te Puna Whaiora care. Heart to heart relationships in practice are characterised by fundamentally positive regard and respect and consistent compassion and kindness. This, coupled with the focus on family involvement, provides, promotes, and sustains connectedness and protection and provides the opportunity for an intense experience of an alternate view of the world and the self.

Unlike many other international residential programmes, Te Puna Whaiora encourages parents and whanau to participate in the residential part of the programme. Parents can visit or stay at any time, be involved in child-centred discussions, participate in residential parenting education programmes, help out in the school day, attend formal functions (including sports events, adventure outings, talent quests, the 'Academy Awards' and 'Camp Idol' nights), and write or phone their children during their stay. There is also the opportunity to meet their child before and after school or in the evenings.

According to Fiona Inkpen, "The idea is for children, parents, and whanau to simultaneously experience the hope, dignity, and respect that motivates people to develop trust, seek healing, and desire new

learning. Many parents think having their child referred to Te Puna Whaiora is a failure on their part. By offering a heart relationship from the outset and involving them in the process, we're breaking down that perception. At the end of the day, the aim is to build lasting, resilient relationships so that children can thrive. There's no point building up a child at camp then having them return to a negative environment at home—it doesn't work. What does work is for children and families to be able to integrate an intense experience of Te Puna Whaiora culture of care into all facets of their child's life and their whanau's lives on their return home."

Weaving Maori models and frameworks with lessons from resiliency research is also a cornerstone difference of Te Puna Whaiora. This journey of

MAREE'S STORY—A PARENT'S PERSPECTIVE

Maree, a single mother of four, was unhappy. Her children—aged ten, eight, six, and nine months—lived with her in a rural community and only occasionally saw their father. He came and went as he pleased, injuring Maree with his strength and the children with his words. Life for them had become a constant cycle of violence, anger, and depression.

Maree, carrying with her a history laden with sexual abuse and domestic violence, was looking for a different life for her children. She wanted them to be free from the fear and anxiety that were causing problems in the children's behaviour and her anger management. A friend who worked at the local Iwi Social Services recommended the local Health Camp. With a visit from a field-worker, a care plan was established and goals and strategies were set in place to help the children develop their own strengths and inner resiliency. Maree was amazed by the workers' dedication and had no idea the extent to which these plans would help both her and her children.

Having never been away from her children before, and feeling somewhat over-protective, Maree asked if she could stay as well and get help in rebuilding her own life. She moved into the Parents' Quarters and began the process of strengthening herself while her children received their own help. The Health Camp referred Maree to a range of social service providers to give her the ongoing help that she needed, including contacts with lawyers, housing services, child services, and a local Member of Parliament.

Maree's children have ended their stay at the Health Camp and she has noticed a marked improvement in her children's attitudes and disposition. She proudly watched her children bloom and receive certificates at the end of the camp concert. Her family can now enjoy a new beginning, a new home, a new school, and more opportunities.

Maree is carrying on with her education and is studying law. She has been allocated to a new home. She has two sessions on Domestic Violence left to undertake before beginning an Anger Management course. She has successfully rearranged her life to suit her children. She is grateful for the agency that rebuilt a loving family that just needed to be noticed, touched, and given a lot of awhi (support).

Name has been changed to protect privacy.

continuous learning is guided by Te Puna Whaiora Kahui Kaumatua (respected Maori Elders) and is supported by learning from Maori models of health and development and traditional Maori healing practices.

Maori philosophy towards health and wellbeing is focused on achieving a balance between whanau (family health), hinengaro (mental health), tinana (physical health), and wairua (spiritual health).

For any intervention service working with children and families, an important aspect of restoring health and wellbeing is the provision of experiences of *ihi*, *wehi* and *wana* (interventions must provide children and families with experiences that restore their sense of rapture, awe and love of life).

All Te Puna Whaiora services provide access to Kaumatua and speakers of the Maori language (Te Reo). Te Reo and Maori protocols are woven into

KAHU'S STORY: A CHILD'S JOURNEY

At twelve years old, Kahu was well known in his school for his truancy. His school defined him as "defiant and non-compliant." In one ten-week school term, he had attended only six days and had been suspended from school twice for smoking and using marijuana. His mother was an alcoholic and his father was a drug addict, so he lived with his grandmother and other extended family. His brother was already in long term residential care.

When Kahu was referred to Te Puna Whaiora, it was decided that if he was to attend camp, he would benefit from a mentoring relationship focused on supporting his improvement in peer interaction skills, concentration, problem solving, and responsibility. This would give Kahu a better chance of experiencing success when he finally did attend camp.

When Kahu arrived at camp he was adamant that he would only attend school in the mornings, and the staff agreed to let him do so. On the first day, he was quick to remind the staff that he was to go home at lunch time and he returned to camp. The rest of the children remained at school and took part in the afternoon choices programme where children get to choose activities such as BMX biking, computers, PlayStation SingStar, art and craft, and swimming.

When lunch arrived on the second day, Kahu was more reluctant to return to the camp for the afternoon. The staff assured him that they still only expected him to attend school in the morning. At lunchtime on the third day, Kahu approached a staff member to ask if he could attend school for full days.

Kahu attended school every day for 30 days and had no problems with his behaviour or attitude. Staff worked intensively with Kahu using a lot of one-on-one support and implementing alternative learning styles such as using the environment for maths and using drama for reading and oral language. This also increased Kahu's vocabulary so he was better able to express himself and his feelings.

When Kahu had completed his stay at Health Camp he was successfully integrated back into his school. He attended five days straight and was awarded a certificate at the school assembly to mark the occasion. Since his Health Camp stay, Kahu has been attending school regularly. His teacher reported that he is happy in his classroom environment and others motivate him not to misbehave. Kahu was beaming with pride at his own ability to make positive change.

When Kahu was asked what made the difference, he stated "Yous [sic] didn't pick on me or yell at me when I did something wrong, yous listened to me" School is easier for him now because he stays away from his "bad mates" and plays rugby.

Name has been changed to protect privacy.

everyday routines and events. All services provide regular field trips for the children to experience different cultural environments. For many of the children, these field trips are life changing events in themselves.

For example, a few years ago the Pakuranga camp took six children and three staff up to the far north of New Zealand—an area with a large Maori population that is steeped in Maori culture and tradition. The children were all of Maori descent but, due to their home and social environments, they did not have a strong sense of their unique cultural identity—or indeed, their sense of self. According to Te Puna Whaiora staff, for many of these children being Maori meant negative assumptions about themselves and their families. Somehow staff needed to give children an experience that would dispel these illusions that were holding the children captive (i.e., change the negative beliefs about Maori identity and build positive high expectations for their future).

Nicknamed "Te Rapunga" ("The Seekers") by their Kaumatua, the children embarked on an educational, cultural, ancestral, and spiritual journey during which they learned about their own unique identity, where they had come from, and importantly, to positively identify themselves as Maori and be proud of it.

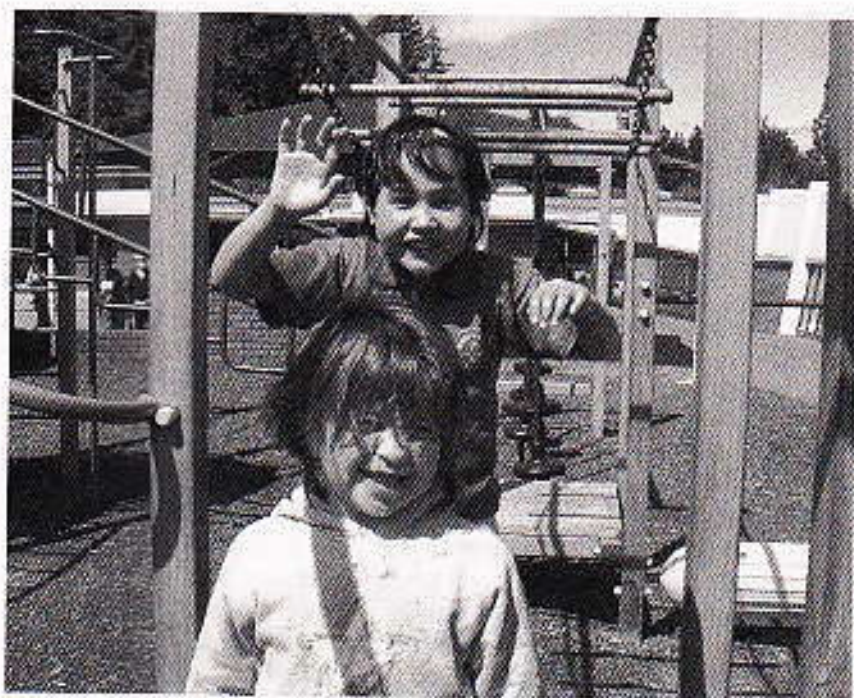
The Thread that Connects

Late last year, some of the team at Te Puna Whaiora met with Larry Brendtro (editor of *Reclaiming*) who introduced them to the Circle of Courage. The model integrates Native American philosophies of child-rearing, the heritage of early pioneers in education and youth work, and contemporary resilience research. It is based on four universal growth needs of all children: belonging, mastery, independence, and generosity.

The Te Puna Whaiora team saw many parallels between their practice theory and wisdom and the Circle of Courage model. Fiona Inkpen said "We were very grateful to have confirmed that we were on the right path, that our journey of discovering what works best for the children we serve is a universal journey, and that the thread that connects us across the cultures is our love of children, a recognition that they are our future and a shared respect for children as a resource in themselves."

The Circle of Courage model provided guidance and insight at an important time for Te Puna Whaiora and enabled them to name their own circle of courage (Porowhita Maia) that informs their culture of care.

In addition to components that make up the Circle of Courage—belonging (whanaungatanga), mastery (tohungatanga), independence (mana motuhake), and generosity (atawhai), Te Puna Whaiora includes the components of hope (Tumanako), connectedness (whakapapa), and gratitude (whakawhetai).



Gratitude is a core component of Te Puna Whaiora's culture of care. Fiona says, "As we have become strong and resilient we have been able to be generous to other organisations, supporting their efforts and aspirations. Much of our work relies on the connectedness and generosity of other organisations and agencies. And of course, it's impossible to reflect on our journey as an organisation and not experience an immense sense of gratitude. That includes gratitude for our 'ancestors'—our grandfathers and grandmothers who created the services; for the children and families who have been our teachers; for the volunteers on the local committees who have been the backbone of our work over the years; for the generations of staff who have brought their immense love of children and created the heart of the work; for our kaumatua and kuia (respected Maori elders) who have healed and guided our spirit; and for all those who have led and advised us wisely."

The "Alternate Mirror"

The team is now taking our new learning from the Circle of Courage and weaving it into their culture of care. Te Puna Whaiora is soon to open its first Children's Village in Gisborne.

Gisborne is a small town (population of 31,000) on the eastern coast of New Zealand's North Island. It is steeped in Maori and colonial English history. It has one of New Zealand's largest concentrated Maori populations (45% of the town's population are of Maori descent) and many of its residents (Maori and non-Maori) are in the lower socio-economic demographic.

Te Puna Whaiora has operated a health camp in the region since 1941. In that time, more than 18,000 vulnerable children and families in the Gisborne region have used its services.

Te Puna Whaiora was aware that the Gisborne camp—originally built as defence force barracks—was no longer good enough for children and their parents. It was decided to build a completely new concept and design, a new "Institution of Hope" as "Institutions of hope refer to sets of rules, norms and practices that ensure that we have some room not only to dream of the extraordinary but also to do the extraordinary" (Braithwaite, 2004, p.7).

"Our dream is to create a nurturing and safe physical environment that will be experienced as 'a warm blanket of belonging'" (Gilligan, 2006), says Fiona. "We want the children to arrive and feel like they belong, to have the chance to live in a peaceful and safe environment. We expect that with care and support, they will make new friendships and connections, learn new skills and competencies, master new ideas and attitudes, try new experiences and rise to new challenges. All children will have the opportunity to participate and contribute to the daily lives of those that they have in turn learned to care about."

The Children's Village consists of four homes—one acts as an administration unit, and three act as independent "family homes" with four spacious bedrooms. At the heart of its newly designed Children's Village is a resource centre that allows children and their families to commune in formal and informal settings and also to experience "marae-style" living (that is, sleeping and communing in the traditional Maori meeting house style, working and socialising in the meeting house/hall during the day and sleeping on mattresses on the floor set up around the walls at night).

According to Fiona, "The children will learn daily routines and life skills in the context of a large family home thus making it easier for them to transfer their new skills to their own home—it is also hoped that in the future we may be able to provide a whole family approach to the new home environment where families can experience an intensely affirming 'alternate mirror' of the world and themselves. This is particularly important for families who have experienced generations of adversity and trauma".

The new Gisborne camp is New Zealand's first Children's Village and is a place where children have the opportunity to make a lasting contribution to their own lives and the lives of those around them. For Te Puna Whaiora, it is the physical representation of its child-centric philosophy—that the child can raise the village.

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