

Hoki ki te Rito – Oranga Whānau

Mellow Dads in Aotearoa (NZ)

AIM Parenting programmes have been shown to improve children's relationships with their parents/caregivers and reduce problem behaviours, however little research has focused on outcomes for indigenous fathers. The aim of this study was to evaluate the acceptability and effectiveness of Hoki ki te Rito/Mellow Parenting programme, for Māori (Indigenous peoples) and Pacific fathers in Auckland, New Zealand.

DESIGN A repeated measures, stepped wedge design methodology was used, comparing a waitlist control condition, pre and post intervention, 3 month and 12 month follow up of the intervention group.



SETTING Ohomairangi Trust, an indigenous Kaupapa Māori focused provider, delivered the programme to over 30 Māori and Pacific fathers in South Auckland, New Zealand.

PARTICIPANTS Fathers from socially disadvantaged areas, with children aged between 0-5 years, where relationship difficulties along with child behaviour difficulties were present.

INTERVENTION A culturally adapted version of the Mellow Parenting Programme – Hoki ki te Rito – Oranga Whānau for Māori parents.

MAIN OUTCOME MEASURES Father's wellbeing, and coping with parenting, and children's behaviour and development, were assessed using fathers' self reports on General Health Questionnaire – 30 (GHQ-30); Parent Daily Hassles Scale (PDH), Ages and Stages Questionnaire (ASQ) and Strengths and Difficulties Questionnaire (SDQ).

RESULTS Fathers attending Hoki ki te Rito-Oranga Whānau parenting programme reported a significant increase in their own well being, their ability to cope with their parenting role and their children's behaviours, their feelings of self esteem and adequacy. Reductions in unwanted problematic behaviours from their children, and an increase in children's social skills were also found. The programme also led to greater movement from the clinical range to the non-clinical range for mean child behaviour scores on all measures. Qualitative data showed extremely positive responses to the programme resources, content and process.

Table 3. Pairwise comparison analysis results for outcome measures for fathers between two consecutive time points

	Waitlist - start		Start - post-group		Post-group - 3 month follow-up		Post-group - 12 month follow-up	
	Mean difference	Effect size	Mean difference	Effect size	Mean difference	Effect size	Mean difference	Effect size
GHQ-30	-1.54 p=0.1942 n=13	0.6	-4.27 p<0.0014 n=33	0.6	-2.35 p=0.0832 n=20	0.4	-2.10 p=0.0142 n=20	0.6
PDH Frequency	0.27 p=0.4659 n=11	0.6	-4.22 p<0.0023 n=32	0.6	-2.2 p=0.1878 n=20	0.3	-6.60 p<0.001 n=20	0.97
PDH Intensity	-2.27 p=0.1146 n=11	0.9	-11.5 p<0.001 n=30	0.9	-7.18 p=0.0054 n=17	0.8	-10.78 p<0.001 n=18	0.99
PDH Challenging behaviours	-0.42 p=0.5240 n=12	1.4	-5.87 p<0.001 n=31	1.4	-1.74 p=0.0837 n=19	0.4	-3.58 p=0.0039 n=19	0.76
PDH Parenty Tasks	-0.82 p=0.2685 n=11	0.4	-2.53 p=0.0295 n=30	0.4	-3.33 p=0.0083 n=18	0.7	-6.11 p<0.001 n=18	1.09

General Health Questionnaire (GHQ-30), Parenting Daily Hassles (PDH)

Table 2: McNemars test results: numbers of ASQ scores reaching clinical cut-off: Waitlist and Start

Waitlist	Start	
	≥ Clinical cut-off	Below cut-off
≥ Clinical cut-off	3	6
Below cut-off	1	5
	4	11

p = 0.625

Table 3: McNemars test results: numbers of ASQ scores reaching clinical cut-off: Start and Completion

Start	Completion	
	≥ Clinical cut-off	Below cut-off
≥ Clinical cut-off	9	16
Below cut-off	1	12
	10	28

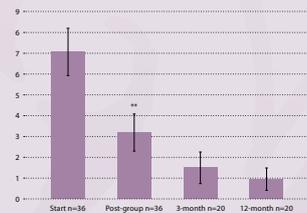
p = 0.070

Table 4: McNemars test results: numbers of ASQ scores reaching clinical cut-off: Completion and 3 month follow-up

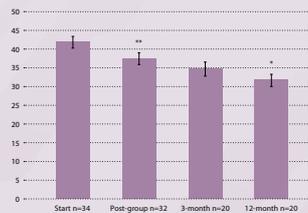
Completion	3-month follow-up	
	≥ Clinical cut-off	Below cut-off
≥ Clinical cut-off	4	8
Below cut-off	3	9
	7	17

p = 1.000 (ns)

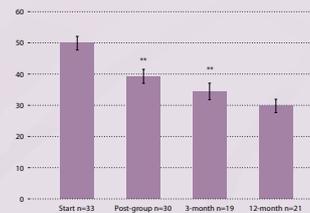
Graph 1: GHQ - 30 scores



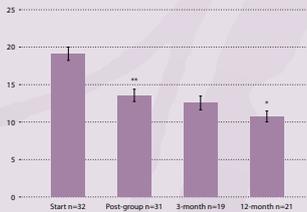
Graph 2: PDH Frequency Scores



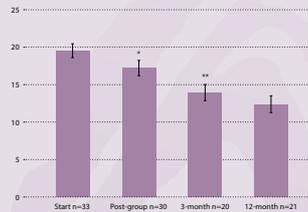
Graph 3: PDH Intensity scores



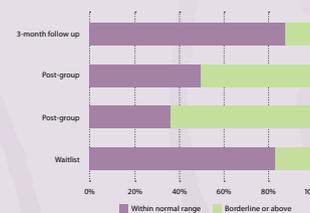
Graph 4: PDH - Children's challenging behaviours



Graph 5: PDH Relative Hassle of Parenting Tasks



Graph 6: Proportion of Strengths and Difficulties Questionnaire (SDQ) Scores within normal range and borderline, or above, at each time point.



“Before (coming to this course) I used to beat myself up – oh I’m struggling, got no job, got no future, that was the outlook before... it has helped me refocus...”

I’m helping my kids on a daily basis, I get them off to school, I feed them, I clean them, I love them, you know, only through the conversations that we have here and sharing our life stories and experiences was I able to reconnect with those things and try and formulate a plan to move forward...I had to come here for people to say “look bro, you are doing all these things and you don’t even realise”, and so that was a huge growth thing for me, giving myself a pat on the back, recognizing I’m putting in some good work,...and take this into the future with my kids” (Oct 2011)

“Like being a father – I never thought it could be this easy

you know, I grew up in a household where everything was controlled by violence and I thought to myself man, that’s what being a father is about, its not much fun, but now, after thirteen weeks of this course I’ve had more fun than in my childhood, just trying out new things. It’s a whole new learning curve like learning I’m a son again, being a child again, but like having to be the parent too, so I am teaching them while I’m learning myself. Yeah I wish my father had help.” (May 2012)

CONCLUSIONS This study provides empirical support for the effectiveness and acceptability of this culturally adapted version of Mellow Parenting – Hoki ki te Rito-Oranga Whānau, delivered by Ohomairangi Trust in their community setting of South Auckland, Aotearoa, New Zealand. The outcome of this study may be seen as a significant step in increasing appropriate service provision for Māori and Pacific families and reducing barriers to accessing available services in the community.

AUTHORS Lyn Doherty, Amanda Smith, Hone Fowler, Chris Frampton, Paul Purkis, Dr Sally Merry, Dr Sue Crengle

