Whakamana te reo aa ngaa rangatahi ki roto i ngaa ratonga hauora

(Empowering the voices of our young people in health services)

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Waikato Tainui, Ngaati Paaoa, Ngaati Maniapoto

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Abstract

Whakamana te reo aa ngaa rangatahi ki roto i ngaa ratonga hauora (Empowering the voices of our young people in health services) seeks to fill a gap within the literature about the engagement practices of rangatahi with health services. I chose to undertake this research to highlight the voices of rangatahi, experiences they have encountered during their health journey, and identify improvements needed. The aim of this research is to understand how rangatahi engage in health services, highlight their experiences, and understand varying factors that contribute to ensuring their health needs are met. The question asked was, "*What do rangatahi want when they engage with health services in Aotearoa*?"

This kaupapa Maaori research explored the perspectives and understandings of 40 rangatahi between the ages of 16 and 18 years from secondary schools within the Waikato-Tainui and Ngaati Paaoa rohe about their experiences of engagement in health services. Advertising posters were sent out to networks and placed in various youth services. Rangatahi involved in the research self-identified their interest after seeing these posters. In Phase One, hui were carried out with rangatahi to elicit their views on the kaupapa and promote healthy koorero amongst peers. Positioned within kaupapa Maaori research, cultural values underpinned every aspect of the research; thus, promoting a safe research environment for rangatahi and space for their voices to be heard. In Phase Two, a select group of rangatahi who volunteered from the initial hui engaged in online waananga to co-create a framework that supported positive engagement for rangatahi in health services. In Phase Three, two hui were held with health care providers to test the usability of the resource co-created with rangatahi.

Three themes were identified in Phase One: (1) e*ngagement approaches from health care providers,* (2) *manaakitanga from health care providers,* and (3) *needing to be heard and accepted.* A resource *Areare, Taringa Mai! (Let me be heard!)* was co-created in Phase Two with the rangatahi who participated in online waananga with the support of a cultural advisor and graphic recorder. This research confirmed the significance and value of carrying out research with rangatahi that provides a mana enhancing space to promote koorero that used rangatahi friendly language. The findings highlight significant barriers rangatahi encounter when accessing health services; while demonstrating the autonomy of rangatahi who are well equipped to be involved and make decisions about their everyday lives. With the right support, they can make informed decisions about their health needs. It is important for researchers and health care providers to acknowledge rangatahi decision-making skills and to provide a platform that empowers rangatahi to engage effectively in health services where they are welcomed and

respected. Reducing barriers for engagement improves access to health care and engagement by rangatahi. This research contributes valuable insights into rangatahi experiences of health services necessary for effective engagement practices in health services across Aotearoa. More research is required with rangatahi to further benefit their health seeking experiences and ensure their health needs are being met.

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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgments), not material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Te Wai Barbarich-Unasa

Date: 30.08.2022

Karakia

Kia hora te marino
Kia whakapapa pounamu te moana
Hei huarahi maa tatou i te rangi nei
Aroha atu, aroha mai
Taatou i a tatou katoa
Hui e! Taaiki e!

May peace be widespread
May the sea be like greenstone
A pathway for us all this day
Let us show respect for each other
For one another
Bind us all together

(All Right, 2022)

Dedication

This doctoral thesis is lovingly dedicated to my baby boy Hirini Unasa. You made a sudden appearance in our lives at 5-days old, but you are and forever will be my greatest blessing. I dedicate this tohu to you, my son. You have grown up alongside my PhD journey - from the very beginning you sat in on multiple hui, supervisions, and late-night writing sessions. It is my hope that this research will contribute to ensuring that, as you continue to grow, you are able to have positive engagement in health services in Aotearoa. I also want to ensure that as a young Maaori male you are heard and valued. I love you with my whole being, my boy - the world is your oyster and you can achieve anything you set your mind to.

Not flesh of my flesh, nor bone of my bone, but still miraculously my own.

Never forget for a single minute, you didn't grow under my heart but in it!

(cited in Scrapbook.com, 2022)

Acknowledgments

Ko Mookau ki runga

Ko Taamaki ki raro

Ko Mangatoatoa ki waenganui.

Pare Hauraki, Pare Waikato

Te Kaokaoroa-o-Paatetere ki te nehenehenui

Waikato taniwha rau he piko he taniwha, he piko he taniwha, he piko he taniwha

Ka Tuuohu au ki tooku maunga tapu ko Taupiri, ka titiro iho au ki tooku awa koopikopiko e rere tere ana ko Waikato, I hoea mai tooku waka ko Tainui mai i Hawaiki nui, Hawaiki roa, Hawaiki paamamao. E haka poowhiri ana tooku iwi o Waikato ki runga i tooku marae o Taniwha. E karanga ana te hapuu o Ngaati Mahuta i mua i te whare tuupuna o Te Rengarenga.

Ahakoa e haangai ana eenei hononga ki tooku taha Ngaati Mahuta, he uri hoki teenei noo Ngaati Paaoa raaua ko Ngaati Maniapoto.

Ko Barbarich, ko Ratahi, ko Moerua ooku whaanau

Kua tae teenei o ngaa mahi ki te mutunga o tana haerenga. He peera i te waka e tae atu ana ki uta mai i teetahi haerenga roa. He maha ngaa piki me ngaa heke i te waka e haere ana i roto te moana. He orite teenei ki te waka e pukepuke ana i ngaa ngaru. Kaaore teenei haerenga i tae haumaru atu me te kore o ngaa raruraru i tana haere.

I riro teenei waka i te mahi a te aawhina, te aroha me te kaha hei arahina i te whakatere o teenei waka. Tokomaha ngaa taangata, ngaa ratonga me ngaa kaitautoko i aawhina i te kaupapa nei. Ko koutou ngaa taangata, ngaa ratonga me ngaa kaitautoko te takere o te waka rangahau e maanu ai ia i ngaa moana pukepuke o te waa.

Ki a koutou kua tautoko i teenei waka i toona haere, mei kore teenei waka i a koutou, e te puru o teenei waka, kua totohu, kua raru pea teenei kaupapa. Noo reira ki a koutou ngaa kaiurungi o te waka nei, teena raa koutou katoa.

Ehara te whai i te tohu kairangi i te mahi a te kotahi. Kaaore e kore ki te kore ko koutou ngaa kaiputea, ngaa kaitautoko, ngaa kaiarahi, ngaa whaanau, ngaa rangatahi, ngaa hoamahi, ngaa kai hanga i ngaa ture ka kore au e whai i eenei kaupapa. He rangahau maa te katoa, moo te katoa teenei. Peera i ngaa koorero a Kiingi Tawhiao, te Kiingi tuarua i toona tongikura “ki te kotahi te kaakaho ka whati, ki te kaapuia e kore e whati”.

Teena raa koutou katoa

To the rangatahi who shared their time, commitment, and valuable koorero in order to support rangatahi around Aotearoa - without you, this research would not exist. I applaud you for being vulnerable with your precious koorero and feeling safe to open up to me about your experiences. Although our interactions were short, your strength, determination, and input will contribute to everlasting changes. Thank you for being honest and having the courage to promote change for yourselves, your peers, and future generations. I truly hope this piece of work does your koorero and mahi justice.

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Ki te kotahi te kakaho ka whati,

Ki te kapuia e kore e whati

Alone we can be broken,

Standing together, we are invincible

To Professor Denise Wilson – you continue to be a person I look up to and value. The maatauranga you hold and your manaakitanga is so pure and enlightening. I could not have gotten through this journey so well if I did not have your guidance. Thank you for always checking in on me and my little whaanau.

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Me mahi tahi tatou, mo te oranga o te katoa

We must work together for the wellbeing of all

I would like to extend my upmost gratitude to Health Research Council (HRC) New Zealand for awarding me with an HRC Maaori PhD Scholarship. This scholarship has allowed me to focus predominantly on my PhD by providing puutea for a stipend and research expenses. Without this scholarship, I would not have been able to progress as smoothly as I have.

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Poipoia te kakano, kia puawai

Nurture the seed and it will blossom

To my amazing husband – Malomaua Iakopo Unasa – my number one supporter, the one who has seen the highs and lows of this journey. I love you so much and I am very thankful that we are such a strong team. You continuously support all the small and big wins with me; you are always the first person I want to share everything with. Thank you for picking me up when times get tough and adjusting to all the mahi I take on board. I could not have done this research without you. You really do balance me out. We did it my love - we conquered yet another massive milestone.

He aroha whakatoo, he aroha puta mai

If love is sown, then love you will receive

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My sister Tui who played a few roles in my PhD – not only were you on my PhD advisory group, you were also my cultural advisor, research assistant, and everything else in between. I am so grateful to have your maatauranga and experience with me throughout life and especially within my research. I appreciate and thank you so much.

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My father and mother in-law – Ulu Iakopo and Stella Unasa – I thank you both for the continued support you provide for us, and always asking how my studies are going. You both have always been a great help to our little family and we are forever grateful.

To all my whaanau, best friends, colleagues, and those who have guided my maatauranga. You may not always know what my mahi is about, but the check ins and words of encouragement have not gone unnoticed. You have all contributed to my mahi in some shape or form and have helped the realisation of this kaupapa.

Ehara taaku toa i te toa takitahi, engari he toa takitini

My strength is not as an individual, but as a collective

To my late father—Sidney Barbarich—it has been seven years since you physically left us. In that time, I started a career in academia, received a Master of Philosophy, became a wife and a mum. Now I am so close to becoming Dr Te Wai Barbarich-Unasa. You have missed so much dad, but I have faith that you are guiding me on this journey and I hope you are proud. There is not a day that goes by where I do not think of you. You are loved and missed by us all dad. Love Baba x

Your wings were ready, but our hearts were not

Ethics Approval

Ethics approval was obtained for this research from the Auckland University of Technology Ethics Committee (AUTEC) in two stages. Approval for phase one rangatahi hui was granted Tuesday 2nd March 2021 (AUTEC 20/334). The second stage of approval was granted Tuesday 29th June 2021 for rangatahi waananga. An amendment was made to AUTEC for the addition of usability testing a co-created resource with health care providers and granted Thursday 3rd March 2022.

Glossary of Maaori Words and Terms

The kupu (words) used within this thesis are described and translated in the glossary. The translations have been sought from several sources such as online and hard copy dictionaries, my cultural advisor for the research, and from whaanau who are fluent in Waikato-Tainui and Ngaati Paaoa mita (dialect). I would like to acknowledge that some translations are diverse and dependant on the context in which the words are used. Therefore, the words used and translations presented are specific to the usage within this thesis.

Aotearoa – Land of the long white cloud

AUTEC – Auckland University of Technology Ethics Committee

Hapuu – Sub-tribe

Hauora – Health

Hiranga – Significance

Hui – Meetings or gatherings

Iwi – Tribe

Kaimahi – Staff or workers

Kanohi ki te kanohi – Face to face gatherings

Karakia – Prayers

Kaupapa – Topic or subject

Kaupapa Maaori – A Maaori approach or ideology

Kaupapa Maaori health provider – A health provider that specialises in a Maaori approach

Kia tuupato – Remain careful

Kohanga Reo – Maaori language pre-school

Koorero – To say or tell stories

Kuia and Koroua – grandparents or elders

Kupu Maaori – Maaori words and terms

Kura Maaori – Maaori language school

Maaori – Person of the native race of New Zealand

Maaori kai – Maaori food or delicacies

Maatauranga Maaori – Traditional Maaori knowledge

Mana – Dignity

Mana Motuhake – Autonomy, self-determination

Mana whakahaere – Best practice

Manaaki ngaa rangatahi – Look after the rangatahi

Maumaharatanga – Memories

Motu – Country

Oranga – Livelihood

Paakehaa – English descendant

Pasifika – Peoples originating from the various Pacific nations

Poowhiri – Welcoming ceremony or rituals of engagement

Rangahau – Research

Rangatahi – Maaori young people

Rangatahi ora – Young people's health and wellbeing

Rangatahi Tuu Rangatira – Kaupapa Maaori health and wellbeing programme for rangatahi

Rohe – District or region

Rongoaa Maaori - Maaori medicine

Taane - Male

Takahia – Trample

Tamariki – Children

Tangata Whenua – The indigenous people; people of the land

Taonga – Prize possessions or goods

Te ao Maaori – The Maaori world

Te reo Maaori – The native language of Maaori

Tiimatanga koorero – Introduction

Tikanga – Maaori customs, correct procedure

Tino Rangatiratanga – Self-governance, sovereignty

Tooku – I, me, my, mine

Tongikura – Proverb

Treaty of Waitangi – A treaty document signed between Maaori and Paakehaa

Tuaakana-Teeina – Referring to the relationship between older and younger or the knowledge holder and learner

Tupuna – Ancestors

UNCRC – United Nations Convention on the rights of the Child

Uri oo – Descendant of

Waahanga Tuatahi – Chapter One

Waahanga Tuarua – Chapter Two

Waahanga Tuatoru – Chapter Three

Waahanga Tuawha – Chapter Four

Waahanga Tuarima – Chapter Five

Waahanga Tuaono – Chapter Six

Waahine – Women

Waananga – To meet and discuss, to deliberate

Waikato-Tainui, Ngaati Paaoa and Ngaati Maniapoto – Tribal locations in Aotearoa

Wairua – Spirit

Whaanau – Family

Whakaaro – Thought process and ideas

Whakaiti – Belittle

Whakamaa – Shyness or to be shy, embarrassed

Whakamana ngaa rangatahi – Empowering the young people

Whakapapa – Genealogy, showing a journey of discovery

Whakawhanaungatanga – Process of establishing relationships

Waahanga Tuatahi: *Whakapapa*

He waka eke noa

A canoe which we are all in

(cited in Woodward Maaori, 2022 p. 1)

Koorero Tiimatanga – Introduction

In this chapter I outline the background and rationale for my research that will provide you with a description and understanding of the history in which my thesis originated. I have called this chapter the whakapapa (genealogy, journey of discovery) chapter as I intend to take you—the reader—on a journey of discovery and understanding. In this chapter, you will get to know who I am and why I personally chose this kaupapa (topic) for my research, the aims, the rationale for my research, and the current situations rangatahi (Maaori young people) are facing that warrants the need for this study. Lastly, I will present a short description of how I intend to proceed through this research.

Throughout this Doctor of Philosophy (PhD) journey I have been continuously developing my maatauranga Maaori (traditional Maaori knowledge) and te reo Maaori (the native language of Maaori). I personally felt it a calling, and that it was important for me to use kupu Maaori (Maaori words and terms) and terms that resonated with me as a Maaori (person of the native race of New Zealand) researcher throughout my research. The terms used within my thesis are not intended to be used as a strict interpretation or be applied by all Maaori the same way. Therefore, I will provide a brief description of the terms used in each chapter to support the whakaaro (thought process and ideas) behind the koorero (to tell or say stories) and how it pertains to this study.

The ever-evolving world we live in is continuously changing and our rangatahi are having to constantly adapt. My hope and desire is that this study will be a contribution for rangatahi in Aotearoa (land of the long white cloud – New Zealand) to realise the strength, courage, and wisdom they have within them to make positive changes for themselves and empower their voices to be heard. My wish for this research is to support rangatahi and their wellbeing both now and for future generations.

Ko Wai Te Kairangahau? – Who is the Researcher?

As I embark on this thesis and research journey, I come as a wahine Maaori (native Maaori woman) uri oo (descendant of) Waikato-Tainui, Ngaati Paaoa, and Ngaati Maniapoto (tribal locations in Aotearoa) and Hvar, Croatia on my late father's side. On my mother's side, I whakapapa to England, Scotland, Northern Italy, Spain, and Ireland. I was raised amongst my Maaori whaanau (family) and, as I walk through life, I carry my tuupuna (ancestors) closely with me. More recently, through my PhD, I have my dad, who may have physically left this world, but whose spirit continues to be a guiding light.

The whakapapa I identify with is a way of connecting me to people and places who have played an integral part in shaping who I am today. Understanding where I descend from and my connections to my iwi (tribe), hapuu (sub-tribe), and whaanau is important as these connections are who I am and the world in which I have lived and grown-up.

Growing up, my connection to te ao Maaori (the Maaori world) was very strong and continues to this present day. I grew up knowing the adversities our whaanau overcame including the racist actions of colonisers, loss of language, and being berated and physically beaten for being a Maaori. All these incidences happened only one generation above me; my dad was a victim of these antics which ultimately resulted in the loss of language for him until later in life when he was strong enough to reconnect. The acknowledgements to my whaanau, both present and past, depict what they survived, ultimately adapted to, and overcame, in order for me to be the person I am today. Therefore, everything I do in life, including my research, is to mirror the strength of my whaanau and tuupuna as I engage with the rangatahi to empower them and support their wellbeing. It is my hope that my research provides a means to better understand rangatahi wants and needs when they engage with health services in Aotearoa.

In the following segments within this chapter, I outline my earliest memories with the New Zealand health system that contribute to the background of the research, outline the significance of the study, and the rationale for its creation. Lastly, I discuss rangatahi ora (young people's health and wellbeing), and provide a brief summary of the chapters that make up the remainder of my thesis.

Tooku Maumaharatanga – My First Memories of being a Maaori in the New Zealand Health System

My first three vivid memories of the health system in New Zealand reach back to the year 1993. I was a 3-year old child living in Invercargill, and we had a whaanau day at a local park. I casually

walked in front of a tube my brother and sister were rolling down a hill in, was knocked down, and, subsequently, broke my leg. I was taken to the hospital which resulted in me being placed in a leg cast. A short few weeks later, this cast was taken off without any follow up x-rays and my parents were told I should be fine. Of course, my parents did not query this decision as they grew up in a time where you never questioned medical professionals. The reason I have this memory is because 28 years later I still suffer with the pains of this incident and the unmet health needs I received following. I was placed in a cast which, unfortunately, was taken off too early at the hands of medical professionals with no further treatment discussed—that decision has caused me lifelong pain as the bones were not fused back together properly.

A second memory I have was another let down from the health system in New Zealand for me as a young Maaori child. Again, this happened when I was three and in Invercargill. Perhaps age three was my year for resilience. I was with a relative of my mums at their family house. I remember patting the dog that I had bonded with and had known for a while, when suddenly it attacked me and caused multiple injuries to my face. I was taken to the hospital, had surgery, and was put into recovery. The downfall of this experience was that my parents were not with me, they only knew about the incident once the relative dropped me home. Not having my parents with me during this time still confuses me as they were the only ones who could sign and provide consent on my behalf; yet, I was treated for a dog bite that will forever leave scars and they were none the wiser. The issue of not even attempting to obtain consent for a minor surgery has stayed with me and has come to light again as I complete my PhD journey. It truly baffles me to think a health care provider could be so carefree and not inform my parents/guardians with such a serious incident.

The third experience I remember from my childhood was when I was 6-years old and lived in a small rural town. My mum, who is a short, fair skinned Paakehaa (English descendant) woman, and my late father, who was a tall, dark, masculine Maaori male, took me to the local hospital as I had been bitten by mosquitos which had resulted in a reaction all over my face. Upon arrival to the hospital and being admitted, my dad was accused of beating me and causing the injuries—despite myself, mum, and dad all having the same story. None of us were believed and the police were called because the doctor assumed my dad was at fault and made accusations which were eventually retracted. A local nurse, who had a child that suffered the same reaction as me, was able to corroborate our story and, ultimately, was the saving grace to having our voices heard. Despite almost three decades passing since my initial health experiences, these memories have stuck with me and serve as a reminder of how our Maaori are frequently disadvantaged within the health system in New Zealand (Anderson et al., 2019).

Although my first few memories of my health journey have been deficit based, I felt it was important to provide some context on the various experiences and how these can impact one's health. These examples also serve as a driving factor for why I am such a huge advocate of positive engagement in health care and supporting the meeting of health needs for rangatahi.

Background for this Research

The background for this study stems both from my previous experiences in the health system, and from over a decade of being a health care provider. Upon leaving high school I was unsure what my future would hold; however, I knew that I wanted to work with young people. I had positive and negative experiences as a teenage Maaori wahine who migrated from a rural country town to the city of sails (Taamaki Makaurau – Auckland) when I was 9-years old. What I did not know, is that my passion for rangatahi would lead me to a career in the health sector at the tender age of 18-years, where I would study a degree and work part time as a sexual health educator in high schools and alternative education settings.

Upon completion of my degree, and a short stint working on cruise ships in Australia, I came home and worked in two District Health Board settings where I supported rangatahi to venture into health careers. I then moved onto community paediatrics where I was immediately exposed to the trials and tribulations our tamariki (children), rangatahi, and whaanau are exposed to in society and on their health journey. Seeing our rangatahi being affected by a third world disease. such as rheumatic fever, and knowing these affected Maaori and Pasifika (peoples originating from the various Pacific nations) far greater than any other ethnicity in Aotearoa (Ministry of Health, 2021b) was incredibly concerning. This was the pivotal moment where I knew I was destined to help my people and contribute to the creation of some sort of change.

I continued to work in the District Health Board setting while undertaking a postgraduate diploma in public health. Halfway through that journey, I took the leap into research and was fortunate to obtain a role on research that supported rangatahi to have healthy relationships. This was my first big exposure to the research field and academia as a professional. Thank goodness I have been able to experience both sides of the field work and research in recent years. This has allowed me to gain a deeper understanding and appreciation for what our rangatahi and whaanau are going through. I completed a Master of Philosophy shortly after starting my research career. I was passionate about ensuring rangatahi had the right tools and knowledge to be able to provide informed consent. That was the kaupapa of my thesis and has

been a valuable addition to those who have been able to attend presentations and seminars where I have disseminated the findings.

I knew I could not stop there though. I was so close to becoming a Doctor of Philosophy, yet so far. After a consultation with my supervisor, Professor Denise Wilson, who I look to for advice and guidance, we had a lengthy koorero about various kaupapa I could work on for my PhD. Ultimately, we decided on rangatahi engagement in health services as this is a significant passion of mine and an area I felt could benefit from more research to elicit the views and experiences from our rangatahi in both rural and urban settings.

Ngaa Hiranga o Teenei Rangahau – Significance and Rationale for the Study

Rangatahi (for the purposes of this study, rangatahi are identified as Maaori young people aged 12-18-years) have the potential to lead a life in Aotearoa that is healthy and empowering for them. However, they are significantly overrepresented in a large majority of negative health and wellbeing statistics within Aotearoa. Some afflictions include intimate partner violence (IPV), obesity, unemployment, drugs and alcohol, and suicide (Ministry of Health, 2021a; Simpson et al., 2017). Rangatahi are our future and having good hauora (health), wairua (spirit), and oranga (livelihood) is extremely important to promote their growth to becoming strong healthy adults. My field of interest is strongly focused around whakamana ngaa rangatahi (empowering the young people) in Aotearoa. Ensuring their journeys and involvement within our health system do not takahia (trample) their mana (dignity); rather, create a positive journey to support their needs and increase quality of life. Maaori health is a significant interest of mine as I firmly believe that if we can help our tangata whenua (the Indigenous people; people of the land) utilising a holistic approach, we will be able to improve their health outcomes. Using approaches that are for Maaori, by Maaori, with Maaori is very important for my overall practice.

We know Maaori, in general, have a hard time accessing services, so conducting my PhD is a timely opportunity to undertake research that will provide health services with the knowledge to better support rangatahi needs. Erai et al. (2007) stated that it is important to recognise young people as a key population to influence. It is integral to recognise the specific needs of young people, in particular Indigenous rangatahi, with consideration given to them in the context of their whaanau, hapuu, and iwi in order to achieve long term changes.

Maaori health statistics are shared across many platforms and are continuously highlighted in a deficit way (Ministry of Health, 2021a). The Chief Coroner of New Zealand's investigations into

unexpected deaths show that Maaori aged between 10 and 24 years account for 38% of males and 42% of females through the 2017/2018 period (Ministry of Justice, 2022). Suicides among rangatahi Maaori are considerably higher and almost double those of non-Maaori in New Zealand. The Ministry of Health (2018) and Ngaa Pou Arowhenua and Child and Youth Mortality Review Committee (2020) stated Maaori account for 35.7% of total suicide rates for 15-19-year olds. Dhuanna et al. (2018) explained that in Aotearoa, Maaori are significantly overrepresented in the IPV data, with more than half of Maaori women (57.6%) experiencing some form of sexual and/or physical IPV. In addition, Maaori women face IPV homicide at the hands of their male partners (NZ Family Violence Death Review Committee, 2017). The Ministry of Transport (2020) statistical reports showed that young drivers are involved in a significant amount of road crashes with alcohol, drugs, and speed factors in fatal crashes involving 14-24-year olds on New Zealand roads. The Office of the Children's Commissioner and Oranga Tamariki – Ministry for Children (2019) explained that supporting children and young people requires more than focusing on what services are needed; rather, systems need to be accepting of children and young people for who they are. Thus, the need to better understand rangatahi engagement with health and social services, and the engagement frameworks that meet their needs.

The Ministry of Health (2014) identified that Maaori as a population group have on average the poorest health status of any ethnic group in New Zealand including educational, occupational, and income levels. He Korowai Oranga – the Maaori Health Strategy and Pae Ora – Healthy Futures (Ministry of Health, 2014) are designed as a strategic tool by the government to assist the health and other government sectors to improve the quality of life for Maaori, improve their health, and reduce disparities whilst working alongside whaanau, iwi, and Maaori communities and providers. The Ministry of Health (2016) have also created aims within the health strategy aimed at helping improve health outcomes, as well as equitable health and social outcomes for children, young people, families and whaanau, particularly those in priority groups or those at risk. Therefore, having a robust understanding of rangatahi needs along with relevant and meaningful engagement frameworks for rangatahi is crucial to achieve these aspirations. The Ministry of Health (2016) further added that the health strategy will be a collaboration across government agencies and will work toward improving the health outcomes for rangatahi in Aotearoa.

An engagement framework for health services working with rangatahi has the potential to reduce harm to their health and wellbeing by creating earlier intervention plans, increase help-seeking capability, and improve the experiences for rangatahi in Aotearoa. Anderson et al. (2019) further highlighted that systemic mismatches between social delivery models and the

realities of whaanau lives continue to create barriers for patient access and engagement with treatments.

Prevention of the over-representation among the negative statistics of Maaori is extremely important, especially for the future of rangatahi. Vujcich et al. (2018) systematically reviewed Indigenous young people's peer-led health promotion programmes and found that out of 24 studies with Indigenous peoples reviewed across several countries, none of the programmes from New Zealand provided for or focused on Maaori. Therefore, the need to have a framework to support quality engagement and a value exchange between rangatahi and health services is crucial to improve the wellbeing of individuals, whaanau, iwi, and communities in Aotearoa. Thus, working towards a healthier future for rangatahi and positive experiences within health services.

Public health initiatives (whether intentionally or unintentionally) perpetuate a deficit narrative when Maaori health and health behaviours are concerned; this, in turn, results in the interventions being developed that aim to improve health outcomes for Maaori. Heke (2022) stated that, in theory, the interventions created to improve health outcomes appeared valid; however, such approaches can be flawed in practice. The increased rates of poor health for rangatahi Maaori have influenced my contribution to combat this issue. The continued over representation of our people and rangatahi does not positively influence rangatahi, rather it keeps pushing them back when, in reality, they whakaiti (belittle) the mana of rangatahi Maaori. I am of the belief that it is evident with the high negative health statistics, that colonialism, systematic racism, poverty are factors impacting the health of Maaori and are very challenging. Therefore, public health initiatives put in place to support Maaori rangatahi are not as effective as planned or anticipated; therefore, this is the driving factor for the rationale of this study.

The ultimate objective for this research is to understand rangatahi experiences with health services in Aotearoa and how engagement can be improved. Therefore, the research question is: **What do rangatahi want when they engage with health services in Aotearoa?**

The research aims are:

- To identify what rangatahi need to improve their experiences when engaging with the health sector.

- Facilitate a co-created model of engagement with rangatahi and health services in Aotearoa.
- To produce a rangatahi engagement framework on how best to access, use, and interact with health services.

Rangatahi Ora – Health and Wellbeing

The way I define, determine, and describe rangatahi ora is relevant to the contexts within this thesis. Dobbs' (2021) koorero supported the notion that the term 'whaanau/rangatahi ora' refers to wellbeing and is used frequently in a multitude of government policies in Aotearoa. The term can have differing meanings based on context. However, for clarification, rangatahi ora within this thesis refers to the health and wellbeing of rangatahi in Aotearoa.

Rangatahi are at the forefront of many social, health, and wellbeing agendas across the motu (country). The resilience rangatahi have shines through as they continue to cope under tremendous adversity. Page and Rona (2021) explained that rangatahi are leading issues on housing, te reo Maaori revitalisation, climate change, and hapuu and iwi advancement. Despite being at the core of these issues, they are often overlooked in research. Page and Rona continued to explain that this lack of representation typically highlights deficits and positions rangatahi Maaori as problems to be solved.

There are many national health programmes in Aotearoa that have been implemented to support the health and wellbeing of rangatahi. One programme is Rangatahi Tuu Rangatira (Severinsen & Reweti, 2019) that aimed to promote cultural and physical wellbeing for rangatahi and their whaanau while being grounded in tikanga Maaori. Sorkratov and O'Brien (2014) identified that programmes can improve health outcomes for rangatahi if they work on supporting the development of new skills, such as involving rangatahi as partners in service design and delivery. Clearly improvements need to be made to support better rangatahi programmes and the development of new skills and positive relationships for their health and wellbeing.

In understanding rangatahi ora, it is crucial to take note of some barriers that prevent rangatahi from effectively accessing health services or discussing their health and wellbeing. Kingi et al. (2017) explained that rangatahi exposed to or causing self-injury had a sense of autonomy over their situation. This creates a barrier for them wanting to access health services as they feel they are going to lose control over the one thing they felt in control of—their lives. Berryman et al.

(2017) highlighted rangatahi voices on their rights regarding culture, education, and discrimination. Findings within their mahi (work) indicated that the wellbeing of rangatahi Maaori is being destabilised by inherent prejudice in mainstream schools. Rangatahi Maaori conveyed that in spite of efforts from the New Zealand government within the education sector, their rights are not being achieved (Page & Rona, 2021).

Order of Thesis

In order to tell the story of my thesis, and for you, the reader, to better understand the layout of the chapters and the flow of my writing, I have provided a brief description below of the arrangement of this thesis.

Following on from the whakapapa chapter, the remainder of this thesis tells the story of my research through a well-known tongikura (proverb) left for the people of Waikato-Tainui by the prophetic Kiingi Taawhiao.

Maaku anoo e hanga tooku nei whare. Ko ngaa pou o roto he maahoe, he paatete. Ko te taahuhu he hiinau. He whakatupu ki te hua o te rengarenga me whakapakari ki te hua o te kawariki.

I shall fashion my own house. The pillars inside will be of maahoe and paatete, and the ridgepole of hiinau. Those who inhabit the house will be raised on rengarenga, and nurtured on kawariki.

(cited in Taniwha Marae, 2022)

The following chapters reference the tongikura (the native trees identified) as they are the vision that constructs the foundation for my thesis. The analogies used to describe each chapter in connection to the tongikura have been adapted from Taniwha Marae (2022).

Waahanga Tuarua: Maahoe – *Literature Review*

Maahoe is a great timber used to fuel fire that had great medicinal benefits. The bark was used to treat burns and the leaves were boiled to ease stomach upsets. Maahoe is identified as the fuel that supports the continuous burn of the system that keeps the fire going. Therefore, to understand the nature in which rangatahi engage with health services in Aotearoa, a review of the literature is presented in this chapter. I have broken down this chapter into themes identified from the literature, while explaining the literature that has been excluded. I present a review of literature that is relevant to the kaupapa of engagement for rangatahi Maaori and Indigenous young people. This thesis is not intended to come from an international approach. However, I felt it beneficial to highlight some experiences and literature that prioritised Indigenous youth around the world.

Waahanga Tuatoru: Rengarenga – *Methodology Chapter*

The baked roots of rengarenga were generally only eaten as a special treat and may have been an important cultivation crop for our tuupuna. The methodology chapter serves as a cultivator that promotes the growth of knowledge sought from conducting my research. The chapter outlines the process I undertook to privilege the diverse voices of rangatahi who are accessing health services in Aotearoa. My entire research is guided by kaupapa Maaori (a Maaori approach or ideology) to ensure the benefits for Maaori by Maaori with Maaori are embedded in this thesis. This chapter will explain the participants involved, the data collection methods, data analysis, ethical considerations, and the processes involved in establishing the rigour of the research. Participatory research with rangatahi is also highlighted to provide a deeper understanding of how this was weaved into the research.

Waahanga Tuawha: Hiinau – *Findings Chapter*

Hiinau is a very light and strong wood used for smaller items such as spears. The olive like berries were an important food source. The findings chapter is the important food source that nourishes the rangatahi who had the strength to discuss their experiences of engagement within health services. The findings chapter is presented in two sections. The first half of the chapter identifies the Phase One findings from rangatahi hui that were held across the Waikato-Tainui and Ngaati Paaoa rohe (district or region). Key themes emerged from completing a thematic analysis on the data. Rangatahi experiences and views are highlighted strongly in this section and provide the reader with a clear picture and understanding of the rangatahi views. A small group of rangatahi from Phase One then volunteered their interest in Phase Two of the research, which consisted of a series of online waananga. The outcome of these waananga was the co-creation of *Areare Taringa Mai! (Let me be heard!).*

The second part of this chapter presents the findings from a usability testing hui held with two health care providers. One being a kaupapa Maaori health provider (a health provider that specialises in a Maaori approach) and the other being a mainstream government health provider. These participants viewed *Areare Taringa Mai!(Let me be heard!)*, a resource co-created with rangatahi to assess its acceptability and usability for possible inclusion into their professional practice. Their koorero is presented as the findings in this section through a thematic analysis. The final part of this chapter explores a critical analysis of the findings from rangatahi and health care providers, as well as the literature available.

Waahanga Tuarima: Paatete – *Discussion Chapter*

Paatete made an excellent fire starter. The sap was used to treat skin problems and a tonic made from the leaves to help lung conditions. The fire that was ignited throughout the kaupapa of this research, and discussed deeply in the discussion chapter, has provided a form of treatment in supporting rangatahi engagement practices. The discussion chapter summarises key points of koorero from my experience carrying out this research and the valuable koorero that has been provided. Strengths and limitations are identified, including the influence of the worldwide pandemic and how it overshadowed my entire PhD journey. The chapter concludes with recommendations for future research and how to further fill evident gaps to better support the health and wellbeing of rangatahi in Aotearoa.

Waahanga Tuaono: Kawariki – *Conclusion*

The leaves of the kawariki were sometimes used as a wrap for hiinau cakes (made from crushed hiinau seeds). Much like the kawariki refers to wrapping of the hiinau cake, the conclusion chapter summarises the koorero within the thesis and serves as a wraparound for the research. The conclusion chapter summarises my entire journey and brings you to the end of the story that has been the last two and a half years. I conclude this thesis by highlighting the contributions of this research and propose potential options for the future.

Conclusion

My intention for this first chapter was to provide a space where the whakapapa of the research is outlined, and the reader is introduced the story of this study. I have provided a background for why this research has been conducted and the significant need for such studies to be conducted alongside rangatahi. The overall goal of this research is to reposition rangatahi views of health service engagement and promote positive engagement to improve their health and wellbeing. Further, I also wanted to provide a tool that could be used by health care providers to better equip them and their practice with rangatahi in Aotearoa.

Ma te rangatahi pea o teenei raa, e whatu he kanoi koorero

Perhaps the youth of today will weave a strand of history

(Ngata & Ngata, 1993, p. 539)

Waahanga Tuarua: Maahoe – *Literature Review*

Ka puu te ruha, ka hao te rangatahi

As an old net withers, another is remade.

(Williams, 1971, p. 323)

Rangatahi engagement in health services occurs daily. However, understanding how to positively engage rangatahi in health services requires both a kaupapa Maaori guided approach and one that is directly targeted to their specific age group. These approaches are needed so health care providers and agencies can better understand the rangatahi needs. Within this chapter, I discuss a review of literature that covers the kaupapa of rangatahi engagement in health services and the experiences they have encountered through their journey. In presenting this review, I begin by discussing the search strategy used to specifically find my target literature, followed by the inclusion and exclusion criteria used to select and filter the literature found. I then discuss the literature that currently exists on my chosen kaupapa, including key themes that have been identified from the previous literature and research that have been published. Gaps that have been found within the literature will also be discussed as this will provide a basis around the need for my current research and will flow on to support the last section of the review which is the rationale for my research question.

The commonly used terms in the literature have referred to rangatahi as child/ren or adolescents. Article One of the United Nations Convention on the Rights of the Child defined “a child as a human being below the age of eighteen years unless, under the law applicable to the child, the majority is attained earlier" (United Nations, 1990). Therefore, rangatahi include all individuals under the age of 18-years; and, for the purposes of this literature review, the inclusion and exclusion criteria strongly guided the decisions regarding selection of certain literature.

To understand the context of rangatahi and young people in Aotearoa, it is important to highlight the population of young people and the number of rangatahi Maaori. The Ministry of Health (2022a) identified that in Aotearoa, the definition of young people is those that are aged between 12 and 24-years old, and there are approximately 800,000 young people. However, the population of young people aged between 15 and 19-years, which was last recorded in the 2018 census, claims to be approximately 363,000 (Figure NZ, 2022). Out of the young people population statistics, there are 71,000 rangatahi who identify as being Maaori (Figure NZ, 2022).

In viewing these statistics it is necessary to understand that within the census, young people can identify as being multiple ethnicities which, to the best of my knowledge, could impact the overall variables.

Search Criteria

To locate literature relevant to the kaupapa, my search criteria had to be well defined and specific. It was important to ensure that I was able to achieve a broad understanding of what previous literature and mahi exists. The search strategy was carried out in three phases to ensure the best possible results were located. First, databases were searched using key words and sentences while also using advance filtering searches. Databases used were Web of Science, Scopus, CINAHL Complete, MEDLINE via EBSCO, PSYCINFO, and Google Scholar. To pinpoint more kaupapa Maaori publications, I searched journals that specialise in Maaori research and literature. These included AlterNative, MAI Journal, MAI Review, He Kupenga Koorero, and the Ngaa Pae o te Maaramatanga website. Finally, discussions held with supervisors and colleagues helped to identify sources or authors whose writing and research would have a contribution toward understanding my chosen kaupapa of rangatahi engagement in health services and other Indigenous works that discuss young people's engagement in health services internationally. These discussions were important to have because a significant number of Maaori and Indigenous publications are often not found in the commonly searched mainstream databases.

The inclusion and exclusion criteria identified for my literature search were crucial in ensuring the literature would be applicable to the kaupapa of the research and were suitable for review. My inclusion criteria included Maaori rangatahi, Indigenous, youth, aged between 12 and 18-years, health services, secondary schools, engagement, kaupapa Maaori, and publications no earlier than 2010. The literature excluded were the inclusion of non-Maaori or non-Indigenous participants, participants either under the ages of 12 or over 18-years, adult focused, not inclusive of rangatahi or indigenous young people, and did not focus on engagement with health services (Table 2.1, p. 14).

Included literature were selected by carrying out an initial review of the literature, followed by populating a PRISMA flowchart (Moher et al., 2009) (Figure 2.1, p. 14). The process of completion for the PRISMA flowchart involved searching literature for duplicates and then screening each piece. From those deemed applicable (n= 150), the abstracts were then scanned through to determine which ones were related to the specific kaupapa being researched. Finally, the articles (n=32) identified from the previous stage, were read in their entirety and key points were discussed within the literature review.

Table 2.1

Inclusion and Exclusion Criteria

Inclusion	Exclusion
Maaori rangatahi/youth/adolescents/Indigenous or minority group	Non-Maaori/non-indigenous participants
12-18-years old	Under 12- or over 18-years old
Health services	Adult focused
High school/College/Secondary school	Not inclusive of young people
Health service engagement/Engagement	Did not focus on engagement with health services
Kaupapa Maaori/Maaori culture	
Published no earlier than 2010	

Seven articles were not included in the final review (Berryman & Eley, 2017; Berryman et al., 2017; Kidman & O'Malley, 2018; McClintock et al., 2013; Mikahere-Hall, 2017; Moyle, 2014; Newman et al., 2020). Table 2.2 (p. 15) summarises the articles not included and the reason for their exclusion. The literature successful in the selection process (n=25) are presented in (Table 2.4, p. 41), and relate strongly to published Indigenous mahi and cover a broad range of health services frequently used by rangatahi.

Initial results of the literature search appeared promising. However, these results were very limiting and produced few articles that were able to be reviewed relating to the kaupapa. This was to be expected as the chosen research kaupapa is target specific and I intended to delve deeper in understanding rangatahi engagement within health services.

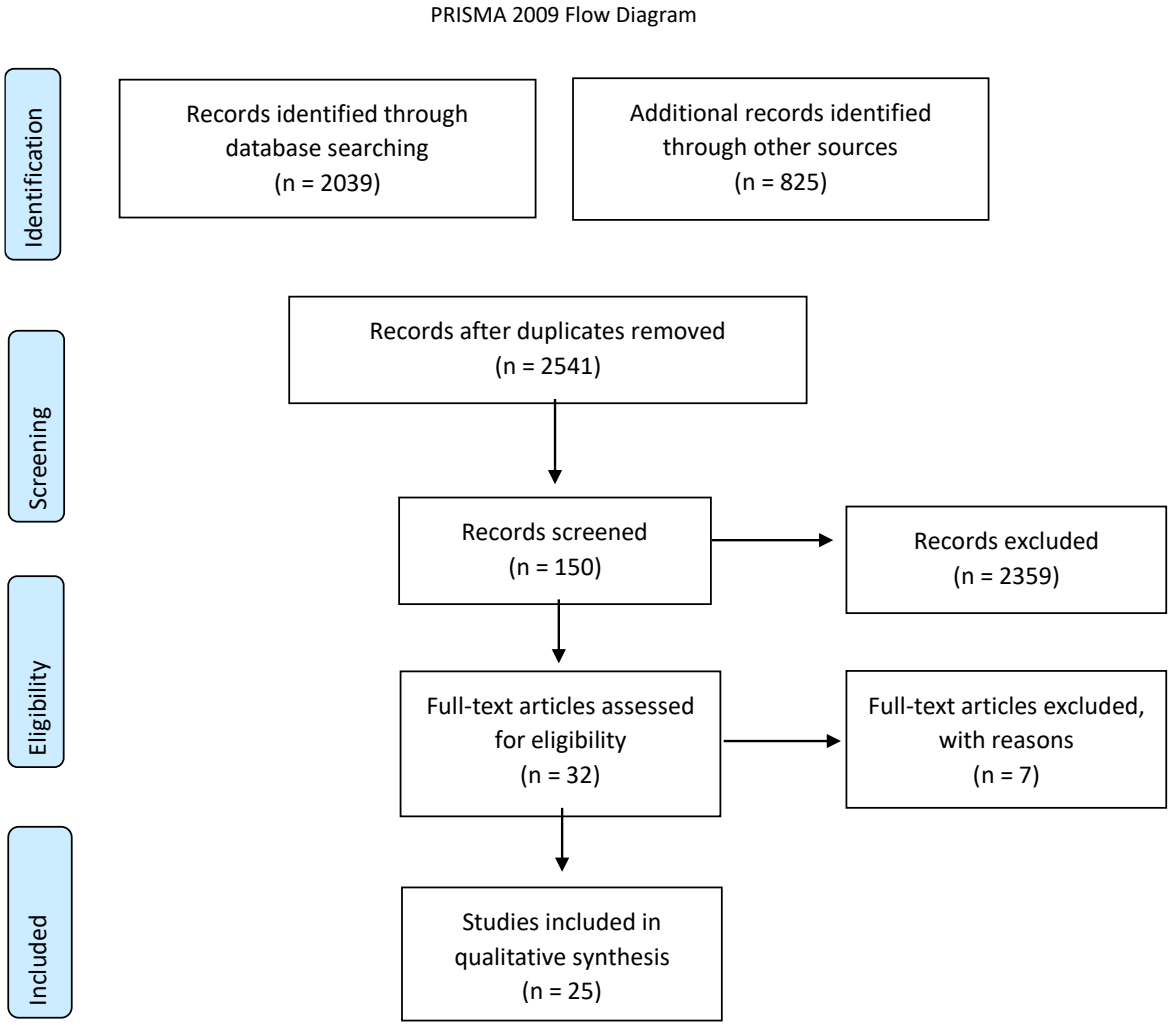
Table 2.2

Excluded Literature

Author	Title	Reason for Exclusion
Berryman and Eley (2017)	Succeeding as Maaori: Maaori students' views on Our Stepping Up to the Ka Hikitia challenge	Elicited views of young people but did not discuss health services and was not kaupapa Maaori. Education focused.
Berryman, Eley, and Copeland (2017)	Listening and learning from rangatahi Maaori: The voices of Maaori youth	Did not meet the inclusion criteria for this study. Education focused.
Kidman and O'Malley (2018)	Questioning the cannon: Colonial history, counter-memory and youth activism	Not applicable as it did not meet the inclusion criteria. Did not focus on rangatahi or engagement.
McClintock, Tauroa, and Mellsop (2012)	An examination of Child and Adolescent Mental Health Services for Maaori rangatahi [youth]	Focuses on rangatahi and had great points regarding culture and practice. However, does not elicit views of young people's engagement in health services; rather, examines the health service itself.
Mikahere-Hall (2017)	Constructing research from an indigenous Kaupapa Maaori perspective: An example of decolonising	Does not meet the inclusion criteria. Would be beneficial for methodology chapter.
Moyle (2014)	A model for Maaori research for Maaori practitioners	Not age specific. Discusses engagement from a practitioner viewpoint. Does not meet the inclusion criteria.
Newman, Kumar Prankumar, Cover, Rasmussen, Marshall, and Aggleton (2020)	Inclusive health care for LGBTQ+ youth: Support, belonging, and inclusivity labour	Does not meet the inclusion criteria. Discusses barriers and system breakdowns; however, does not elicit views of young people.

Figure 2.1

The Literature Selection Process



Note. Moher, Liberati, Tetzlaff, Altman, The PRISMA Group (2009).

Key Themes Derived from the Literature

In reading the 25 pieces of literature that were applicable to my kaupapa, several themes and sub-themes emerged which included *issues affecting rangatahi; the role of culture, connectedness, systematic processes; and the need for more research*. These themes covered important aspects of engaging in health services for rangatahi and marginalised young people that have strengthened current knowledge and will contribute toward identifying gaps within the literature (Table 2.3, p. 17). A summary of the literature reviewed can be found in Table 2.4.

Table 2.3

Key Themes

Theme	Sub-theme
Issues affecting rangatahi	Issues affecting rangatahi/young people Risk factors for Maaori
Barriers to health	
The role of culture	Culture Cultural safety Cultural barriers
Connectedness	Confidentiality Whakawhanaungatanga Connectedness
Systematic processes	Health service targets What is put in place to increase service use? Use of schools as a site for health services System breakdowns
The need for more research	Need for more research Autonomy Inclusion of young people Eliciting views of rangatahi/young people

The processes highlighted and implemented between 2010 and 2022 helped inform my research in understanding what rangatahi want when they engage with health services to achieve a positive outcome and improve their overall health and wellbeing. Reviewing the literature provided an understanding of what has previously been carried out and knowledge gained through prior mahi being conducted with rangatahi. It also assisted in identifying the gaps in the knowledge base being explored.

Issues Affecting Rangatahi

Young people face an array of health issues, and these are highlighted significantly within the literature. This theme covers multiple sub-themes that shed light on various issues young people as a society face, including issues affecting rangatahi/young people, risk factors for Maaori, and barriers to health.

Issues Affecting Rangatahi/Young People

The adolescence stage of development is a pivotal time for many as this is when young people try and find who they are and begin to trial new adventures. Martel et al. (2019) stated that

adolescence is a time of experimentation as young people look to establish their identity and develop autonomy. This is also a stage in life where many mental health conditions begin. Noel et al. (2013) previously wrote that adolescence is a period of life characterised by increasing engagement in risky behaviours and emotional health concerns which can have serious implications for current and future health. Therefore, at this current life stage, young people experience a multitude of issues which affect their overall wellbeing.

Mooney (2012) wrote that the health and wellbeing of young people is paramount in determining the health and wellbeing of the overall society. Mooney added that the leading issues of rangatahi health and wellbeing is a direct result of being over-represented in areas of social, economic, and educational disadvantage, and because Maaori are a youthful population—younger than the general population. In understanding this statement, it seems clear that rangatahi are not only faced with growing up and finding themselves, but are battling with societal and cultural disadvantages. Clark et al. (2018), Cunningham (2011), and Liu et al. (2018) all explained that Maaori rangatahi are more likely to have experienced sexual abuse, be in physical fights, and witness family violence at home. Furthermore, they maintained Maaori rangatahi consistently reported poorer health outcomes for their general health, risky driving behaviours, increased injuries and mental health concerns compared to their European peers. These issues alone can have disastrous effects on the generation and reduce their quality of life and, combined, can heighten their risk.

Young people experience varying levels of their overall health and wellbeing; however, rangatahi have poorer rates. DeFosset et al. (2017) explained that young people described having experiences of overlapping symptoms of mental health problems, including anxiety, depression, delinquent behaviour, and physical or verbal aggression. Clark et al. (2018) explained that in comparison to their European peers, rangatahi are also more likely to rate their general health as fair or poor, to have attempted suicide, used cigarettes often, have had episodes of binge drinking along with having sexual intercourse, and either become pregnant or have gotten someone pregnant. Cunningham (2011) noted almost every health indicator for Maaori showed significant disparities in comparison to non-Maaori New Zealanders.

Aotearoa's extensive suicide rates are much higher amongst Maaori rangatahi then their New Zealand European counterparts. Ngaa Pou Arawhenua, Child and Youth Mortality Review Committee, and Suicide Mortality Review Committee (2020) highlighted that suicide is the cause of 33.8% of rangatahi deaths in Aotearoa. The alarming statistics of youth suicide among Maaori young people grow consistently higher when there is increased deprivation, poor healthcare

access, and exposure to discrimination (Clark et al., 2018). Socioeconomic determinants also have ghastly impacts on rangatahi wellbeing. It is evident that these are significant issues facing rangatahi daily. It is clearly shown through the literature just how many issues rangatahi have to combat frequently. Martel et al. (2019) pointed out that mental health and behavioural issues are significantly worse for rangatahi, and these are far more prevalent for those who are in remote and socio-economically deprived areas of the country. DeFosset et al. (2017) discussed that failure to address mental health problems in young people have severe consequences including substance use, truancy, justice system involvement, and suicide. Therefore, it is increasingly clear that mental health and wellbeing are significant influences for issues that are affecting rangatahi and young people.

Risk Factors for Maaori

Risk factors for Maaori in health are prevalent and have been discussed widely within the literature. Tiwari et al. (2018) explained that Indigenous peoples of today are one of the most disadvantaged and disenfranchised in the world. This factor, therefore, resulted in a considerably larger increase in risk factors for Maaori in Aotearoa. Stuart and Jose (2014) have also added that decrements in wellbeing may be exacerbated by contextual risk factors for marginalised groups. Some of these risk factors have been highlighted through the work of Cunningham (2011) and Martel et al. (2019) who stated that risk factors for the Maaori population include unemployment, low-income jobs, living in socio-economically deprived areas with substandard housing, poor nutrition, high rates of tobacco use, addiction issues, single parent households, and poorer parental education. Lopez-Carmen et al. (2019) added that mental health disorders for Maaori are greater than non-Maaori. Maaori are also more likely to suffer from increased disease and mortality rates than the non-Maaori population (Stuart & Jose, 2014).

Maaori are also faced with historical and intergenerational trauma which create a multitude of risk factors for the people and are often carried from generation to generation. Walters and Seymour (2017) delved further into risk factors for Maaori and how historic trauma, such as colonisation, has profound negative impacts. Such factors include discrimination, marginalisation, systematic and structural racism. Another risk factor that seriously impacts Maaori is family violence. This significant issue has detrimental effects on the wellbeing of young people. Walters and Seymour stated that family violence has substantial impacts on young people in New Zealand, some of these included, but were not limited to, increased vulnerability to psychological distress, depression, anxiety, and criminal offending. These risk factors are

extremely alarming for the Maaori population and clearly highlight how at risk Maaori are for an array of health and social factors.

Specifically, for rangatahi Maaori, there are also increased risks in their health and wellbeing which include an array of risky behaviours. Noel et al. (2013) explained that common risk factors among rangatahi are cigarette use, risky motor vehicle use, alcohol problems and they are more likely to belong to the 'risky' groups. Sebastian et al. (2014) explained that marginalised young people are highly overrepresented in sexual activity, violence, and injury related behaviours. Stuart and Jose (2014) added that rangatahi were at a greater risk for health problems and psychological dysfunction. With all these risk factors, results have shown that rangatahi are overrepresented in every statistic and this proves to be concerning for a considerably smaller population.

In addressing risk factors, it is important to note that these are extremely consequential for the population and have, therefore, created substantial implications for a significant proportion of Maaori. Noel et al. (2013) added that there are severe and long-lasting consequences in terms of social, economic, and health outcomes due to the risk factors and mood concerns. Therefore, it is important to understand the risk factors Maaori and rangatahi are facing to gain a deeper understanding of the bigger picture.

Barriers to Health

Barriers to health for rangatahi are extensive and have been shown to create a significant impact for their overall wellbeing and quality of life. Throughout the various literature, there are multiple barriers that continue to emerge and present themselves through several health care services, a major one being access to effective healthcare. DeFosset et al. (2017) stated that young people who struggled with their health and wellbeing may have complex mental health needs and are, in fact, faced with significant barriers to mental health care. DeFosset et al. discussed further that there was decreased detection in mental health problems among minority youth. This contributed considerably to the issues of young people having unmet health needs.

Lopez-Carmen et al. (2019) and Robards et al. (2018) claimed that evidence suggested there are multiple factors preventing Indigenous young peoples from seeking professional help for their health issues. These barriers include, but are not limited to, stigmatisation, a lack of culturally trained professionals, and a lack of primary health care services. Gibson et al. (2016) also explained that research showed adolescents rarely made use of services provided and often tended to rely on informal support. Some of the reasons why young people preferred to seek

support and guidance from other sources are because the health system can be tricky to navigate. According to Munford and Sanders (2016), young people explained that they were unsure where to go and they found it difficult to find the right information. Munford and Sanders continued to explain that young people experience a level of uncertainty when utilising health services which results in them pulling away and creating a barrier. Being unsure where to go for help generated an uneasy feeling which, again, results in a barrier. For rangatahi, the notion of handling their own problems is a significantly common barrier that has identified. Liu et al. (2018) claimed that the attitude of handling one's own problem is rife and a worldwide issue and is linked to a feeling of discomfort in discussing personal mental health problems and aversion to seeking help because of stigma. Young people have also felt that no one could help with their mental health needs and, therefore, would not seek professional help but emphasised the need for personal will power (DeFosset et al., 2017).

Rangatahi having the ability to utilise health services is imperative considering the high statistics of mental health and general health needs. McClintock et al. (2013) explained that access to mental health services for the Maaori population was a priority, given they have considerably high mental health needs. Lopez-Carmen et al. (2019) stated that Indigenous youth have lower rates for service utilisation. However, most adolescents never received health care they needed. Clark et al. (2018) and DeFosset et al. (2017) both maintained Maaori and other Indigenous students were increasingly likely to want access to a health care provider but were not being able to do so. Liu et al. (2018) stated that over half of the adolescent populations who have mental health issues did not seek professional help, and DeFosset et al. claimed that minority youth were less likely to use school-based services than their white peers.

Services not catering to young people specifically, also has a detrimental effect on young people. Gibson et al. (2016) indicated that one contributor for the reduction of young people engaging in health services is the reality that these services had not always been developed to match young people's priorities and concerns. A fear of rejection from services and not being understood for their issues is also highlighted. DeFosset et al. (2017) stated that service use can be unsuccessful for minority youth as service pathways had led to rejection or the perception that no one cared enough to help. Judgement is a huge barrier for young people when it comes to accessing health care services. Gibson et al. explained that young people were fearful of being judged by their counsellors or therapists for being weird or immature, this became an issue and young people felt these views could be held against them. Munford and Sanders (2016) also indicated that young people came up with their own conclusion for the way things were such as workers were too busy to help them. Young people also reported that they have been pushed

into decisions and not been given time to fully understand what was happening (Munford & Sanders, 2016). This behaviour resulted in distrust of the services and had significant consequences for young people.

Ethnic and cultural discrimination is a serious barrier that has been identified through a portion of literature. Clark et al. (2018) stated that a quarter of Maaori rangatahi participants in their research had experienced ethnic discrimination at school, in health care services, or from the police. These discriminating experiences can have a significant effect on the wellbeing and general hauora of rangatahi. Clark et al. (2018) supported this understanding by specifying that ethnic discrimination had a real influence on the wellbeing and particularly the mental health of Maaori students. Williams et al. (2018) stated that rangatahi were significantly less likely to be able to access health care when needed and regularly experienced mental health stigma or ethnic discrimination. They concluded that ethnic discrimination is a leading contributor to perpetual disadvantage in the health system amongst the Maaori population. Liu et al. (2018) reported that the hesitancy to engage in mental health services is prevalent for Maaori rangatahi and lower socio-economic youth because of perceived discrimination from health professionals. Other significant barriers for young people in accessing healthcare are affordability, having to go to multiple agencies, and not feeling culturally safe. Lopez-Carmen et al. (2019) outlined barriers such as poor access to health services, high costs involved, lack of multidisciplinary health services, and a culture of cultural insensitivity. Munford and Sanders (2016) added that a lack of alignment between services needed and those offered also form a barrier for engagement.

Rangatahi and indigenous young people face a significant number of issues, risk factors, and barriers when accessing health care. Understanding the nature of these barriers and investigating further will be pivotal in addressing rangatahi health needs. Confidentiality was discussed within the literature and is a hugely influential aspect. It is a significant barrier for rangatahi as the fear of disclosing heavy information could mean others will find out. Alsaleh et al. (2016) stated there are many barriers of health service access that have been reported by young people including confidentiality. Robards et al. (2018) also noted that confidentiality concerns are a huge barrier.

Confidentiality leads to another key barrier—lack of connection and rapport building between practitioners and rangatahi. Christie et al. (2019) stated that failure to create personal contact with a client or young person likely contributed to poor adherence with the service. This is also discussed by Munford and Sanders (2016) who stated that practitioners who fail to make a

connection with young people generate a feeling of powerlessness. Not being respected and supported by services is a significant barrier that likely results in young people disengaging from a service and, therefore, produces a flow on effect. DeFosset et al. (2017) stated that poor relationships with adults and negative attitudes held by health workers were major barriers for young people in addressing their mental health needs.

Finally, distrust of health service practitioners is another barrier for young people. DeFosset et al. (2017) stated that there is a culture of distrust in health professionals by young people. Contributing factors that lead to the lack of trust have been discussed by Robards et al. (2018) who stated that interpersonal barriers such as authoritative and one-way communication, lack of empathy, and disrespect cause harm for young people and their engagement.

The Role of Culture

Culture plays a pivotal role in rangatahi lives—directly or indirectly. Therefore, the need to understand the role of culture, cultural safety, and the barriers encountered is evident for rangatahi, specifically when engaging in health services. Culture includes, but is not restricted to, age or generation, gender, sexual orientation, socio-economic status, ethnic origin, spiritual belief, or religion (Martel et al., 2019). Williams et al. (2018) highlighted that better-quality wellbeing and a reduction in mental health symptoms such as depression was correlated to a strong connection to Maaori cultural identity.

In discussing the role of culture, it is important to contextualise Maaori culture and provide an insight into who Maaori are as a people, the placement of rangatahi within whaanau, and how traditional knowledge transferred between generations can impact service use and engagement. Rangatahi positioning within the whaanau, hapuu, and iwi is important to be aware of and understanding the dynamics of how whaanau, hapuu, and iwi influence rangatahi beliefs and experiences about health and wellbeing is crucial. Mikahere-Hall (2020) explained that the wellbeing of the rangatahi is fundamental to the whaanau, which, in turn, is invested in the strength of the hapuu. Likewise, with the hapuu being a contributor to the iwi where actions and thinking are generated to benefit the whaanau and hapuu. Another aspect of rangatahi placement within the whaanau settings is identified through Hauraki Maaori Trust Board (2008) who provided a whakataukii that discusses acquiring knowledge by listening to elders as they journey around the motu and how traditional knowledge transference occurs with the child learner sitting at the knees of their kuia and koroua (grandparents or elders).

I noho au i te paeahu o te wahine Ki te maataawai o te puna o te koorero

I sat at the footstool of women, the fount of instruction
Whaangaia ki te arero o te kookoo.
Feed him on the tongues of the songbird

A child learnt by sitting at the knees of his kuia and koroua who would chant the rituals and incantations to the child, and during that time the child would develop a rhythm and a pattern of both listening and reciting. In this way the learning is based around sound and rhythm. Hence the reference to feed on the tongues of the songbird.
(Hauraki Maaori Trust Board, 2008, p. 7)

Essentially, these whakataukii refer to the notion that traditional Maaori practices would see the rangatahi seeking guidance and having information passed down to them through their elders which can be both positive and negative. Positive in the sense that having these koorero with kuia and koroua means rangatahi are well informed from a whaanau aspect and have strong and solid support systems. However, this can also be a negative aspect as this is also where intergenerational trauma could be passed down and affect the way in which rangatahi interact with health services.

Culture

Maaori culture is strengthening in Aotearoa as the current generations continue to work on healing intergenerational trauma. Walters and Seymour (2017) explained that strong cultural identity has been reported as a prevailing factor in helping rangatahi. Having dealt with immense adversities from colonisation, it is important to address and understand how culture is portrayed through the literature. Stuart and Jose (2014) pointed out that involvement in and knowledge of one's culture is significant for Maaori due to the suppression of Maaori cultural practices resulting from colonisation. Maaori are leading the way for Indigenous worldwide, and Tiwari et al. (2018) claimed that Maaori have the largest population proportion of Indigenous persons amongst first world nations. With recent reclaiming of culture, rangatahi and other Maaori identify more strongly with who they are. Ware and Walsh-Tapiata (2010) added that Maaori rangatahi are proud to be Maaori and want to be recognised as Maaori. Rangatahi knowing who they were and where they were from was advantageous.

In understanding culture, it is important to acknowledge that culture is diverse and complex. Mooney (2012) stated that there is no single cultural reality for Maaori; therefore, diverse realities needed to be considered for both the rangatahi and health practitioner. The role of culture may not always be visible. However, the value and belief provide a cornerstone. Martel et al. (2019) explained the values and beliefs of culture can influence the way people conduct

themselves. Maintaining strong connections with one's culture is crucial for the health and wellbeing of young people. Lopez-Carmen et al. (2019) added that cultural connections are extremely important.

There is no minimum level of cultural understanding that needs to be held by rangatahi, it is about acknowledging and identifying with their culture that will help their wellbeing. Mooney (2012) explained that it does not matter what level of cultural understanding the rangatahi has, practising cultural processes was vastly important and contributed to a solid sense of cultural identity. There are multiple ways in which rangatahi can identify with their Maaori culture, many of which are basic and good starting points to boost confidence and reduce whakamaa (shyness). Simmonds et al. (2014) identified cultural factors such as kohanga reo (Maaori language pre-school), kura Maaori (Maaori language school), poowhiri (welcoming ceremony or rituals of encounter), and Maaori kai (Maaori food or delicacies) as being valuable in supporting and understanding culture.

Culture and wellbeing coincide strongly and Mooney (2012) highlighted that for Maaori, wellbeing is synonymous with having positive cultural identity. Stuart and Jose (2014) also stated that a protective factor for Indigenous individuals is cultural affiliation, and studies have shown a positive association between cultural identification and Indigenous young people's wellbeing. Therefore, creating health services that promote culturally safe practice is crucial. Lopez-Carmen et al. (2019) explained that the need for culturally appropriate health services is increasingly important for Indigenous young people. Mooney accentuated that cultural and spiritual practices, such as te reo Maaori and karakia (prayers), are essential in allowing a deeper relationship to form between the clients and worker. This recommendation is imperative to improving wellbeing outcomes for rangatahi. Lopez-Carmen et al. (2019) stated that services and interventions that involved activities to increase cultural identity, provide traditional knowledge, and demonstrate respectful listening are crucial in supporting young people's health journeys.

Cultural Safety

Following on from the significance of culture, it is important to remain culturally safe for all Indigenous peoples. Providing a culturally safe service is important for young people (Robards et al., 2018). Most Indigenous cultures are at a higher risk of being provided services that are not culturally safe. Tiwari et al. (2018) highlighted that despite their cultural differences, all Indigenous peoples at an international level share similar problems related to the protection of

their rights as distinct populations. Therefore, cultural safety for Indigenous peoples is increasingly important. According to Martel et al. (2019) cultural safety is an awareness and understanding of bias and inequities that are faced regarding access to care.

Health practitioners should have some sense of culturally safe practice and the levels these can entail. Martel et al. (2019) discussed how culturally safe care is not simply learning the customs and language of another culture; it is the skill of health care providers to reflect on their own value system and then give confidence and respect to that of the people with whom they are working. To have a culturally safe practice, one must also be given the opportunity to learn further and be provided with adequate resources. Simmonds et al. (2014) stipulated that access to environments to learn about respecting and valuing culture is vital in contributing toward cultural efficacy.

Supporting rangatahi in their own journey of health through a te ao Maaori lens can boost confidence and promotes development of their wellbeing. Severinsen and Reweti (2019) claimed by providing a gateway into te ao Maaori in a way that was non-threatening helped increase confidence and further explored cultural identity. An understanding of tikanga is necessary to support a safe environment for Maaori rangatahi as it is simply the Maaori way of doing things. Severinsen and Reweti, and Ware and Walsh-Tapiata (2010) highlighted tikanga (Maaori customs, correct procedure) as a factor that determines culturally appropriate approaches or a Maaori way of doing things. Tikanga has also been used as essential components for Maaori models of development and wellbeing. Tikanga can create another way of meaningful engagement. Ware and Walsh-Tapiata highlighted that the practice of tikanga could be used in services to create a relevant and meaningful environment for rangatahi, especially if previous engagement has not been successful.

Kaupapa and tikanga are key to defining the boundaries of a relationship and promoting cultural safety. Mooney (2012) stated that being clear and honest with rangatahi and their whaanau helped with rapport building and aligned with the notion of kaupapa and tikanga which continues to solidify respect between each other. The promotion of empowerment, being respectful and humble, are also important factors guided by tikanga and te ao Maaori. Severinsen and Reweti (2019) discussed the importance of tikanga being embedded in programmes as it promotes empowerment, whilst Mooney indicated that being humble, respectful, straight up, and flexible was also important for cultural safety. Being respectful and straight up is a valuable factor when working with rangatahi because it enables the practitioner to practice in a culturally safe manner and build a stronger rapport with their client. According

to Mooney, a straight up approach that was culturally safe meant rangatahi knew where they stood and felt that there was no hidden agenda on the practitioner's part.

Cultural Barriers

Cultural barriers can range from small, uninformed errors to deliberate acts of ignorance. However, most errors are significant and have detrimental effects on rangatahi. Martel et al. (2019) stipulated cultural barriers are those that impede the formation of a trusting and interpersonal relationship between young person and health professionals and can include unconscious bias and stereotyping. Ware and Walsh-Tapiata (2010) and Williams et al. (2018) indicated colonisation and urbanisation had dislocated Indigenous from their traditional practices and was causing breakdowns of traditional cultural structures, thus failing Indigenous peoples and their wellbeing. These cultural barriers have long lasting impacts and impede the wellbeing of rangatahi.

Many inequities are experienced by rangatahi when they do engage with health services. Martel et al. (2019) explained that cultural barriers such as inequities in service provision for rangatahi Maaori are perpetuated and tend to result in much shorter consultation times, fewer investigations, referrals, and follow up appointments. These inequities are considerably worrying, and they left Maaori feeling devalued and disempowered which resulted in them avoiding future engagement with healthcare services because there was a failure to meet their health needs. Martel et al. contended that failure to recognise the influence of culture can result in bias, miscommunication, and a power imbalance.

Another factor that impacts rangatahi wellbeing is ethnic discrimination and cultural identity. Sadly, ethnic discrimination is common amongst Maaori students, more so in mainstream education. Williams et al. (2018) highlighted that ethnic discrimination for Maaori in mainstream settings is much higher and is likely to be a strong contributor to the everlasting disadvantage in our health system among Maaori populations. Unfortunately, for those who have experienced ethnic discrimination, they are more at risk for self-harm. Williams et al. added that those experiencing ethnic discrimination were more likely to have attempted suicide. Marginalised young people spoke about being treated differently and with disrespect. Williams et al. found those reporting high cultural identity were more likely to report discrimination and poor wellbeing. Børsting et al. (2015) stated that under the UNCRC (United Nations, 1990) as well as obligations to the Treaty of Waitangi (a treaty document between Maaori and Paakehaa), children have a right to equal health care without discrimination.

In highlighting the theme of culture and the barriers this entails, it is important to remember that culture plays a significant part in the overall health of Maaori and other Indigenous. Being treated differently because of one's ethnicity or culture is increasingly worrying for the overall wellbeing and survival of rangatahi Maaori. Yet, discrimination based on culture and ethnicity has resulted in rangatahi not using services.

Connectedness

For rangatahi, gaining a connection with their practitioners is important for their engagement in the health service and impacts significantly on their wellbeing. Mooney (2012) noted that rapport was built through engaging rangatahi as valued members of society, as Maaori, as youth, and, ultimately, as taonga (prized possessions or goods). This theme has been broken down into four sub-themes that include confidentiality, whakawhanaungatanga (process of establishing relationships), connectedness, and barriers to health.

Confidentiality

Confidentiality is a key theme throughout the literature and rangatahi deem it to be somewhat of a make-or-break situation for them being engaged in any sort of service. Walters and Seymour (2017) pinpointed that young people spoke about essential qualities they would want to see when working with practitioners and confidentiality was a massive one. Both Robards et al. (2018) and Ware and Walsh-Tapiata (2010) highlighted that establishing confidentiality within a range of settings is important and a significant concern for many young people. The need for confidentiality is integral to effectively support rangatahi and reduce any barriers that may arise for them.

Ways in which practitioners have identified highlighting confidentiality and safety for rangatahi include providing private spaces for all face-to-face contact. Alsaleh et al. (2016) stated they ensured all contact with young people is carried out safely in a private space to ensure them and their concerns are kept confidential. Providing safety and transparency also requires practitioners to explain the process by which they may need to break confidentiality, especially in mental health when the young person may express issues of risk to themselves or others. Alsaleh et al. further added that they explained confidentiality rights to the young people and via display notices that are clearly visible. Munford and Sanders (2016) also accentuated to the young people, that all information they shared in the interviews remained confidential and was not shared with any agency staff. In showing various ways of explaining and introducing

confidentiality, practitioners remained mindful of how important reiterating this process is for rangatahi.

Whakawhanaungatanga

Whakawhanaungatanga is an important process when working with Maaori in any setting. Mooney (2012) identified that communication of whakapapa is a cultural norm in te ao Maaori and is the beginning process of whakawhanaungatanga, the process in which relationships are established and actively developed. Introducing oneself to the young people is very important and breaks down those initial walls. Walters and Seymour (2017) also stated that building connections through whakawhanaungatanga is important for the rangatahi as they can make links between themselves and the practitioners.

Mooney (2012) explained that there is a high need for trust in a relationship between practitioners and the young people. Severinsen and Reweti (2019) also spoke about relationship building/whakawhanaungatanga being a core element when working with rangatahi in their programme. This allowed practitioners to link rangatahi and their whaanau to other services and organisations in the community to support their specific needs.

Establishing rapport with the rangatahi through whakawhanaungatanga and whakapapa is increasingly important as it can make them feel more comfortable and willing to engage while respectfully acknowledging their identity as rangatahi Maaori. Mooney (2012) stated that the sharing of one's whakapapa can help clients feel settled due to the connections that could be made. Sokratov and O'Brien (2014) also noted that knowing one's heritage was important for young people because knowing your past and where you came from creates a firmer connection. Kidman (2018) highlighted that through whakawhanaungatanga, hui (meetings or gatherings) that took place provided a comfortable space where people's concerns were listened to and practitioners could speak directly to the individuals and subsequently work towards mutually agreed goals.

Another great aspect of whakawhanaungatanga is to build relationships with rangatahi in a relaxed and social environment. Mooney (2012) supported the idea of considering the work environment when working with rangatahi and highlighted the use of various techniques such as going for walks and having a koorero, using music and visual aids as tools, and, most importantly, being flexible in practice when working with rangatahi to help build connection.

Overall, whakawhanaungatanga is the start of building a cultural and realistic connection between rangatahi and health care providers that will, ultimately, define how a young person engages. Therefore, understanding how whakawhanaungatanga can be carried out is beneficial.

Connectedness

Connectedness differs from whanaungatanga in that this sub-theme discusses the importance of establishing a relationship from engagement so that rangatahi and health care workers can communicate and meet the rangatahi needs. Connecting to rangatahi is crucial for practitioners working with this age group. DeFosset et al. (2017) stated that if young people had a positive relationship with their health professional, then they were happy to talk about their problems to address them. Walters and Seymour (2017) also noted that a health care worker can have all the assessment tools that they want, but if they cannot build a relationship and connect with the young person then they have nothing and will not be able to get to the core issue. Thus, the need for connectedness between rangatahi and health workers and just how pivotal the ability to make connections can be. Mooney (2012) and Simmonds et al. (2014) highlighted that the need for a relationship of trust to be established between rangatahi and health workers is important.

Mooney (2012) described rapport as being a component of practice that is required to effectively work with young people; without the connection and rapport, rangatahi may not want to engage with the practitioner due to experiences from previous service use. Therefore, building a sense of connectedness and rapport with young people is crucial in determining their involvement with health care services. Martel et al. (2019) explored the idea that connecting with youth in a meaningful way encompasses the art of the health worker to be an active listener; non-judgemental; compassionate; have unconditional acceptance; and respect of the values, beliefs, and culture of others.

When there is failure to build a relationship and connect with the rangatahi, there are unsurmountable effects. DeFosset et al. (2017) stated that at times young people have felt singled out, like they were being confronted, judged, and dismissed because they had no prior connections to a health worker. DeFosset et al. (2017) added that studies showed if young people felt respected and had a connection with the service then they felt an improvement in their resilience and wellbeing, whereas those who had inconsistent experiences did not.

A good way to build connections with rangatahi include showing them that you care, being persistent and listening. Munford and Sanders (2016) noted that keeping an open mind, listening

to young people, and understanding the complex and diverse experiences of young people are crucial skills for practitioners as they build strong connections. Munford and Sanders also shared that young people stated the good social workers were those who were persistent, did not give up, and kept trying to make a connection.

Stuart and Jose (2014) accentuated the notion of whaanau connectedness for rangatahi as having a significantly positive effect on wellbeing during the adolescence life stage for rangatahi. Whaanau are not just blood relationships, it represents a wider connection. Being connected strongly through whaanau can influence how well young people engage with health services. There are many ways that practitioners can connect and build a rapport with rangatahi. However, the most important aspect highlighted through literature is simply to ensure a connection is made.

The connectedness theme has brought to the forefront an array of ways in which rangatahi can positively engage in health services and attributes that are required to support them. The importance of creating connections both in a mainstream and tikanga Maaori approach are represented and discussed as to how these can be beneficial.

Systematic Processes

Systematic processes was a key theme derived from the literature. This section seeks to identify and discuss the closely aligned sub-themes including health service targets, what is put in place to increase service use, use of schools as a site for health services, and system breakdowns.

Health Service Targets

There were very few specified targets for health services that have been highlighted within the applicable literature. However, one point of significance that has been identified as a health service target is the need for more health services tailored specifically to young people. Alsaleh et al. (2016) noted that the World Health Organization (WHO) had identified and selected the health of young people as a global health priority, and called for improved health service delivery that met the needs of young people. This is a hugely important health target needing to be addressed as failure to provide appropriate health care to young people can result in increased health concerns in adulthood. Alsaleh et al. stated that young people were generally expected to be healthy which results in them receiving less attention from health services. However, most health problems in adults are preventable and stem from adolescence. This is a health target

that is of importance because it shows that youth health is important and can directly benefit future health issues post adolescence.

Effective access to mental health services is also a key target that has been identified, especially with the heightened risks for rangatahi mental health in Aotearoa. McClintock et al. (2013) stated that effective access to mental health services for rangatahi is a key target as this population has a high mental health need. DeFosset et al. (2017) and Martel et al. (2019) both noted the high numbers of mental health issues that young people face in the adolescence life stage and the need for effective services to improve their health outcomes. The health service targets such as mental health and youth health care that were identified through the literature are clearly important for the overall health and wellbeing of rangatahi and, indeed, require further attention and action on a governmental level.

What is Put in Place to Increase Service Use?

Service use and engagement among young people is an issue highlighted throughout this literature review. Currently, there are a couple of solutions identified in literature that have been put in place to increase service use among rangatahi. Sebastian et al. (2014) noted that service engagement is a clear issue, and to fill that gap the team created a scale to measure the levels of engagement for young people with their health care. Another impactful solution has been discussed by Børsting et al. (2015) who noted that extending services to Maaori health providers and providing mobile services have been some of the changes made in health services to promote engagement. Expansion of their networks and mobilising their services to reach young people who are isolated proved to be a positive decision as those who would not normally attend health services had one less barrier to combat.

The creation of school-based health services has been shown to generate positive changes in engagement by rangatahi. Clark et al. (2018) pointed out that youth health services such as school-based health services, school curricula, and social marketing may have contributed to improved wellbeing for young people in New Zealand. Although this is not consistent throughout the literature, there have been instances where this has helped school communities and reduced the barriers that prohibit young people from engaging in health services.

Finally, another significant approach that has been put in place to increase service use was the promotion of youth development through an Indigenous lens. Ware and Walsh-Tapiata (2010) highlighted that the Youth Development Strategy Aotearoa planned to align their youth

development strategy with Indigenous approaches by valuing the roles of the young people, acknowledging a holistic view of health, and privileging cultural preferences. This method is deemed beneficial as the holistic approach allows for every aspect of a of a young person's life to be respected and valued which in turn promotes service engagement.

Use of Schools as a Site for Health Services

The use of schools as a site for health services has produced mixed results within the literature. DeFosset et al. (2017) spoke about schools being used as an effective approach to meet the mental health needs of underserved youth but have had mixed results. Some of these various results have been discussed by Sebastian et al. (2014) who identified that, in some instances, young people who receive care from a school-based health clinic were more engaged in their health care than the rest of the youth population. However, DeFosset et al. discussed that while schools were a common point of entry into mental health services for marginalised young people, the engagement of young people who are in urgent need of care remained a problem.

Another significant factor that impacted the use of schools as a site for health services is the unclear practices being put in place by schools that determined which students required professional care. DeFosset et al. (2017) stated that there was limited qualitative information available that highlighted factors influencing school processes in identifying and linking the underserved youth to professional care. This can be somewhat risky as there is an increased risk of falling through the gaps for rangatahi who need help.

Lastly, another key aspect which makes school-based health services a contentious option is the notion that schools are not always viewed as a safe and positive place for some rangatahi. Simmonds et al. (2014) explained that it is important for the option of alternative pathways for young people to seek care from services if school was not an encouraging environment for them. This can be related to health services too, because if young people do not feel comfortable then they would not access these and therefore continue to battle silently with their health issues.

System Breakdowns

There are multiple times where systematic breakdowns have occurred when linking young people to health care. DeFosset et al. (2017) identified areas where breakdowns have occurred, and these include times where mental health needs were not identified and services were not offered to the young people. Munford and Sanders (2016) also reported that across multiple services young people did not always receive the necessary help they required despite

engagement with services over long periods of time. Included in these service breakdowns has been a failure on the practitioner's part to make genuine connections with the young people. Munford and Sanders noted that young people have moved through the system but had no real connection to the resources that would help produce positive outcomes for them.

Identifying the need for health service support, as opposed to viewing young people as disobedient and troubled, is another considerable breakdown. DeFosset et al. (2017) had noticed that young people had experienced being disciplined before being offered mental health service and many students were well off the school track or expelled before a diagnosis of mental health had been identified. This fact, alone, quantified the significant need for better engagement for rangatahi in health services. However, another serious breakdown noted by Munford and Sanders (2016) was that for young people who were successful with engaging in health services, they were being discharged prematurely from these services and typically were not prepared for 'independence' before leaving the care services. Munford and Sanders continued to state that young people reported not being listened to by their health services and being placed back into unsafe spaces. All these breakdowns are considerably worrisome and further highlight the need for service reviews.

Another vital breakdown in service delivery is highlighted by Ware and Walsh-Tapiata (2010) who wrote that there was a huge disconnection between cultural references in policy and the experiences and realities of rangatahi. A cultural disconnect generates mixed messages between services and their users that result in inconsistent and culturally unsafe practice being received by rangatahi. Martel et al. (2019) discussed the way to achieve equitable access to care for all young people in Aotearoa was by implementing strategies that work around social and cultural barriers to access health services.

Being unsure of the pathways within health services results in fear and uncertainty. Munford and Sanders (2016) highlighted another concerning breakdown for young people was not being informed of the processes, who would be caring for them, and not knowing what is happening next. Munford and Sanders discussed that their participants spoke about service delivery being messy and uneven, such as referrals not happening, or resources not being delivered, which resulted in them thinking their situations could not change. Experiencing these types of emotions, feelings, and understandings on top of their current health issues is a combination that can make rangatahi even more vulnerable and further reduce their engagement. Robards et al. (2018) noted that navigation through health services was an issue that could be improved by simplifying referral and appointment systems.

Overall, the systematic processes have highlighted some positive views about health service targets and what process have been put in place to better increase service use. However, the damning effects outweigh the potential benefits of service use. This significant disparity of service care and treatment being experienced by rangatahi calls for a thorough review of systems and protocols.

The Need for More Research

The final theme identified through the literature is that of the need for more research. This has been a consistent theme that has come about throughout multiple manuscripts and highlights a considerable sense of urgency. This theme discussed the need for more research, autonomy, inclusion of young people, and eliciting views of rangatahi or young people.

Need for more Research

The need for more research has been highlighted continuously throughout the literature. Sebastian et al. (2014) acknowledged that the field of engagement is still relatively new and the research to date has predominantly centred around adults. Børsting et al. (2015) found most studies that include children often combine children and adolescents, which considerably reduces the amount of literature directly about young people. Therefore, this factor demonstrates the significant need for research to be carried out with young people. Clark et al. (2018) also identified an area needing more research, highlighting this is an area of wellbeing for rangatahi Maaori with considerably less government consideration compared to others.

Given that most of the previous research conducted comes from the viewpoints of adults, there is an urgent need for rangatahi to have their voice heard directly. DeFosset et al. (2017) explained that much of what is known regarding the way youth health problems were addressed is from the viewpoint of school staff and parents or, at times, young people who are successfully engaged in health care. This is an important aspect to be discussed because not all young people who need help are receiving it; thus, oppressing their voices and calling for future research to correct this. Lopez-Carmen et al. (2019) added that there is a key gap in the literature about consumer voice within intersectoral care as there were no studies that highlighted the voices of Indigenous or young people. Walters and Seymour (2017) also commented that there is little research that specifically focused on rangatahi voices around health service usefulness and engagement.

Understanding the factors that contributed to service use among young people is an area that requires further research. Børsting et al. (2015) and DeFosset et al. (2017) noted that there is limited research that explored factors associated with service use among young people. Gibson et al. (2016) also acknowledged the need for further research in young people's use of health services and the extent to which services meet their needs. This is a concerning gap in the literature and one that requires more research to ensure better understanding around service use with rangatahi. Lopez-Carmen et al. (2019) also stated little is known about how Indigenous young people access health care because of significant gaps in available health care information; therefore, prompting the need for further research to be done. Ware and Walsh-Tapiata (2010) further discussed the need for research that investigates cultural aspects and how these interrelate, as it is essential for young people.

Finally, another significant area requiring further research is highlighted through Martinez et al. (2020) who stated that little is known about best practices for engaging youth of colour in health research, more specifically the practices the contributing toward positive outcomes. This is closely followed by a similar argument for rangatahi Maaori. Stuart and Jose (2014) said very little research has been conducted on the dynamic of Maaori youth development and Simmonds et al. (2014) stated there has been little research on positive development for rangatahi. This is important to note and indicates the need for further research and refinement of models.

Autonomy

Remaining autonomous was crucial for many rangatahi throughout the literature and has been similarly discussed under different themes within this literature review. What is clear is that young people prioritised their ability to remain in control over their choices to engage in health services. Gibson et al. (2016) stated that many of their participants made it a priority to retain their control over their choice to engage with services and to do so at a pace by which their engagement progressed, they also spoke about the notion of choice being another influencing factor. Liu et al. (2018) highlighted that young people commonly expressed their desire to have control over and make meaningful decisions concerning their own mental health care as many of them discussed losing control and the implications this had on their overall wellbeing. Maintaining a sense of autonomy whilst seeking professional help for their health and wellbeing is further promoted when building a relationship with healthcare providers. Munford and Sanders (2016) identified that young people want autonomy and their sense of agency, which allows them to build relationships with practitioners and encourages them to draw upon their strengths. Securing autonomy has positive benefits for rangatahi in rejuvenating their wellbeing. Martinez et al. (2020) reported young people who actively participate in participatory research

felt an increased sense of agency and that they had a freedom of choice which promoted autonomy and boosted confidence.

Inclusion of Young People

It should be evident to include rangatahi in research and on advisory boards when changes are being implemented that affect them. Martinez et al. (2020) accentuated that including young people is important as it acknowledges them as a knowledgeable resource, valuing their perspective and lived experiences. However, after an extensive search, it is clear this does not always happen. Some instances involving young people and the need for this to occur have been highlighted was through Alsaleh et al. (2016) who stated that involving young people in the design of services by eliciting their views and feedback heightens the chances of engagement and awareness as well as providing useful ideas to promote a youth friendly service. Christie et al. (2019) also commented that actively involving young people in the design of their online tool was important and those who were enthusiastic about the processes had remained involved and provided genuine feedback.

Martel et al. (2019) highlighted the importance of young people wanting to be involved in the development of their treatment plans. This is vital as the involvement of young people can positively influence their engagement with treatments. Sebastian et al. (2014) stated that people who are involved in the decision making about their treatment options tended to be more proactive and adhere to their individual plans. Including young people in health care decisions, treatments, and research that affect them is incredibly important as it ignites a fire within to gain a better understanding of situations and raises awareness. Martinez et al. (2020) stated that engaging youth of colour raised awareness of the broader issues, provided a space for healing, and sparked community action.

Ware and Walsh-Tapiata (2010) spoke about there being a shift in the way rangatahi were viewed, from being a problem that needs to be solved to becoming active participants in creating a healthier life. This results in a positive effect on the overall health of the population, as mentioned by Martinez et al. (2020) who added that engaging young people who are often marginalised in health equity work is critical to the health of the nation and they tended to become more active participants within the community.

Martinez et al. (2020) also noted that including young people in local decision making is important as youth can be active agents in their own development and are able to promote change when they are being actively engaged. Engaging young people in relevant decision-

making processes can, in fact, generate positive outcomes for them and pave a way for their inputs to be valued. Martinez et al. found that when young people are given an opportunity, proper resources, and space to take control, they tended to be very insightful, resourceful, and deeply committed.

Eliciting Views of Rangatahi/Young People

Finally, eliciting the views of rangatahi has, again, been a less frequent occurrence throughout research. However, the positives deemed beneficial from their voices being heard has been invaluable. Gibson et al. (2016) claimed that the limited research on young people's priorities has suggested that young people potentially have strong ideas about what they want from health services. This finding highlights the importance of eliciting the views of young people. Martinez et al. (2020) stated that excluding the voices of young people prolonged a system of oppression, failed to acknowledge the value of their lived experience, and could result in decision makers missing important information about barriers and other opportunities that may promote service engagement. Kidman (2018) also highlighted that if the rangatahi were not engaged in decision making, then their voices might never be heard.

Creating a process where young people's voices can be heard promotes a responsiveness to their lived experiences and how they can address their adversities. Kidman (2018) highlighted that rangatahi were seldom directly asked about their experiences, rather they were spoken about by adults. However, Gibson et al. (2016) elicited young people's views by developing a participant led method so that young people felt able to elaborate freely about aspects of their health service journey that was important to them. This is an example of how to positively gain the views of rangatahi directly from them.

Munford and Sanders (2016) explained that it is crucial to koorero directly with young people and focus on their experiences, thus gaining a deeper understanding on what is going on for them. Sebastian et al. (2014) called for young people to be involved in the development, evaluation, and monitoring of youth health services and supported the need for their views to be heard and actioned. Walters and Seymour (2017) also found that future research should engage rangatahi to directly gain their perspectives as they are able to talk about their lived experiences. This theme has some key aspects of autonomy, involving young people, and eliciting the views of rangatahi.

Conclusion

There have been some notable gaps that have emerged from this review of the literature. My research aims to reduce the current gaps by eliciting the views of rangatahi and understanding factors that influence their engagement in health services, as well as discussing the experiences they have encountered.

A significant area currently missing from the literature was identifying influencing factors of service use by rangatahi from a te ao Maaori worldview. Although there is a vast growth of literature that works with rangatahi and identifies service use (Clark et al., 2018; Martel et al., 2019; Mooney, 2012; Munford & Sanders, 2016) there are still questions needing to be answered and this area would benefit from further research. There is a potential for my research to be ground-breaking and provide health services with a better idea of what works well for rangatahi when accessing health services in Aotearoa. Involving rangatahi in a process of change that they can influence is crucial to ensuring the changes made at government and service level will positively benefit rangatahi. However, there is a lack of literature that discusses exactly how to involve them. This concept is key to understanding how to effectively approach service use with rangatahi and to gain a clearer understanding of health service use for them. Nevertheless, in identifying the gaps within the literature, a steppingstone has been identified to contribute towards supporting positive engagement between rangatahi and health services.

This thesis aims to address the multiple gaps identified within the literature that will promote and guide how services interact with rangatahi to effectively influence service engagement in Aotearoa. By using an indigenous approach to guide the mahi, the overall aim is to ensure the voices of rangatahi are heard and that they are acknowledged for their expertise. I strongly believe that my research is necessary because the literature has shown that there are still significant inequities and risks that rangatahi frequently experience as they manoeuvre through their current life stage (DeFosset et al., 2017; Lopez-Carmen et al., 2019; Robards et al., 2018). Therefore, to create a positive change and to successfully elicit the views held by rangatahi it is timely for this research to be a contribution to the kaupapa.

In collaboratively working alongside rangatahi and using participatory research, the hope for this research is to inform policy makers, health services and their governing bodies on how to effectively address rangatahi needs and create a change in systems that provides them with autonomy whilst breaking down the identified barriers. Thus, for this research to progress, it is vital to ensure the research is carried out in an ethically and culturally appropriate manner, and

designed in a way that empowers rangatahi to inform change through their own lived experiences.

Whiriwhiria ngaa taonga tuku iho, e arahina koe i too mahi

To select unsurpassed treasures of the past,

to respond appropriately to circumstances of today

(Kingi, cited in Kingi et al., 2013, p. 3)

Table 2.4

Summary of Literature

Author (Date)	Context	Design and Methods	Key Findings and Relevance	Focus
Alsaleh, Smith, Rigby, & Gray (2016)	• 56 participants in England and Scotland • Pharmacists and pharmaceutical committees who see young people aged 11-19 years • Evaluating how health services apply the youth friendly service criteria developed by the Department of Health	• Face to face semi structured interviews • Checklist guided observations • Cross-sectional online survey	• Health care experiences for young people reportedly the worst of any age group • Multiple barriers to healthcare for young people • Identifies health service targets for young people • Elicits the views of young people	• Barriers • Health concerns • Young people's experiences
Børsting, Stanley, & Smith (2015)	• 509 participants aged 12-17-years from the 2009 New Zealand Oral Health Survey	• Self-reported data on oral health status, risks and protective factors, and utilisation of oral health services	• Acknowledges the need for more research to be carried out on young people experiences and expectations • Discusses factors influencing service use • Highlights inequalities in health care • Obligations to Te Tiriti o Waitangi and United Nations Declaration on the Rights of Indigenous People • Based in Aotearoa and focuses significantly on Maaori statistics	• Culture • Rangatahi • Factors influencing service use among rangatahi
Christie, Shepherd, Merry, Hopkins, Knightly, & Stasiak (2019)	• Development of computerised cognitive behavioural therapy (CBT) intervention for adolescents in New Zealand. • Design and development of an app that encourages CBT skills.	• Consultation with clinicians • Focus groups and interactive workshops with youth to inform the co-design process.	• Addresses unmet health needs of young people • Barriers to engagement • The importance of including young people in service designs from the beginning to ensure the target audience will be catered to • Identifies disparities between Maaori communities and non-Maaori	• Barriers • Co-designing with young people • New Zealand adolescents

Author (Date)	Context	Design and Methods	Key Findings and Relevance	Focus
Clark, Le Grice, Moselen, Fleming, Crengle, Tiatia-Seath, & Lewycka (2018)	• 27,306 New Zealand secondary school students • 5,747 Maaori rangatahi • Describes the health status over time of Maaori secondary school students compared to Paakehaa students	• Health surveys conducted in2001, 2007, 2012 • Survey conducted anonymously	• Identifies issues affecting rangatahi • Investigates the health status of rangatahi Maaori in New Zealand secondary schools • Includes barriers for rangatahi • Inequalities addressed and discussed	• Barriers • Health statistics for Maaori rangatahi and adolescents in Aotearoa
Cunningham (2011)	• Describes the position of Maaori rangatahi • Discusses differential outcomes for Maaori	• Chapter addressing adolescent development for rangatahi Maaori	• Breaks down the term rangatahi • Identifies risk factors for the Maaori population • Highlights the importance for access to te ao Maaori. • Holistic approaches to engagement and whaanau action • Addresses whaanau centred design and delivery of services	• Culture • Risk factors • Whaanau centred
DeFosset, Gase, Ijadi-Maghsoodi, & Kuo (2017)	• Interviews with 18 rangatahi with a history of truancy and mental health problems	• Qualitative descriptive approach to analyse data from in-depth interviews • Explores how rangatahi express their mental health symptoms and perceptions of school-based mental health services	• Failures to address mental health problems in young people • Identifies the problem of engaging students in need of health care with health services • The need for further research • Barriers to health care for young people • Health service targets • Eliciting the views of young people, rather than multiple studies being discussed from a school or parent point of view • The need to work with young people who do not engage in services and fall through the gaps	• American based • Young people and adolescents • Mental health problems • School services

Author (Date)	Context	Design and Methods	Key Findings and Relevance	Focus
Gibson, Cartwright, Kerrisk, Campbell, & Seymour (2015)	• 63 young people in New Zealand aged 13-18 years • Examines commonalities in young people's priorities for engagement with psychological support in New Zealand	• Interviews conducted with young people • Thematic analysis	• Discusses the challenge of how to facilitate young people's engagement in health services • Eliciting the views of adolescents • Creating autonomy for young people • Allowing young people to be a part of the decision-making processes	• New Zealand based • Health services • Barriers • Connectedness • Youth led participation
Kidman (2018)	• 24 young people aged 14-16-years who have ancestral or whaanau links to tribal regions in which they lived • Four communities located in the North and South Island of New Zealand participated	• Elicits visual data of rangatahi experiences of growing up Maaori in 21ist century Aotearoa • Participatory research with young people	• Highlights and discusses the importance of eliciting the voices of young people. More specifically indigenous. • Advocates or the need to involve young people in health and their individual health journeys Identifies barriers that reduce engagement from young people and how adult voices are used as a proxy for youth voices	• New Zealand based • Barriers • Engaging youth voices • Eliciting young people's views
Liu, Warren, & Christie (2018)	• Creating youth-centred mobile health applications aimed to help young people seek and continue mental health treatment in New Zealand	• Co-design process with practitioners and young people to create a motivational interviewing tool for youth	• Issues affecting young people • Barriers that prevent young people from seeking help • Systems put in place to help young people in their health journey • Participatory research • The want of autonomy for young people	• Participatory research • Autonomy • Health services in Aotearoa
Lopez-Carmen, McCalman, Benveniste, Askew, Spurling, Langham, & Bainbridge (2019)	• Analyses of databases and grey literature that evaluates or measures primary health care interventions to improve children's mental health • Countries included Canada, Australia, Norway, New Zealand, the United States	• A systematic review of 11 studies that included indigenous children aged 4-17-years	• Highlights the need for more research • Identifies and discusses issues affecting young people • Discusses service use by young people and the barriers they experience • Points out health statistics for indigenous	• Barriers • The need for more research • Health services experiences • Youth participation

Author (Date)	Context	Design and Methods	Key Findings and Relevance	Focus
Martel, Reihana-Tait, Lawrence, Shepherd, Wihongi, & Goodyear-Smith (2019)	• Understanding rangatahi health inequities in Northland, New Zealand	• Providing health services to remote rangatahi In Northland and utilising screening tools for intervention delivery	• Barriers affecting service use among rangatahi • Culture is a diverse aspect • Autonomy is important for rangatahi • Including the young people is crucial in their health journey • Cultural barriers are prevalent and have a significant impact in service use by rangatahi	• Rangatahi health • Participatory research • Barriers
Martinez, Yan, McClay, Varga, & Zaff (2020)	• Exploring the benefits of a youth-led research on critical race theory focusing on public health • 35 youth of colour aged 13-34-years from five United States cities hired as researchers • 57% aged 16-17 years	• Interviews • Employment of qualitative data analysis techniques to examine programme products and outcomes	• Adult focused reflection • Discusses widely, the importance of involving young people • Youth led participatory action research • Discusses risks and risky behaviour of young people	• Participatory action research • Risks • Risky behaviours
McClintock, Tauroa, Mellsop, & Frampton (2013)	• Developing an instrument that measures and establishes rangatahi views on the Child and Adolescent Mental Health Services • Rangatahi aged 12-19-years	• Kaupapa Maaori research • Development of a self-administered survey	• Rangatahi have high mental health needs and require access to effective mental health services • Discusses the processes of kaupapa Maaori • Recruitment was aligned with the process of a poowhiri • Engagement and participation included karanga (invitation to participate and consent etc.)	• Kaupapa Maaori • Including rangatahi in decision making • Barriers to service engagement • Health targets
Mooney (2012)	• Explores Maaori social workers perspectives of building rapport with rangatahi Maaori in community mental health services • Six social worker participants from around New Zealand	• Qualitative study • Semi structured interviews • Social constructionist perspective • Maaori-centred research principles	• Highlights the issue of youth health and its disadvantages for rangatahi • Draws on practitioner experiences of working with Maaori • Discusses the importance of building a rapport with Maaori and more specifically rangatahi to create trust and effective engagement • The importance of creating connections through culture and becoming a trusted person	• Culture • Connectedness • Maaori rangatahi • Engaging with young people

Author (Date)	Context	Design and Methods	Key Findings and Relevance	Focus
Munford & Sanders (2015)	• 605 young people in New Zealand aged 13-1- years completed a survey • 109 young people participated in semi-structured interviews	• Understanding young people's experience of service use	• Discusses health service use by young people • Systematic failures are highlighted such as young people not receiving the targeted help they require • Importance of eliciting the views of young people and their experiences • Providing young people with the opportunity to be autonomous and make decisions	• Systematic barriers • Engaging with young people • Autonomy • Eliciting the views of young people
Noel, Denny, Farrant, Rossen, Teevale, Clark, Fleming, Bullen, Sheridan, & Fortune (2013)	• Survey of secondary school students in 2007 • Survey of alternative education students in 2009 • New Zealand based	• Youth health questionnaire • Study to describe demographic characteristics of adolescents who engage in high levels of risky behaviour	• Although this article does not elicit the views of young people, it describes the adolescence period and issues affecting young people • Highlights the issue that there is a lack of studies available and the need for more research to be carried out • Discusses risks and risky behaviours of young people • Health inequalities of young people in mainstream school setting vs alternative education. The latter are at more risk with considerable threats to their health and wellbeing	• Risky behaviours • Issues affecting young people • Need for more research
Robards, King, Usherwood, & Sanci (2017)	• 68 studies focusing on marginalised young people aged 12-24-years • Understanding barriers or facilitators to engagement and navigation of healthcare systems	• Systematic review of literature • Thematic analysis	• Highlights the various disparities for young people • Includes multiple barriers young people face when accessing health care services • Importance of young people being able to access care and the World Health Organization universal health coverage • Addresses the need for more research to be conducted	• Barriers • Need for more research • Access to health care

Author (Date)	Context	Design and Methods	Key Findings and Relevance	Focus
Sebastian, Ramos, Stumbo, McGrath, & Fairbrother (2014)	• 354 participants in Colorado and New Mexico	• Designing a 61 item Youth Engagement with Health Services (YEHS) survey instrument • Cognitive interviews • Pilot of the YEHS survey with young people	• Discusses engagement with young people and how this is measured • Identifies current strategies and services that are in place to fill the gaps for young people and their engagement in health services • Strongly discusses the evident need for more research in order to establish reliability and validity of adolescent engagement • Elicits the views of young people and identifies what young people want when they engage with health services	• Need for more research • Elicit the views of young people • Barriers • Systems currently in place
Severinsen & Reweti (2017)	• Evaluation of a national health promotion programme in Aotearoa	• Interviews and focus groups • Whaanau ora framework developed	• Discusses a Kaupapa Maaori approach • Strengthening approaches to working with Maaori and whaanau • Having consistency for rangatahi and people believing in them • Connectedness to a health practitioner • Cultural importance	• Connectedness • Culture • Barriers
Simmonds, Harré, & Crengle (2014)	• 2059 rangatahi participants from the youth survey – Youth'07. • Understanding what contributes towards positive development for rangatahi Maaori • 8 rangatahi and 6 stakeholders who work with rangatahi participated in focus groups and interviews	• Literature review • Analysis of survey data • Focus groups with stakeholders and rangatahi	• Introduces positive youth development (PYD) and what this approach focuses on • Benefits of PYD for rangatahi • Importance of widening the range of skills for rangatahi • Cultural factors that rangatahi are exposed to and how to values these in engagement	• Culture • Rangatahi engagement • Connectedness

Author (Date)	Context	Design and Methods	Key Findings and Relevance	Focus
Stuart & Jose (2014)	• 431 self-identified rangatahi Maaori aged 10-15-years living in New Zealand.	• Data collected from longitudinal study of youth connectedness in New Zealand • Examines association between family connectedness, ethnic identity, and ethnic engagement on changes in wellbeing over a period	• Discusses the adolescence life stage • Risks factors for rangatahi and marginalised adolescents • Culture and cultural affiliation. How important this is for indigenous individuals • Identifies the need for more research	• Connectedness • Culture • Need for more research
Tiwari, Jamieson, Broughton, Lawrence, Batliner Arantes, & Albino (2018)	• 13 studies included in the review	• Review of oral health inequalities for indigenous from five nations • Indigenous from United States, Canada, Brazil, Australia, and New Zealand	• This article does not solely focus on young people; however, it highlights key issues affecting indigenous young people • Identifies the United Nations indigenous definitions • Highlights issues that are affecting indigenous populations • Addresses social determinants	• Indigenous health issues • Issues affecting indigenous young people
Walters & Seymour (2017)	• Protective factors and resilience interventions for family violence and children	• Semi-structured interviews conducted with professionals' work with rangatahi Maaori • Thematic analysis	• Discusses and identifies the Maaori traditional role of children • Highlights various risks for rangatahi • Cultural factors and implications for rangatahi • The need for more research	• More research • Culture • Risks
Ware & Walsh-Tapiata (2010)	• Eight rangatahi Maaori aged 16-18-years from a rural town in the central North Island of Aotearoa	• Hui held with rangatahi • Maaori youth research approach utilised to provide effective strategies for positive development for rangatahi	• Rangatahi – members of at least three distinct social groupings • Importance of culture, and how colonisation has resulted in a loss of cultural practices for many rangatahi • Involving rangatahi as active participants • Providing rangatahi with appropriate resources to support their positive development	• Culture • Involving Rangatahi • Connectedness

Author (Date)	Context	Design and Methods	Key Findings and Relevance	Focus
Williams, Clark, & Lewycka (2018)	• Analysis of 1699 rangatahi Maaori who completed the national Youth'12 survey • New Zealand secondary schools • Maaori culture identity scale	• Anonymous cross-sectional survey • Theoretical development and exploratory factor analysis	• Discusses cultural identification • Strong focus of barriers rangatahi face when engaging with health providers • Stigma that is held from experiences • The role that cultures plays in health journeys	• Culture • Barriers

Waahanga Tuatoru: Rengarenga – *Research Design and Methodology*

Ma te huruhuru, ka rere te manu

Me whakahoki mai te mana ki te

Whaanau, Hapuu, Iwi

Adorn the bird with feathers so it can fly

(cited in Whaanau Tahi, 2019)

In the planning and design of this research, I aimed to develop an understanding of rangatahi views towards positive engagement with health services in Aotearoa. To achieve this, I needed to identify a methodology that was suitable for the kaupapa; one that would privilege the diverse voices of rangatahi actively seeking support with health services and capture these accordingly. It was also important that I took into consideration a methodology that would position the views of rangatahi within a wider context of te ao Maaori. Since rangatahi comprise a significant number of the Maaori population in Aotearoa, it is imperative to hear their voices. This is even more important when the decisions being made impact them directly. Statistics New Zealand (2022) showed Maaori are the second largest ethnic group in New Zealand and a significantly younger population than other ethnic groups. Therefore, honouring the rangatahi voice ensures they are seen, heard, and acknowledged in a way that remains true to the mana of rangatahi and supports a holistic approach. For these reasons, the chosen methodology for this research is Kaupapa Maaori.

This research design and methodology chapter provides a platform that explains the use of a qualitative research design and kaupapa Maaori methodology. The use of participatory research with young people has been acknowledged, along with outlining the participant criteria, recruitment process, and informed consent. Methods used within the research are identified and outlined below. These include ethical approval, the use of hui and waananga. Finally, the methods of data collection that were utilised are discussed, along with describing the data analysis process, ethical considerations, rigour, and reflexivity.

Research Design

> Qualitative research is an important tool for indigenous communities because it is the tool that seems most able to wage the battle of representation; to weave and unravel

> competing storylines; to situate, place, and contextualize; to create spaces for decolonizing; to provide frameworks for hearing silence and listening to the voices of the silenced; to create spaces for dialogue across difference; to analyse and make sense of complex and shifting experiences, identities, and realities; and to understand little and big changes that affect our lives. (Smith, 2005, p. 103)

Kaupapa Maaori research promotes and aligns to a qualitative design approach wherein whakapapa and whanaungatanga are valued. Qualitative research promotes a forum where differing perspectives are shared through varying social interactions, thus building a mutual understanding of the kaupapa at hand. Barbarich (2019) explained that qualitative research uses a variety of tools such as social interactions and activities where different perspectives are shared to support a common understanding of a particular kaupapa. Mooney (2012) highlighted that qualitative research adds to the position of sharing differing perspectives through social interactions and seeks to understand how individuals make sense of social settings. In understanding qualitative research, it is important to be aware of its position within kaupapa Maaori research and how to ensure the research stays true to the tikanga. One way to ensure tikanga is upheld was explained by Mooney who stated that through koorero, barriers of communication can be broken down, thus supporting the notion of rapport building and encouraging open discussions amongst rangatahi. Qualitative research is based strongly around the inclusivity and connectedness of human experiences in a way that encourages the development and growth of participants without pre-empting individual perceptions. Mooney (2012), Barbarich (2019), Barron (2000) and Dobbs (2021) stated that qualitative research enables establishing a rapport with the rangatahi through whanaungatanga where connections are made and koorero, stories, and experiences occur.

A qualitative approach enables listening to the voices of rangatahi which is increasingly important and integral to understand the social world of rangatahi. Barron (2000) and Mooney (2012) both explained that to understand the social complexities of rangatahi, it is important to ensure they have an active part within the research, and they feel like a valued member with their contributions to society. In contributing towards a positive experience for rangatahi and ensuring they feel valued, it is highly valuable that adult perceptions do not override the views of rangatahi; therefore, employing a methodology that allows rangatahi to speak freely and be appreciated for their own perceptions is imperative. Mooney agreed, stating that qualitative research provides an avenue for rangatahi to have healthy discussions in a safe environment that respects their individual views.

Methodology

Kaupapa Maaori Research

Kaupapa Maaori is the overarching methodology that informs this research. I chose kaupapa Maaori as it would provide a strong guiding factor for every aspect of the research and promote a significant sense of safety for the rangatahi participants and their taonga of koorero that they would give, and provide safety and guidance for the researcher. Ware and Walsh-Tapiata (2010) highlighted that Kaupapa Maaori approaches to research are grounded in te ao Maaori which emphasises the importance of being and acting Maaori and locating Maaori people and experiences as the focus of the research. Te ao Maaori privileges the connections of Maaori and upholds tikanga and mana. Cram (2021) had explained that:

> Kaupapa Maaori within research practice dictates that Maaori tikanga and processes are followed throughout the research, from inception to the dissemination of results to the ongoing relationship formed between the researcher(s) and the research participant(s). We engage with our community and involve them in the research. (para. 12)

Kaupapa Maaori research seeks to represent the experiences of marginalisation in genuine and authentic ways to ensure the benefit of Maaori is achieved. Cram (2021), McClintock et al. (2013), and Walker et al. (2006) all explained that within a kaupapa Maaori research paradigm, the research is undertaken by Maaori, with Maaori, and for Maaori, with an end outcome of benefiting Maaori. In using a kaupapa Maaori methodology to guide this research, rangatahi were encouraged to share their stories in a culturally safe environment where their experiences and views are the pinnacle for change and generating awareness around the kaupapa.

Kaupapa Maaori research is driven by the significant need to support Maaori worldviews and values that are separate to that of Western colonised processes. Kaupapa Maaori research was developed as part of a broad movement to question the westernised notions of knowledge, culture, and research (Walker et al., 2006). Cram (2021) explained that kaupapa Maaori research is about reclaiming power. In the first instance, this is power over how Maaori are represented within research. Secondly, it is power over Maaori knowledge and Maaori resources. When understanding the development and need for kaupapa Maaori research, it is vital to gain a deeper grasp of the influences that contributed to the emergence.

> Kaupapa Maaori 'research' emerged from, and was influenced by, several developments: first, the worldwide move of indigenous people to increase their self-determination over land, culture and language; second, a greater commitment to the intentions of the Treaty of Waitangi, which meant that there would be greater collaboration between Maaori and

> non-Maaori, sharing of research skills, and greater protection of Maaori data and participants; third, the growth of initiatives which had emerged from the revitalization movement, for example, the introduction of kohanga reo (Maaori language pre-schools) and kura kaupapa schools where Maaori language and tikanga (culture and customs) were taught, as well as the emergence of specific health models for Maaori like Te Whare Tapa Wha, also encouraged Maaori to begin to create their own processes of research. (Walker et al., 2006, p. 332)

Kaupapa Maaori was formalised to challenge knowledge previously employed by non-Maaori in a research setting. Importantly, and significantly, the kaupapa Maaori movement critiqued the dominant hegemony of westernised positivistic research (Walker et al., 2006). Mikahere-Hall (2017) highlighted that kaupapa Maaori and maatauranga Maaori refer to Maaori knowledge; however, a distinguishing difference is that kaupapa Maaori reflects the values of traditional knowledge in the development of new knowledge. In supporting kaupapa Maaori research, Maaori can reclaim their knowledge and power of issues affecting Maaori in a way that uplifts Maaori collectively and results in strengths-based approaches. Moyle (2014) and Walker et al. (2006) emphasised how kaupapa Maaori research is used by academics to ensure it is developed and carried out by Maaori with the intended outcome of being beneficial to Maaori as well as challenging the exploitive nature of much research on Maaori.

Kaupapa Maaori has been considered in various ways by fellow Maaori researchers who explain kaupapa Maaori research as being grounded in Maaori cultural values and practices (i.e., being Maaori), and its local critical theory and decolonising aspects. Key aspects of kaupapa Maaori research are highlighted in the works of Cram (2005), Smith (1999), and Walker et al., (2006) who identify kaupapa Maaori research as research that:

- gives full recognition to Maaori cultural values and systems;
- is a strategic position that challenges dominant Paakehaa (non-Maaori) constructions of research;
- determines the assumptions, values, key ideas, and priorities of research;
- ensures that Maaori maintain conceptual, methodological, and interpretive control over the research; and
- is a philosophy that guides Maaori research and ensures that Maaori protocol will be followed during research processes.

Cram (2009) and Smith (1999) explained that kaupapa Maaori informs research in a way that is culturally appropriate, and acknowledges the mana and tikanga of tuupuna, rangatahi,

whaanau, hapuu, and iwi. Overall, kaupapa Maaori research is used to support and benefit Maaori while critiquing previously held racial views in a mana enhancing way. Walker et al. (2006) explained that kaupapa Maaori research critiques dominant, racist, and westernised hegemonies, and advocates for Maaori to become more self-determining. Kaupapa Maaori research should be distinguished from other kinds of research involving Maaori.

Walker et al. (2006) explained that kaupapa Maaori seeks to redress power imbalances and bring concrete benefits to Maaori and that

> Some researchers believe that if Maaori are not to benefit from research, then there is little point in undertaking kaupapa Maaori research. They believe that Kaupapa Maaori research should enhance the quality of life for Maaori and establish Maaori communities with their own research capabilities. (p. 334)

My research offers significant benefit to rangatahi as they are the owners of their knowledge and experiences that are being identified throughout the entire research process, which will promote change in the way health care works and practitioners effectively engage with rangatahi. Rangatahi voices are at the forefront of the entire research practice and the raakau is given to them as to the depth of their koorero. The co-creation of a resource that prioritises the recommendations of rangatahi will be powerful and will initiate a change in engagement processes that has never been done before.

Kaupapa Maaori Research Values

> An important aspect of Kaupapa Maaori research is that it seeks to understand and represent Maaori, as Maaori. This includes a structural analysis of the historical, political, social and economic determinants (enablers and barriers) of Maaori wellbeing. (Cram, 2021, p. 1)

Kaupapa Maaori research privileges being Maaori, Maaori worldviews and realities. Kaupapa Maaori research is an Indigenous methodology that honours and legitimises being Maaori and Maaori worldviews (Smith, 2021). Kaupapa Maaori research is guided by values that form a foundation for the research which guide the researcher to stay true and tika to whaanau, hapuu, and iwi. Walters and Seymour (2017) discussed how principles within te ao Maaori can be used to guide interventions for rangatahi; some of these principles include karakia, whanaungatanga, manaakitanga, whakataukii, Maaori legends, and the use of te reo. Kaupapa Maaori research also includes local and critical theory that questions the power relations that exist in society. Smith (2015) explained local critical theory as interrogating the social power relations that exist

in the struggle for autonomy, history, and contexts that oppress Maaori. Decolonisation is heavily embraced in kaupapa Maaori and encourages a strong focus on the ongoing issues that Maaori face from colonisation. Chilisa (2012) stated that kaupapa Maaori research is strengthened by embracing decolonisation that, in turn, enables a conscious focus on issues and realities that arise from the continuation of colonisation and promotes a better understanding of Maaori lived realities.

Cram (2009) and Smith (1999) highlighted seven values that support kaupapa Maaori research. These principles offer a broad explanation in understanding the kaupapa behind the value (Table 3.1). However, the definitions are my own personal interpretation of how these principles were used within my research to support rangatahi.

Table 3.1

Community-Up Research Values

Value	Meaning
Aroha ki ngaa rangatahi	Respect for young people within the research is about allowing people to define the research context (e.g., where and when to meet).
He kanohi kitea	Being a face that is seen and known to those who are participating in research.
Titiro, whakarongo... koorero	Look, listen, and then, later, speak
Manaaki ki ngaa rangatahi	Looking after the rangatahi by making them feel comfortable, heard, and safe to discuss their experiences.
Kia tupato	Be cautious - making sure not to overstep boundaries, allow rangatahi to freely express their experiences in a safe space and being reflective of my insider status.
Kaua e takahia te mana o ngaa rangatahi	Do not trample on the mana of young people.
Kia maahaki	Be humble – rangatahi are the owners of their experiences and are contributing toward a qualification. I need to ensure that I find ways to share the knowledge gained in a way that prioritises their voice.

Source: (Cram, 2009; Tuhiwai-Smith, 1999)

Values have been acknowledged and adapted to structure the methodology identified and proved to be an exceptional guide in ensuring my mahi remained culturally appropriate and did not cause harm. These values held me accountable for every aspect of the research which kept me safe both academically and culturally and was hugely important. These values have also helped to inform the interpretation of the findings by acknowledging the data that were collected, as well as prioritising the rangatahi voices in the hui and waananga. This further ensured the voices of rangatahi remained at the forefront of the research and guided the process in a mana enhancing way.

The cultural values identified in Table 3.1 were a guiding feature in carrying out my research in the community and provided me with strong guidance to ensure the entirety of my research remained kaupapa Maaori. The interpretations of each cultural value identified by Cram (2009) and Smith (1999) were altered to accommodate my research with rangatahi and were closely guided by the work of Barbarich (2019) who initially adapted the values to support research with rangatahi. These newly defined values created an opportunity to show how the values were able to be directly applied to the rangatahi participants, researcher, and wider communities involved with this research.

Aroha ki ngaa rangatahi – maintaining respect for the rangatahi as participants and experts with their own lived experiences. I encouraged rangatahi to define aspects of the research and data collection processes. Their contributions included the style of note taking, communication methods, and leading the koorero at hui and waananga. Respect was given to the rangatahi for the sharing of their stories and experiences and the research data that were collected.

He kanohi kitea – it was important that I was seen and known to the rangatahi participants. Therefore, hui and whanaungatanga were highly valuable in ensuring I was no longer a stranger. I also became involved in new communities and gained trust through open communication and willingness to engage with community initiatives outside of the research.

Titiro, whakarongo… koorero – stopping to look, listen, and then speak is a hugely invaluable skill to uphold in kaupapa Maaori research. In carrying out this value, I ensured that I took time throughout the entire research process to understand the complex lives of rangatahi and the multiple directions they gravitate towards. As a Maaori researcher working with rangatahi, we share similar te ao Maaori experiences which allow us to have similar understandings of various koorero and kaupapa. This also provides rangatahi the option of expressing themselves using Maaori words and introductions. I also understand Maaori micro-skills such as body language

and facial expressions. By taking time to actively listen to the rangatahi, indicative questions asked in the hui and waananga were answered through general koorero and, at times, flowed from varying examples. Therefore, I had to ensure I picked up on these cues to avoid repetition.

Manaaki ki ngaa rangatahi – manaaki is the action of honouring and facilitating the mana enhancement and reciprocity. It includes the mana of both the researcher and the participants. Looking after the rangatahi is imperative to supporting their wellbeing and growth through this ever-changing life stage. Therefore, it was important that I ensured the time given, relationships gained, and the expertise of the rangatahi were appreciated.

Kia tuupato – remaining cautious is highlighted extensively throughout kaupapa Maaori. I remained cautious throughout the research to ensure every aspect undertaken was culturally safe, rigorous, and reflexive by collaborating with wider whaanau, hapuu, and iwi members.

Kaua e takahia te mana o ngaa rangatahi – as a researcher I must not trample on the dignity of the rangatahi. I upheld this value very strongly because it was important that I did not cause any harm for the rangatahi and wider community who were involved within the research. Through years of experience and knowledge gained, I have found that rangatahi are the experts in their lives and lived realities. Rangatahi are the holders of their koorero and maatauranga. Therefore, I actively sought out opportunities for collaborations with the rangatahi to ensure they were acknowledged for their expertise and commitment toward the wider research.

Kia maahaki – being humble is another important value within a kaupapa Maaori research. I made every endeavour to ensure the knowledge gained was shared with rangatahi in an appropriate way. Understanding how to equally share between the rangatahi and researcher led to a shared understanding of the kaupapa at hand, and resulted in research that was trustworthy.

Carrying out a study that applies kaupapa Maaori values allows for a significant representation of rangatahi views and experiences to be captured in a way that decolonises and critiques processes, behaviours, and actions that oppress them in the health system. These values have been the backbone of my research and closely guided every detail from the commencement through to the dissemination phase. Conducting kaupapa Maaori research enabled me to capture the koorero of the rangatahi participants and helped to decolonise their experiences, to inform the reduction of health disparities and improve the quality of life for rangatahi and the following generations. Cram (2001) stated that kaupapa Maaori dictates that tikanga Maaori

and processes are observed through the entire research right from the beginning to the distribution of results and the continuing relationships formed.

Participatory Research with Rangatahi

Participatory research with rangatahi is an important aspect that required exploration as part of this research. Cahill (2013) discussed participatory action research as a reflection of ethical commitments to creating conditions for social change that can be used by the community for their purpose. Due to the nature of my research, I needed to ensure that I was able to include rangatahi and their voices very clearly throughout every aspect. This was to ensure the outcomes and resources were co-designed by myself as the researcher and the rangatahi as not only participants but also viewed from their lived realities. Fitzgerald et al. (2021) explained that participatory research with young people is becoming an approach that is increasingly adopted by researchers.

Participatory research encourages rangatahi to be directly involved in making decisions about a kaupapa that affects them, while promoting policy and procedure changes. Groundwater-Smith et al. (2015) described participatory research as a method that directly involves children and young people as active agents with respect to their vast social provisions. Thus, disrupting the dominant discourse that silences the voices of young people and instead welcoming their discussions on varying kaupapa. Fitzgerald et al. (2021) discussed that in recent years there has been a shift in thinking which recognises youth as competent social actors and acknowledges them as experts in their own lives and that they should be listened to. In taking a deeper understanding of participatory research, I was able to identify areas of vital importance that would play a pivotal part in the design of this research.

Participatory research also strongly supports my stance when carrying out research with young people, which is to ensure rangatahi have autonomy over their lives and decisions that support them. This was supported by Groundwater-Smith et al. (2015) who explained that enabling children and young people to exercise greater agency is no mean feat and involves navigating a number of institutional norms and conventions. Similarly, Ozer (2017) has identified that organisations such as UNICEF and the WHO have highlighted the significant need for approaches that are innovative to promote the healthy development of young people, while having a deeper consideration for youth engagement approaches, equity, and empowerment in adolescent health and development.

Eruera's (2010) participatory action research has the capability of addressing research and issues of social justice, inclusion, and empowerment of minority and often marginalised communities.

To identify and fully understand the extent to which participatory research should be conducted withing this research, a model of practice was found and became a beneficial guiding tool. This model would support the development of a research that would create a co-design relationship between the researcher and rangatahi participants. Shier (2001) created pathways to participation model which provides clarity and guidance on the levels of participation and how to identify the current positions in respect to their tasks or aspects of their work (Table 3.2).

Table 3.2

Shier's Pathways to Participation

Levels of Participation	**Openings**	**Opportunities**	**Obligations**
1. Children are listened to.	Are you ready to listen to young people?	Do you work in a way that enables you to listen to young people?	Is it a policy requirement that young people must be listened to?
2. Children are supported in expressing their view.	Are you ready to support young people in expressing their views?	Do you have a range of ideas and activities to help young people express their views?	Is it a policy requirement that young people must be supported in expressing their views?
3. Children's views are taken into account.	Are you ready to take young people's views into account?	Does your decision-making process enable you to take young people's views into account?	Is it a policy requirement that young people's views must be given due weight in decision making?
4. Children are involved in decision making.	Are you ready to let young people join in your decision-making process?	Is there a procedure that enables young people to join in decision making processes?	Is it a policy requirement that young people must be in decision making processes?
5. Children share power and responsibility for decision making.	Are you ready to share some of your adult power with young people?	Is there a procedure that enables young people and adults to share power and responsibility for decisions?	Is it a policy requirement that young people and adults share power and responsibility for decisions?

Source. Adapted from Shier (2001)

Shier's (2001) five levels of participation is based on questions to help identify where organisations or researchers are currently positioned and where improvements are needed to develop a stronger participation practice with children and young people. According to Shier, level three of the model is the minimum requirement needed to meet the recommendations under the UNCRC. This is important to note, because the UNCRC provides guidance for young

people and children. Therefore, to uplift their mana and foster a safe and supportive research relationship, I ensured rangatahi participation levels regularly sat between levels four and five.

I felt using participatory research within my own research was beneficial to support the rangatahi in promoting their voices and experiences. It allowed rangatahi to share their stories and know that they were participating in research that would help provide change for themselves and their peers, while being positively supported. Fitzgerald et al. (2021) explained that using participatory research, academics are starting to develop a deeper understanding of issues that positively support young people. A shared partnership further promoted a deeper sense of connectedness between the researcher and participants. This positively impacts the overall outcome of the research because time is taken to actively carry out whanaungatanga to ensure there is trust and open koorero. Fitzgerald et al. highlighted that sufficient time is required to develop a research relationship that is meaningful and trusting between the researcher and the young people.

Rangatahi participation within research is a process as opposed to a specific project or event. Therefore, Shier's (2001) Pathways to Participation model is a useful tool to assess the readiness and commitment by anyone who chooses to work with young people. This model is fitting for my research because it was a timely reminder to uphold the values of te ao Maaori and my strong values of valuing the koorero and expertise of rangatahi Maaori. The Pathways to Participation model (Shier, 2001) was used in my research as a guide to ensure I worked collaboratively with the rangatahi and prioritised their voices, stories, and experiences in a mana enhancing way. I chose to adopt this specific model because I felt it encompassed a way of engaging rangatahi and promoting their voice while blending seamlessly into a te ao Maaori viewpoint. I was able to link the levels of participation alongside the kaupapa Maaori values that have guided my entire research. Participatory research with rangatahi is a paradigm that I am comfortable and familiar with, and it aligns with and fits neatly into a kaupapa Maaori approach.

Participants

In Phase One of this study, I aimed to recruit 40-70 rangatahi, and in Phase Two a maximum of 20 rangatahi from Phase One who signalled their interest to continue in the research. For this research, rangatahi were defined as Maaori aged between 16 and 18 years (inclusive) in Aotearoa New Zealand. To participate in this research, rangatahi were required to meet the following inclusion criteria:

- Self-identify as being of Maaori descent. This aspect was paramount to ensure the research approach was safeguarded and remained kaupapa Maaori.

- Be aged between 16 and 18 years (inclusive). This ensured the study remained youth focused and captured the various views of their age group.
- Live in or whakapapa to the geographical area of Waikato-Tainui or Ngaati Paaoa.

Rangatahi were excluded if they:

- Did not self-identify as being Maaori.
- Did not have the ability to give voluntary informed consent (e.g., under the age of 15 years).

Participant Recruitment

Phase One

Through my previous research roles, I had built relationships with health services, secondary schools, and various rangatahi services. These prior relationships provided an avenue to reach a significant amount of Maaori rangatahi across Aotearoa including schools who had at least a third of students who identified as Maaori on their current roll. These schools continue to be involved in a variety of research that are carried out throughout the country.

The selected contact person for each school, health service, and rangatahi service was initially asked to promote Phase One of the research within their respective areas, using the advertising poster created (Appendix A). Through this form of promotion, I was able to ensure there was a sense of rangatahi being able to decide to participate and encourage recruitment of those genuinely interested in the research.

The next step was to identify no more than 70 rangatahi with a diverse range of ages (between 16 and 18 years) and gender that met the inclusion criteria. The health and rangatahi service and school contacts had knowledge of their community and service users and was deemed the most reliable avenue for recruitment while minimising any form of bias and ensuring conflict of interest was not a factor.

Expressions of interest were obtained through the recruitment posters, discussion boards and newsletters, and word of mouth within the various settings. It was important to cover a broad range of discussion forums to ensure reach into the target audience, as well as reaching the number of rangatahi required. Since rangatahi are very fluid and their schedules can be very busy, it was important to have an array of platforms to promote the research. There were a few recruitment sessions carried out through hui (meeting) with interested rangatahi, these were at

various times to cater for the ever-changing plans and commitments rangatahi had. The information hui gave rangatahi a chance to discuss the research, ask questions, and understand what I required of them in the research, before deciding to participate.

Holding these hui kanohi ki te kanohi (face to face) provided me with the opportunity to be a familiar face for the potential participants, along with creating a bond through whakawhanaungatanga. This, in turn, reduced any form of whakamaa that participants may have had at the onset. At this point, information provided to the rangatahi were the approved information sheet (Appendix B) and consent forms (Appendix C). Further koorero occurred to ensure potential participants were able to comfortably provide their informed consent. Rangatahi were given two weeks to decide, and a date was set for those who wanted to partake in the research. Appendix D shows the indicative questions that were utilised to prompt koorero during the hui.

In acknowledging rangatahi as part of a whaanau and growing up in environments which are highly influencial for the development of rangatahi beliefs and experiences (intergenerationally), it is important to highlight the reasons why my research focuses solely on understanding the rangatahi experiences. I chose to only have rangatahi participants within this research as I wanted to ensure their koorero is the foundation for the research and that I am able to gain a deeper understanding of their views and experiences as a rangatahi navigating their way through the health systems in Aotearoa. Although, within my research, I did not have direct contact with whaanau, I encouraged rangatahi to go home and koorero with their whaanau about their interest in the research and the kaupapa being discussed. I also highlighted my details on the information sheet and offered to have a hui for any whaanau that may be wanting questions answered or learn more about the research. Another way of including whaanau in the research and consent process included a paanui being sent out to whaanau, by one of the participating schools, about the research and their rangatahi potential involvement.

Phase Two

For participant recruitment for Phase Two, I asked for expressions of interest from rangatahi participants from the Phase One hui. A group of no more than 20 rangatahi was required for this phase. Rangatahi who expressed their interest to participate in Phase Two, were invited to a separate hui where they were provided with information sheet (Appendix E) and consent form (Appendix F), and a koorero was held again to ensure the decision to participate was informed. Rangatahi were given two weeks to decide whether they wanted to continue through to this phase, and a date was set out for those wishing to participate in the first waananga for Phase

Two. Appendix G shows the indicative questions that were utilised to prompt koorero during the waananga. A confidentiality agreement (Appendix H) was signed by the cultural advisor and the graphic recorder who attended to support the waananga.

Phase Three: Usability Testing

Usability testing was an addition made to the research following the co-creation of the resource *Areare Taringa Mai! (Let me be heard!).* Participant recruitment for this phase was carried out by inviting existing kaupapa Maaori mainstream health care provider networks. I aimed to gather a group of 7 to 15 kaimahi (staff or workers) across the organisations to participate within a hui. They were invited through email and provided with the recruitment poster (Appendix I) and the information sheet (Appendix J) to read over the research and were offered to have a catch up over Zoom to answer any queries. Upon identifying their interest, kaimahi were given a consent form (Appendix K) and two weeks to decide if they would like to participate. A date was arranged that fitted everyone's schedules. Appendix L shows the indicative questions that were utilised to prompt koorero during the usability hui.

Informed Consent

Informed consent is a critical aspect of carrying out research in general. However, with rangatahi this aspect becomes even more important to ensure there is no harm caused and participation is freely given. Graham et al. (2013) explained that obtaining consent is central to research relationships, shows respect to the participants, and highlights their capability to express their views and be heard in matters that affect them. Barbarich (2019) highlighted that a balanced and fair approach to informed consent creates a basis for best practice in ethical research with young people. Ethical research with young people promotes their involvement in research while ensuring they are protected, their rights are adhered to, and information is provided to them in a way that is rangatahi appropriate and not "contract based" or "academic". Graham et al. explained ethical research with young people is achieved by ensuring researchers take responsibility for safeguarding children and young people while providing them opportunities for decision-making. They further added that ethical research is about researchers respect for the rights on young people and protecting them in accordance with their age and evolving capacities.

Within this research, informed consent was carried out with the rangatahi by providing the information sheets and consent forms in accordance with the AUTEC guidelines. As these tend to be wordy, due to AUTEC requirements, koorero was held and the information sheets were broken down into smaller topics for discussion. This allowed me to use youth friendly kupu

(words) and provide a deeper understanding of what we were trying to achieve from the research, as well as offer a full breakdown of each aspect involved in the data collection phase. Barbarich (2019) found that rangatahi felt information sheets tended to be very wordy and were often not read because rangatahi felt discouraged to read them in their entirety because of the length. Following the koorero about the information sheets, questions were asked by the rangatahi to clarify any further confusion they may have had. A round robin was then carried out to provide rangatahi a time for themselves to explain their interpretation of the information provided in the information sheets.

At every interaction with the rangatahi participants, they were continuously reminded that they had the option to withdraw from the research at any stage (as highlighted in the information sheets). It was important rangatahi understood they controlled their participation within the research and there would be no pressure placed on them to continue participating if they felt uncomfortable. Barbarich (2019) stated that coercion was a very real issue for rangatahi when participating in research as they sometimes felt they were not able to say no or were embarrassed to leave research. To prevent any harm or a sense of coercion, rangatahi who volunteered and met the participant criteria were given time to choose whether they would participate. This not only prevented any form of coercion but promoted their agency and valued their choices.

PhD Advisory Group

An advisory group was formed to help guide, support, and critique the research process. This group were sought based on networks built and provided a multidisciplinary approach to the research. Tui Tawera is a primary/intermediate teacher with over a decade of experience in teaching, facilitation, and leadership. Tui's knowledge of te ao Maaori supported her role on the advisory group as she provided cultural consultation and support. Jenae Valk is a nurse practitioner and lecturer who works predominantly with Maaori and Pasifika young people across the Northland and Auckland region. Her role was to provide context and support around engagement with rangatahi and their whaanau. Dr Alexander Stevens II provided his knowledge and experience of working as a rongoaa Maaori (Maaori medicine) practitioner and dual diagnosis clinician in the health field, as well as his knowledge of the academic journey. The final advisory group member provided guidance from a rangatahi perspective which was valuable for the kaupapa of the research. The advisory group members supported the overall research and were able to provide advice and knowledge from their specialty areas.

Method

Ethical Approval

Initial ethics approval was obtained for this research by AUTEC in two stages. Approval for phase one rangatahi hui was granted Tuesday 2 March 2021 (AUTEC 20/334) (Appendix M). The second stage approval was granted Tuesday 29 June 2021 for rangatahi waananga. An amendment was made to AUTEC for the addition of usability testing a co-created resource with health care providers and approval was granted Thursday 3 March 2022.

Hui: Phase One Rangatahi and Phase Three Usability Testing

> Hui involves meeting as a group to discuss issues and has a set protocol that is used to guide the hui process. It is generally unstructured in its nature, although there is usually a 'kaupapa' or purpose for the hui that will guide the direction of the conversation. This particular method requires acute cultural awareness by the researcher as there are often culturally coded means of communicating that take place. (Rautaki Ltd, 2022)

Hui are guided by tikanga and are regularly used within kaupapa Maaori research as they provide a forum where participants views and experiences are valued. Within this research, I chose to conduct hui instead of focus groups as hui would draw on the tuaakana-teeina (referring to the relationship between older and younger or the knowledge holder and learner) relationship and value everyone's koorero. For rangatahi, hui can provide an opportunity to work in collaboration with a researcher and be respected as an expert. Walker et al. (2006) explained that qualitative techniques such as hui align closely with kaupapa Maaori research as the participants maintain a dominant position within the research. The use of hui within a kaupapa Maaori research strongly claim the kaupapa Maaori positioning of the research and promote the knowledge and feedback of rangatahi participants. Hui were chosen as an initial form of data collection for Phases One and Three of this research because they support open koorero and promote an array of views to be discussed.

In carrying out any form of research with rangatahi, it is important to do so in a way that promotes their active participation, empowers them to tell their stories, and upholds their mana. Barbarich (2019) expressed that it is evident that the use of hui as a data collection method fosters healthy discussions about a kaupapa amongst rangatahi.

Hui provided me with the opportunity to understand and experience the views held by participants on a particular topic. Krueger and Casey (2015) stated that the purpose of a focus

group is to gain a better understanding of how people think and feel about an issue and gather opinions unlike other forms of data collection, such as surveys and interviews, where it is usually one to one. Hui promoted interaction between the participants and discussion to be generated through their own experiences. Focus groups reveal the experiences and perspectives that might not usually be accessible without a group interaction (Liamputtong, 2011).

A facilitator must have skills in maatauranga Maaori to conduct hui using tikanga; and through an appropriate and skilled facilitator, hui can be a very positive experience for rangatahi where researchers can take a step back from leadership, effectively promoting rangatahi to potentially take charge of the hui process. This process involved myself moving from a tuaakana position to becoming a teeina as the rangatahi were the knowledge holders and sharing their experiences. Barbarich (2019) highlighted that hui provide a safe space for rangatahi to communicate their true views on a kaupapa and, through skilled facilitation tools, researchers can step back and let the koorero be led by the participants where their stories are shared in turn.

Each hui held would repeat the same indicative questions that were approved by the ethics committee which could have limited further exploration of the responses from the rangatahi. However, by using hui, these indicative questions were merely a guide to initiate koorero within the group. These questions were beneficial within the hui as they generated koorero and prompted feedback from the rangatahi participants. As the researcher and hui facilitator, it was important that I had minimal input to the discussion so that full control of the koorero was given to the rangatahi. Times where I would step in to support the hui were when the koorero ceased, the rangatahi were unsure what else to say, or when they had questions which needed answering, and, lastly, to guide the conversation onto the next question. Through this process, I was able to ensure that adult perspectives were limited and avoided overriding ideas, thoughts, and experiences that were being discussed by rangatahi; thus, enabling rangatahi the use their terminology and inferences. Barbarich (2019) explained that rangatahi having full control over the direction of conversations allows them to answer questions openly and honestly, while generating additional koorero.

Like many methods of data collection, there will always be limitations and strengths. A key limitation that can significantly impact data collection within my research was that being the researcher and facilitator, I did not obtain control over the data collected. Rangatahi having the ability to discuss with each other and take ownership over the conversations can easily influence the koorero going on various off-topic tangents. Barbarich (2019) stated that this limitation is very different to that of other research styles, such as quantitative research and one to one

interviews, where the discussions are facilitator led. However, a strength from the use of hui is that they do not discriminate against people. Liamputtong (2011), in talking about focus groups, explained they do not exclude those who would often be excluded due to the inclusion of more formal channels of communication such as reading and writing. Another highlighted strength is that hui support cultural values, tikanga, and cross-cultural settings. Liamputtong additionally noted that this method of data collection is appropriate for carrying out research in many cross-cultural settings as hui support a sense of breathing space for participants which permits cultural values and norms.

In conducting kaupapa Maaori qualitative research, it was important to acknowledge both the strengths and limitations of using hui as a data collection method. This enabled a deeper understanding of how to support rangatahi participants and ensure their mana is valued throughout every aspect. It also highlighted the importance of having participants who had previous experiences and views of utilising health services to ensure the success of the data collection and hui.

Phase Two: Waananga

Waananga (to meet and discuss or deliberate) were used to support rangatahi participants in a setting that legitimised the way Maaori work. Kingi (2010) highlighted that kaupapa waananga set out to legitimise the Maaori way of doing things and privilege the Maaori thinking. Waananga prioritise the participants and invites them to look further into te ao Maaori, the way they as Maaori live and view situations. The term waananga is understood to have various meanings. Mahuika (2020) further elaborated on these terms by stating:

> Waananga is a dynamic living tradition that has developed across generations. Today, it is used within, and beyond, Maaori communities in multiple ways. Much of the literature on the topic is dedicated to waananga as traditional houses of learning or "Whare Waananga." But waananga are much more than just schools of instruction. There are various definitions and descriptions of waananga. Some refer to waananga as "seminars", a "series of discussions", a "thought space", "meeting places", and for others a "practice". (p. 369)

In this research, waananga were a way for rangatahi to understand what their peers had identified in Phase One of the research, and collaboratively work in a setting that would be Maaori-focused and Maaori-led. The use of waananga provided rangatahi with an insight into the ultimate deliverables and objective of creating a framework that supported health practitioners when working with rangatahi.

Waananga also supported and allowed the rangatahi to engage in a hui type forum where they had the agency to walk around, raise their ideas and suggestions across multiple platforms such as large posters around the room, draw visual diagrams, and koorero that were recorded, while being in a safe and comfortable environment. Smith et al. (2019) described thought space waananga based on the principles of kaupapa Maaori theory and research, which includes Indigenous principles and protocols that support respect, relevance, reciprocity, and responsibility. They affirmed waananga provides space within research to engage with kaupapa Maaori methods of knowledge translation and within the dissemination space. Therefore, within this research, waananga were deemed a valid and applicable way to work collaboratively with rangatahi and prioritise kaupapa Maaori.

Data Collection

In this research, data were collected from rangatahi participants in two separate phases. Phase One comprised five hui (generally lasting 90 minutes), each including between 7 and 14 rangatahi, held at four different secondary schools from Auckland through to the Hauraki region. Through carrying out hui, it is important to note that the optimal size for a hui with my research is between 7 and 10 participants. Larger groups could impact significantly on the data collection process as participants can become overwhelmed and feel uncomfortable, they could also be much trickier to navigate. The aims and objectives of these hui were to create a safe space for rangatahi to openly discuss their experiences of using a health professional setting in Aotearoa and identify what they believed will contribute to a much more positive experience. Data were collected through voice recorders; brief notes were taken down throughout each hui and post-it notes were also used for rangatahi to jot down their ideas and views. This process was repeated for every hui.

I transcribed the hui recordings and collated the information given. I then checked the recordings against the transcripts to validate their accuracy, along with confirming that all identifying factors were removed for confidentiality reasons. Identifying factors were replaced with placeholders such as [city] and [organisation] to confirm these details would remain confidential. The data from the hui ultimately supported Phase Two of the research and provided an understanding of the current views and experiences of rangatahi when trying to seek help and support from health services.

Phase Two of the research saw a group of 15 rangatahi from Phase One who chose to continue with the waananga. One full day waananga and two half day sessions were held via Zoom between October and November 2021 to discuss and create a model of best practice for health

practitioners when working with rangatahi. This model was co-created with rangatahi to ensure their views were heard and put into action. These waananga were confidential and any identifying factors were removed and replaced where necessary. Data were collected through voice recordings, large posters to answer questions or note down ideas, and a graphic recorder to capture a visual image of what rangatahi were saying.

Phase Three of the research encompassed usability testing of the co-created resource with 13 health care providers. Two hui were held, one in the Hauraki region that was conducted kanohi ki te kanohi. The second hui was conducted via Zoom as there was still COVID-19 restrictions in place for outside people being on site. This testing ascertained the effectiveness of the resource for dissemination and use within health care providers nationwide. Data were collected through voice recording, notes on the resource itself, and through the Zoom chat.

Data Analysis

In this research study, data collected were analysed using thematic analysis. Thematic analysis provided the ability for the koorero from rangatahi to be captured in themes and patterns within the data. Braun and Clark's (2006) thematic analysis is a method that identifies and reports pattens of themes found within data and helps to interpret a variety of aspects about the research topic. Thematic analysis captures koorero important for answering the research question. I chose thematic analysis as the preferred data analysis method because key themes and sub-themes would be generated directly from the rangatahi koorero and provide the ability to be understood in the context of rangatahi rather than adult versions.

All koorero and hui were transcribed by me soon after they were held. The accuracy of the transcriptions was confirmed as I reviewed the written transcripts and listened to the hui recordings. Completing the process in this way meant that I was able to gain a stronger feel for the data collected. I could also identify many common discussion points from the rangatahi and was able to ensure that the responses from every individual participant were captured exactly. Once the transcriptions were complete and verified, a copy was offered to the rangatahi for them to confirm the accuracy or alter what had been discussed. In doing this, the rangatahi had the opportunity to read what had been spoken about within their particular hui, and were able to provide verification of the transcript which supported the principle of mana.

As this is kaupapa Maaori research, it was important that every aspect, where possible, was guided strongly by the Community-Up research principles and values (Table 3.1) to ensure I safeguarded the koorero of rangatahi. This promoted the strengthening of the koorero from

rangatahi in te ao Maaori, weaved the variety of maatauranga shared, and, significantly, highlighted rangatahi perspectives. In being the researcher within this study, I came with my own philosophical views and a standpoint that focused significantly on the experiences and tikanga to closely guide the interpretation of the data. However, to ensure I whakamana the rangatahi, I was very careful not to add my own interpretation of the data collected. Instead, I continuously ensured that the current views and experiences identified were discussed in the context of the rangatahi themselves, including particular words, slang, or descriptions. To ensure I did not add my own interpretation when analysing the data alone, I put processes in place which saw me consult with rangatahi to confirm I was understanding their true intentions behind their koorero. This meant the rangatahi directly drove the overall findings and were kept at the forefront. I also consulted with my supervisors and advisory group.

Finally, within the data analysis phase, all participants' personal identifiers were replaced with a code. Rangatahi were informed that acronyms or codes would be given to them once data were being analysed, as this ensured their koorero would remain confidential. In generating individual codes for the participants, I was able to respectively track their individual responses. Codes were assigned for the rangatahi based on their self-identified gender. Waahine were coded as the Maaori name for birds and Taane were coded as the Maaori name for trees and plants found in Aotearoa. This coding structure was identified as I wanted to keep the codes unique to te ao Maaori and the native resources located within the rohe where the research was conducted. Coding for the usability testing workshops in Phase Three were based on colours and were gender-neutral, more so the approach was to utilise as many colours as possible that were seen on resources and in art work around the building where the usability testing was conducted. Any relevant quotes from the rangatahi were mentioned in this exact structure to ensure they could easily be retrieved. This chosen code format was beneficial in keeping up with the multiple lots of a data that had been gathered and greatly benefited the overall process of analysis.

Ethical Considerations

Identifying and discussing ethical considerations was increasingly paramount for this research to ensure the safety of the rangatahi, whaanau Maaori, and myself as the researcher. Te Ara Tika (Hudson et al., 2010) was selected to uphold ethical considerations as I felt this framework specifically focused on the ethical obligations and provided a specific resource to measure against when working with rangatahi Maaori. The ethics associated with kaupapa Maaori research looks at the requirements held by the ethics committee under the academic institution and acknowledges the tikanga aspects. Hudson et al. (2010) stated that research contributes to the broader development objectives of society and ethics has a particular role in guiding the key

behaviours, processes, and methodologies that are used within research. Barbarich (2019) identified that ethics acknowledges values and ethical behaviours which are reflected by people; and, for Maaori, ethics also considers aspects of tikanga which reflects the values, beliefs, and the way they view the world. From years of contribution towards the critique of research practice by Maaori, and the need for tikanga Maaori to be included within ethical decision-making processes, Hudson et al. (2010) acknowledged there are now a range of models for Maaori research ethics that guide researchers and ensure tikanga and cultural concepts are acknowledged.

> Ethics is about values, and ethical behaviour reflects values held by people at large. For Maaori, ethics is about 'tikanga' – for tikanga reflects our values, our beliefs and the way we view the world. (Hudson et al., 2010, p. 2)

Te Ara Tika: Guideline for Maaori Research Ethics outlines a framework for addressing Maaori ethical issues, draws on the foundation of tikanga Maaori, and is useful for researchers who are working with the Maaori population (Hudson et al., 2010). This document guided my research, ensuring I remained mindful about every aspect and keeping me accountable to my people. Hudson et al. (2010) stated that *Te Ara Tika* considers both the research design and the cultural and social responsibility of the researchers, thus identifying four tikanga based principles deemed to be primary ethical principles in relation to research ethics: whakapapa, tika, manaakitanga, and mana, all of which are highlighted to guide this research. Each principle identifies expectations that are required by a researcher to ensure their research is of an ethical standard, even more so when working with Indigenous communities.

Whakapapa is not just any relationship but a genealogically based relationship with obligations and responsibilities. Rangatahi are born into a position within their whakapapa and, as such, are important members of whaanau, hapuu, and iwi collectives—(and while individuals, are part of collective) their ora is interconnected to the oranga of their whaanau. The whakapapa principle explains the purpose of the kaupapa and is an analytical tool for understanding why these relationships have been formed, and monitors how these relationships progress and develop over time. Hudson et al. (2010) explained that within the context of decision making about ethics, whakapapa refers to quality relationships and the processes that have been put in place to effectively support these relationships. Whakapapa also empowers Maaori to take on a role as kaitiaki within the research to ensure the relationship displays fairness, trustworthiness, and transparency. Hudson et al. stated that a best practice level of whakapapa and creating relationships empowers Maaori to be a kaitiaki within the research projects with a view to

ensure that tangible outcomes are achieved within Maaori communities. Within this research, whakapapa was achieved by creating quality relationships with the rangatahi participants involved within the research by regularly consulting various aspects of the process and maintaining a strong engagement with everyone involved. At times, this included making slight changes to the processes within the study but was strengthened by taking on the various views from rangatahi.

The principle of tika refers to the basis and practice of tikanga—the right way of doing things when working within a Maaori context. Hudson et al. (2010) stated that tika is about what is right in the Maaori context and what is good for any situation, while maintaining respectful relations with Maaori and mana whenua. Tika also represents the relationship researchers have with Maaori including the rights, roles, and responsibilities. Hudson et al. explained that tika encompasses relationships with Maaori, and highlights the researchers' responsibilities, role, rights of Maaori communities as well as the relation to the Tiriti (Treaty). In understanding how to promote tika throughout this research, it was clear that I had to create a process to ensure participants were well informed about the processes of the research and they understood how valuable their time, korero, and experiences were. The process I undertook was to sit down and koorero with the rangatahi about the research, explain the consent process thoroughly, and have a time at every hui for questions to be asked and answered. This was the right way of carrying out tika for my research while acknowledging my role and responsibility as a fellow Maaori and researcher. This was followed up with a round robin for rangatahi to verbally express their understandings and any worries. It also provided a deeper understanding of the rangatahi views regarding why they had signed up for the research.

Manaakitanga is another principle used within the guidelines and effectively represents the cultural and social responsibility held and the need to have respect for people. Barbarich (2019) highlighted that manaakitanga is a concept that ensured researchers' and participants' dignity was upheld throughout the study. Hudson et al. (2010) stated that manaakitanga is fully realised in the context of relationships and acknowledged the importance of cultural safety while certifying the mana of both the participants and researcher. To carry out the principle of manaakitanga within this research, it was important for me to identify a process of privacy and confidentiality for the rangatahi as participants within this study. The process undertaken regularly highlighted the fact that all koorero within the hui and waananga were going to be confidential and identifying safety procedures should any disclosures occur. Confidentiality was managed by reinforcing the fact that any personal identifiers would not be shared beyond the research team consisting of the research student and two supervisors. All transcripts and

references discussed within the koorero given would identify rangatahi by their chosen acronyms. Lastly, confidentiality was maintained by not announcing their participation within the research publicly, either within their school setting or the community. Rather, those rangatahi who wished to identify their involvement within the study outside of the hui and waananga could choose to do so. Although the research risks were relatively low, it was imperative that a counselling service be offered to the rangatahi should it be required and that they were made aware of the support on offer. This was also a recommendation suggested by the ethics committee.

Mana, the fourth principle within Te Ara Tika (Hudson et al., 2010) acknowledges the power and authority gained within the research, and the rights, roles, and responsibilities when considering risks, benefits, and outcomes for the project at hand. Within my research, mana was upheld by acknowledging the maatauranga gained throughout the journey both from rangatahi and through networking within the field and sharing this with rangatahi, whaanau, hapuu, and iwi. This promoted the mana of all involved within the research and ensured my role as a researcher caused no harm to the rangatahi. Graham et al. (2013) stated that ensuring the dignity and safety of participants involved within research is vital and strategies should be put in place to minimise possible distress for children involved.

The use of regular consultation throughout the entire research process with relevant communities created an appropriate dissemination plan for the research that was guided by the rangatahi and attributed to upholding the mana of rangatahi participants and the researcher. Graham et al. (2013) stated that the process of disseminating the findings requires measures to be taken that do not cause harm to children, families, or communities.

The protection of data is a significant aspect when upholding the mana of a research. Data accumulated, consent forms, voice recordings, and transcripts were securely stored on an AUT password protected server. Any hard copy documents were securely stored in a locked cupboard onsite at AUT South Campus. Access to these documents was only available to me as the research student and was continuously reinforced at every hui held with the rangatahi to ensure rangatahi were confident that their koorero was safe and their mana was prioritised.

Ethical considerations were highlighted and guided by *Te Ara Tika* to ensure this kaupapa Maaori research caused no harm to the rangatahi participants and valued their participation within a culturally safe manner. Similarities have been identified within the ERIC document which supports ethical research with children (Graham et al, 2013). However, the overall importance

of highlighting ethical considerations within this research is to safely support the rangatahi who participated and uphold their mana in a manner that is best practice and sits in a te Ao Maaori lens.

Research Rigour

Rigour is paramount in any research to ensure the trustworthiness of the study. Rolfe (2006) explained that rigour is accomplished if another researcher can generate the same conclusions by analysing the research data in the same way. Therefore, it is extremely important that within qualitative research, rigour is upheld in a manner that will support future researchers to carry out the same process in a trustworthy manner. Rigour was achieved in a variety of ways throughout the entire study and included ensuring that data gained remained under the ownership of rangatahi. Furthermore, it is important to ensure the dissemination process is conducted in a culturally safe manner. Rolfe did not suggest a specific process on how rigour could be achieved; rather, he acknowledged there were a wealth of qualitative paradigms, each requiring different approaches to validity. Along with ensuring every aspect and consultation on the design of the research was carried out by Maaori, with Maaori, and for Maaori, Cram (1997) explained that researchers are not building up their own status; they are indeed fighting for the betterment of their iwi and for Maaori people in general. Therefore, rigour was obtained by ensuring the questions asked allowed rangatahi to reflect directly on their own experiences with health services and draw on what they believe would create a positive engagement framework with health and social services.

Reflexivity

> Reflexivity refers to the researcher's 'ability to think' and ponder the positionality of researcher and participant, the relationships that form between the two and how these may impact on the knowledge produced. (Canosa et al., 2018, p. 402)

Within qualitative research, reflexivity is a critical pillar that highlights the influence a researcher has on their research and their position held. Barbarich (2019) stated that reflexivity is a key element within research and, ultimately, relates to the varying levels of impact a researcher has on the overall findings and learning of the research, either intentionally or unintentionally. With understanding reflexivity and learning how to appropriately acknowledge throughout the research, I was taken on a journey to investigate how reflexivity is acknowledged within research involving rangatahi and how I can address it within my own practice. Canosa et al. (2018) stated that reflexivity is about being sensitive to oneself and others, whilst creating a sense of mindfulness regarding the emotional nature of the research. This made it very clear that I

needed to ensure I did not influence the rangatahi at all which would impact drastically on the findings. It was very important for me to manaaki ngaa rangatahi (look after the rangatahi) and kia tuupato (remain careful) (Cram, 2019) to ensure that I did not influence the findings, rather be a supportive and guiding member for the rangatahi. Throughout my PhD journey I constantly self-monitored my reflexiveness. I was privileged to have two supervisors who would provide me with supervision and cultural guidance. The creation of an advisory group also provided a regular opportunity to be critiqued and held accountable.

Canosa et al. (2018) highlighted that "being sensitive to oneself and others makes reflexivity a useful strategy in achieving a higher degree of ethical mindfulness; an awareness of the relational and emotional nature of research" (p. 402). In the context of working with rangatahi and using participatory methods throughout a kaupapa Maaori research has highlighted how reflexivity supports the creative process of rangatahi in research. Canosa et al. explained that within the perspective of research with children and young people, "reflexivity offers a means by which participatory methods can be analysed to reveal the ethical nuance inherent in the creative processes used to invite and engage children in the research" (p. 411).

Being able to increase the quality of my research through identifying and addressing reflexivity strengthens the understanding of how I positioned myself as the researcher and the impacts these could have at various stages of the study. Barbarich (2019) highlighted the importance of staying mindful through the process of the research while acknowledging the position held through a kaupapa Maaori lens and remaining humble about the findings and outcomes. I wanted to ensure that I remained reflexive throughout the research because it was very important that I did not miss the desires and needs of the rangatahi participants. Being transparent about the knowledge gained, and procedures of data dissemination and publications acknowledging the rangatahi from which this was collected, further promoted my understanding and actions to support reflexivity.

Insider research is a significantly important aspect to acknowledge when discussing reflexivity as part of a kaupapa Maaori research because it promotes greater connection to participants and can significantly impact the researcher position. Barbarich (2019) explained that being an insider researcher places onus on the primary researcher to remain tika about what they are doing and to be aware of the potential impacts the research has on the rangatahi. Within this research, I am considered an insider researcher as all the participants are rangatahi Maaori who whakapapa to or live in the Waikato-Tainui and Ngaati Paaoa rohe. As an insider researcher, I was able to whakapapa to the tikanga of both Waikato-Tainui and Ngaati Paaoa iwi and the rohe.

Having this connection with the rangatahi created a sense of whanaungatanga between myself and the rangatahi participants and significantly helped towards building strong rapport with the rangatahi participants which enabled them to talk freely with me as the primary researcher. Moyle (2014) stated that the approach as an insider researcher must be ethical, respectful, reflective, critical, and grounded in humility. However, being an insider researcher means I have an extra layer of accountability as a kaitiaki who lives within their boundaries. This accountability was managed by having an advisory group where the cultural advisor, who also whakapapa to the same iwi, provided guidance throughout this journey.

Through my background in rangatahi health and public health, I did not assume that bringing my expertise and experience to the research would be all that was required for this project. I was very much aware that I needed to work alongside the rangatahi and ensure they felt I was a trusted person whom they could open to and discuss their experiences of engaging with health services. An assumption that I did bring to the research, however, was the idea that rangatahi know the various health systems or types of health professionals with which they have had previous experience.

In managing reflexivity and my insider status, I ensured my role as the primary researcher and facilitator of hui and the waananga remained professional throughout the entirety of the research. I built connections with the rangatahi through our culture of being Maaori, and continuously ensured that they felt safe and comfortable to remain involved in both the hui and the waananga. This was maintained by reiterating to the rangatahi that they were the ones in control of the hui, meaning they were able to direct the koorero provided and were the owners of their ideas. Throughout the entire process, respect was continuously upheld by the rangatahi participants and researcher, thus creating a safe place for open and frank koorero to occur.

Summary

The research design and methodology chapter has provided a detailed insight into the use of a qualitative research design using kaupapa Maaori methodology. Throughout this journey it was increasingly important that rangatahi voices and their koorero were privileged and continuously brought to the forefront while maintaining best practice through tikanga. Participatory research with young people aligns strongly with a kaupapa Maaori approach and was highlighted as adding significant value within the chapter. The participants' criteria were explicitly outlined within the chapter, and detailed both the inclusion and exclusion criteria for potential participants. This ensured the research remained kaupapa Maaori and, through participant recruitment, allowed for a diverse group of rangatahi in their senior years of the schooling

system to openly discuss their experiences with the health system and promote a broad range of representation amongst the participants. Informed consent was discussed, promoting safe research where rangatahi self-identified their participation. Hui have been discussed as well as the use of waananga within the second phase as part of the data collection.

Data have been analysed using an inductive thematic analysis approach which allowed rangatahi views to determine the navigation of the themes and avoided any potential pre-determined themes held by me as the researcher. Kaupapa Maaori values and principles were utilised and adapted within the research to ensure the study remained culturally safe and ethical in every aspect. These values and principles also ensured the research remained trustworthy, reflexive, and robust. The approach undertaken throughout the entirety of the research study, provided rangatahi with a safe space to koorero openly and candidly about their experiences of engaging with various health services within Aotearoa through a koorero Maaori approach.

Waahanga Tuawha: Hiinau – *Phase One Rangatahi Findings*

Introduction

In the first part of this chapter, I present the findings that have been identified from Phase One of my research where five hui and one interview were held with 40 rangatahi aged between 16 and 18 years across the Waikato-Tainui and Ngaati Paaoa rohe. Due to the significance and depth of koorero that was provided from the rangatahi participants, this chapter has minimal commentary. I felt it important to highlight the wealth of experiences and discussions rangatahi had. Therefore, I have chosen to minimise my commentary and let the detailed koorero from the participants truly depict their experiences and promote their voice.

Analysing the data by undertaking a thematic analysis identified four overall themes with several subsequent sub-themes (Table 4.1).

Table 4.1

Themes

Themes	Sub-themes
Engagement approaches from health care providers	• The impact of health care providers' energy • Justifying health care providers' behaviour • Mistrust in confidentiality • Unmet treatment • Consultation times
Manaakitanga from health care providers	• The importance of whanaungatanga
Needing to be heard and accepted	• Racism

The themes are discussed extensively within this chapter and have been supported by multiple quotes from the koorero received by rangatahi. This is to ensure their voices are at the forefront of the koorero as well as privileging their whakaaro and experiences. Each theme has been presented and discussed thoroughly to ensure light is shed on each kaupapa, while highlighting the mixed views and experiences held by the rangatahi participants.

Engagement Approaches From Health Care Providers

Engagement approaches from health care providers is a strong theme that was identified through the hui held with rangatahi. Approaches taken by health care providers have

determined the success or failure to support rangatahi through their health and wellbeing journey. The overall theme identifies five sub-themes which are discussed by rangatahi and include the impact of health care providers' energy, justifying health care providers' behaviour, mistrust in confidentiality, unmet treatment, and consultation times.

The Impact of Health Care Providers' Energy

Energy is a theme confidently discussed by rangatahi. If the health practitioner's energy and vibe does not feel right with the rangatahi, it significantly impacts the engagement and their overall experiences. In turn, this causes more harm for the rangatahi as they become less receptive of receiving the help and support, they may need, and results in barriers being built. When discussing the term energy, rangatahi only highlighted this aspect through a negative context.

> *The energy she* [health care worker] *gave me was just like she didn't care. She was really arrogant and just pushed me to the side. It was so frustrating.* – Puukeko

> *The receptionist at my doctors just looks like she hates her job. She's always rude to me and my family and it makes me feel like crap.* – Hiinau

> *The guy* [nurse] *at the hospital that did my IV line was really rough and didn't care about what he was doing. He seemed real grumpy and just done what he needed to do and left. My arm was really sore, but he didn't care.* – Piipiiwharauroa

> *My sister was a young mum at 15 and when they went to the doctors the nurse was so rude and judgemental. She came up to my sister and said, "Your parents must not be happy with you", and all this other stuff. She just had a bad vibe.* – Kororaa

> *I don't like when you go to the doctors sometimes and they ignore you or just stare at you, but they will go over and help other people.* – Kereruu

> *Sometimes they've got bad attitude and come across like they're in a mood.* – Hoiho

> *The lady* [radiologist] *was just in a bad mood. Like she just pushed my sore shoulder back to get a photo of it and when she printed the receipt, she didn't pass it to us. She just like chucked it on the table and was really blunt.* – Kiwi

You know as a professional, they should be pushing their personal opinions to the side. You have some who are just out of it and say stuff you never expected to hear from them. – Kea

For the better of your wellbeing, they should be pushing their opinion to the side and care for their patients. They need to make you feel safe, so I find it frustrating having those experiences where they just had bad energy. You put that stuff to the side and try to be happy for the sake of the patients and making them better. – Ponga

I feel like the nurses here are the worst. They're so mean and rude, makes you not want to go. – Piipiiwharauroa

The impact of a health care provider's energy impacts the experiences for rangatahi and has lasting negative impressions for them. When dealing with this behaviour, on top of personal and health situations, rangatahi explained that it greatly impeded their future help seeking.

Justifying Health Care Providers' Behaviour

Rangatahi justifying health care providers' behaviour is a sub-theme that emerged throughout the koorero. Rangatahi would explain their disheartening and frustrating experiences, then quickly support these with possible reasons why they had been treated a specific way.

Not saying all doctors are like that [after mentioning a scenario where a doctor was rude and moody]. – Ponga

Their last patient might have been bad and was giving them attitude, which might have made them [health professional] *feel like shit and really annoyed, So, they gave the same energy to the next client.* – Kiwi

I had a dentist that was really rough with the tools and things. You don't really want to say something and ruin the visit because you don't want to tell them how to do their job. But she must've had a real bad customer before me and then it just carried on to me. – Kahikatea

It's almost like you want to tell them how they should treat people or to treat people equally. But then maybe their job is hard or they find it hard to be nice all the time because of personal stuff or whatever. – Kea

[Confidentiality was broken] *Like maybe she thought I was going to harm myself or something. But that was never going to happen and wasn't a part of what we spoke about anyway.* – Huia

Doctors in some clinics can be assholes, I guess because they have a lot on their plate. – Moa

Sometimes they have their personal issues going on and they just take it out on their clients. – Puukeko

I genuinely don't understand why all of these things happen to us, but I try to think of it from their perspective. – Kea

The justification for health care providers' inadequate and rude behaviour toward rangatahi is an important sub-theme to understand. Rangatahi showed a lot of empathy and understanding for the wider context of the work that health care providers do. Some of the rangatahi showed a high level of maturity when they compensated for the actions and behaviours, they had experienced from health care providers. However, it is important to highlight this issue as rangatahi feel some sense of responsibility because of the negative interactions they have had.

Mistrust in Confidentiality

Confidentiality was a theme that was strongly discussed throughout Phase One. This theme caused a number of issues for rangatahi who commonly heard the word when seeking help; yet had not had positive experiences when it comes to keeping their information and koorero confidential. Many rangatahi within the hui openly discussed their disappointment for the term confidentiality and what it truly means.

The counsellors say they will keep everything confidential, but they don't. – Kiwi

They tell the teachers at school our personal information, it's like they don't ask you for your consent, they just go and tell them. Then you have teachers at school coming up to you saying, "OMG! I heard what happened, are you alright?" It's like how did you even find out, if that information is meant to be confidential. – Takahee

I ended up telling the lady [therapist] *and she ended up telling my nana everything. She said, "What is said in the room, stays in the room." And I go home and my nana knows everything. So, I stopped going to her because nothing was safe.* – Hookioi

I had to go to a psychologist which made people think I was crazy, so I didn't want to go anymore. She also went and told my mum and nana most of the things I told her, and I ended up getting in trouble for most of the things I said. So, no confidentiality. – Huia

The school counsellors say that it's just between you and me, and then the teachers are talking about it. It's like how did all these other people find out about it when you said it was just between me and you. And the teachers are like, "Oh, are you ok?" – Piipiiwharauroa

They'll be like it's all confidential and blah blah blah, no one's gonna know anything and they're there writing it all down. The counsellor puts it all on KAMAR (a system used within schools to communicate with staff, whaanau and students) – *make sure XXX is ok. Then they say, "Oh, I've emailed your teachers so they know what's going on." I'm like, "Nah, that's not the agreement we just had".* – Taraire

Sometimes I have mistrust in that [confidentiality]. *When we would tell the counsellor anything, she always said she had to tell someone. It wasn't ever anything serious either.* – Puukeko

A counsellor at school tried to get in contact with my parents because she misunderstood what I was saying. This pissed me off because she tried to get the police and social services involved. It caused a lot of stress because she didn't understand what I was telling her. She said she will keep it confidential, but she went behind my back and it really pissed me off. – Whio

Confidentiality is a passionate korero for rangatahi as they have had this broken on various occasions without justification. However, a key point to raise around confidentiality is the importance of health care providers carefully and clearly explaining situations where confidentiality has to be broken in order to ensure the safety of rangatahi is adhered to. This should be stated at the initial engagement to allow rangatahi to make informed decisions and have a clear understanding of the confidentiality process when there are safety or risk issues for rangatahi. Rangatahi lacked understanding about their rights, which were not explained at any

of the consultations or visits with health care providers. However, rangatahi all had a strong knowledge base of the importance of their koorero being kept confidential between them and the health professional. A breach in confidentiality has resulted in the rangatahi having terrible experiences and, in turn, caused them to not open-up and become guarded with their feelings and emotions.

Unmet Treatment and Needs

The sub-theme of unmet treatment and needs has been emphasised by rangatahi in the urban and rural areas where they feel that their diagnosis or what they have been prescribed does not match what they are feeling. Inadequate treatment was important for rangatahi to discuss; and, generally, when mentioned by one member, their peers would have the same or similar experiences. For the most part, rangatahi who described incidences of *unmet treatment and needs* where they had not been treated for their injury or health problems had an experience which left them questioning the health professionals.

> *People's assumptions and how doctors get social workers in for nothing. They make you feel like you can't even go to the doctors without them trying to take you off your mum. That's what it feels like.* – Toroa

> *I think straight away they don't need to be calling Oranga Tamariki because that does scare a lot of kids. We are just trying to open up and seek help.* – Kereruu

> *I think kids my age are all scared of the words Oranga Tamariki. When they hear that word they don't think of kids getting taken away and helped. They think of kids getting taken away and put in homes where they're abused.* – Huia

> *I also feel like if the doctors don't get anything out of you, they ring the social workers to come and try make you talk. Like they scare you with the social workers.* – Kootuku

> *Sometimes they prescribe you with something that doesn't help you. Makes me feel like they're just working for the money and not trying to help.* – Ruuruu

> *Sometimes it feels like some of them aren't even qualified. Like they just give you anything and it doesn't work.* – Kowhai

I was given the wrong dose of medication from the dentist and had to go to hospital. The nurses at the hospital and other dentist I ended up going to see said that was crazy and I shouldn't have been treated like that. – Kororaa

Some doctors are just kaka (crap). They're like, "Oh nah. You can walk on it, you're all good". – Taraire

One time I fractured my wrist. The doctor just wrapped it and sent me home. It was horrible. – Toroa

I had to wait hours for someone to take me to the doctor and then to the hospital. It was soo long and people who seen me beforehand said nothing was wrong – turned out I needed surgery. – Moa

I don't like when they lie to you. Or even when they say something will take a few minutes and it takes hours. – Kereruu

The sub-theme, *unmet treatment and needs,* sheds light on some of the reasons why rangatahi are hesitant to seek help and have fears of health professionals. Although it is important to note that treatments might not be effective and rangatahi lose hope in the practice of some health professionals, it is equally important to understand that some services utilised to support children and young people actually instil fear and concern. In doing so, they impact quality of life for rangatahi Maaori.

Consultation Times

Consultation wait-times were a major setback discussed extensively by rangatahi and proved to be a very disheartening and frustrating experience. There is no shortage of koorero around this specific theme as rangatahi felt very passionate about the extensive wait-times they faced, more so when compared to the amount of time actually face-to-face with a health practitioner. Reinforcing the seriousness of lengthy wait-times for rangatahi was other people arriving after the rangatahi yet being seen before them.

The wait times and waiting rooms are very high. You're in there for a few hours before you're even seen. – Kahikatea

They should be having more doctors and nurses, so people don't have to wait around. – Kawakawa

They should be training more people and invest money into the health sector to reduce places that are understaffed. – Kootuku

One time I had to wait there for 3 hours and no one came to see us. It was really annoying. – Taraire

Yeah, the wait-times are rat shit. – Kaakaariki

We were in the waiting room for about 3 hours and it was empty when we got there. This Paakehaa couple came in and she happened to hurt her toe so they saw her first. Then there were three other lots of people that were seen before us and we were there for my baby cousin's shoulder that was badly hurt. – Kea

Yeah, even other people come in later than us and they still get checked before us. – Poohutukawa

Not being patient with patients, they just try rushing you out especially with the long waiting times. – Hihi

I don't really like the waiting times. – Hiinau

It takes too long. They make you move from one room to the back room and back to another room and they only take 5 minutes with you. Even if the room isn't full and there's not many patients but they still make you wait ages. – Toroa

Wait-times and being seen out of order of arrival proved to be frustrating and deflating for rangatahi. Through these experiences, rangatahi have highlighted the importance of having more trained staff and the need for lesser wait times.

Engagement approaches from health care providers is an extensive theme discussed in this chapter and provides raw insight into the various encounters rangatahi have had with health care providers. It has highlighted the need for health care providers to effectively work alongside rangatahi to ensure their overall health and wellbeing needs are addressed and met.

Manaakitanga from Health Professionals

The *Manaakitanga from health care providers* that rangatahi have experienced across Aotearoa was highlighted broadly by them throughout the hui. Rangatahi spoke highly about the important role manaakitanga plays when engaging with them and the benefits this has on their engagement. Rangatahi described the term manaakitanga as being cared for, the ability to have a good conversation, being made to feel comfortable, and seeing health care providers who emulate the love for their job and passion for their clients/patients.

> *I love going to* ***see people that love doing their job****.* – Ponga

> ***When they're passionate about their job, it's a good vibe****.* – Kea

Rangatahi valued health professionals engaging in conversation with them during their check-ups and consultations. This is an aspect of manaakitanga that the rangatahi hold in high value.

> *Being able to like have a one on one koorero is nice, like how you're at the hospital and they're like checking your arm but they're* ***still talking to you and keeping you occupied, I love that****.* – Kea

> *Each time she* [dentist] *would see me, she would say, "Oh you're looking well." And we would just* ***have like a good conversation****.* – Kahikatea

> *Sometimes their* ***good sense of humour makes you feel more comfortable****.* – Rimu

> *I like how they* ***tell you what they're doing before they do it****; e.g., I'm just going to put my hand on your shoulder.* – Huia

> *The x-ray lady was really nice and explained everything to me. It was really nice. She took time to explain to me* [what she was doing] *and she didn't just assume that I knew nothing. When they* ***take the time to tell me what they're doing, it makes me feel safe****.* – Puukeko

Compassion and empathy are forms of manaakitanga evident in the rangatahi koorero. The sense of health professionals genuinely caring for their clients improved the rangatahi experiences and encouraged them to continue seeking help and support.

> *Showing that they **genuinely care**, like every time she (family doctor) sees us, she like gets happy or excited, and then if we are hurt she's like, "Oh nooo." It **shows that they actually want to help you**.* – Ponga
>
> *Genuinely care and ask if you're alright*. – Tootara
>
> ***Like growing relationships**.* – Takahee
>
> *When they **make you feel calm** and not stressed.* – Kootuku
>
> *Physio, they were really good and **made me feel good and welcome**.* – Ruuruu
>
> ***When they're reassuring**. Even if you know them, they will still go through the same procedures every time.* – Kaakaapoo
>
> *I feel like the nurses are underpaid and they're **usually so good and caring**.* – Tirairaka
>
> ***Consideration and understanding**. They **try and get on your level** which is cool.* – Puukeko
>
> *Say if you have something awkward or something wrong with you, **they understand** it.* – Toroa
>
> *The fact that they* [hospital food staff] *are probably the lowest paid in the hospital and tired after a full day's work, yet they **have the momentum to be nice to you**. They have such **good personalities.*** – Moa

Trusting a health professional is hugely important for rangatahi. Trust determined the extent of engagement that rangatahi will have with a health service.

> *I reckon **being able to trust them** as well. Like **trust is big** when it comes to things. Like if you're not going to be able to trust the person that you're seeing, then you're not going to be able to tell them.* – Kea

Yeah, you're not going to open up as much as you would, unless you trusted somebody. – Kahikatea

Being able to comfortably say what is wrong. – Manoao

Being respected and not judged for your situation was evident throughout the koorero from rangatahi when it comes to manaakitanga from health professionals in Aotearoa. Rangatahi spoke confidently about the need to feel respected without fear of judgment when it comes to seeking help.

*I had a counsellor who **made me feel normal and not judged**.* – Tirairaka

*… and **not being judged** for what is said.* – Kiwi

The way they treat you and welcome you. – Toorea

Manaakitanga is a significant trait to have when working with rangatahi. When health professionals show manaakitanga toward rangatahi, it creates a safer and comfortable environment where the rangatahi feel they can be open and themselves.

The Importance of Whanaungatanga

Whanaungatanga is another sub-theme that has emerged through the findings and was highlighted through koorero from the rangatahi. Whanaungatanga was described by the rangatahi as a way of embracing their individuality, their culture, and being able to make some form of connection. Health care providers taking the time to sit and talk with rangatahi to briefly get to know them, their story, and understand the support or treatment they required was viewed by rangatahi as an integral aspect of whanaungatanga. Rangatahi were clear and specific about how important it is for health professionals to try to get to know them. Establishing a relationship with rangatahi led to receiving a more positive and effective service.

I've had some doctors that are really good and try to embrace your Maaori side. Like they talk to you about what marae you're from and your iwi and they'll tell you about their koorero. – Kea

I have to take the time to get to know someone before I am comfortable telling them about my problems. – Horopito

Yeah, it's good to build a relationship with the health people. My dad done that with our doctor and now the doctor checks up on us to see how we all are. – Toroa

I get uncomfortable talking to strangers [new health professionals] *about the sexual health questions. I need to know them first.* – Kauri

They have known me over the years so they always ask me if I am comfortable answering their questions and take their time to make sure everything is ok. – Moa

Through whanaungatanga and being able to make connections with the health professionals, rangatahi are in a much more comfortable position to openly discuss their worries and become more accepting of receiving help. Therefore, if the rangatahi have been able to make a connection with their health care providers, they are more likely to adhere to the advice and treatments provided.

Needing to be Heard and Accepted

Needing to be heard and accepted was a consistent theme throughout every hui conducted. The mere mention of a rangatahi not being heard when seeking help from a health care provider in Aotearoa generated a flow on effect throughout the hui and triggered a lot of koorero around experiences other rangatahi have faced. When asked to share an experience they had encountered while utilising one of the many health services on offer, there were varying levels of experiences faced by rangatahi regarding not being heard. There were also a lot of similarities. Types of experiences rangatahi had included providing an explanation of symptoms and having these dismissed by health care workers who told them there is nothing wrong or diverting the conversation. These actions made rangatahi feel that their time has been wasted, and reinforced the idea that because they are young, the 'adults' know better. Thus, rangatahi are not provided with the opportunity to be heard.

Below are examples provided from rangatahi that identify specific situations where they were not given the opportunity to be heard in regard to their specific health issues and, ultimately, supports the need for this theme.

One lady used to be my counsellor. She only talked about school with me. She knew I had issues that needed to be dealt with, but ***she kept just asking who I was hanging out with****. It was real frustrating to me and my family. I get I wasn't really opening up, but at such a young age* ***she didn't really ask me****. Questions about it. She just asked questions that was probably trying to find things that were more interesting for her. That took about 9 sessions, we only had 9 sessions and she tried to get more for me but didn't get back to us.* – Puukeko

I've had a bad experience with therapy. After one session my therapist asked, "Are you sure you really want to be here?" It made me feel uncomfortable after having a lot of sessions with him. He ***wasn't like understanding****, so I didn't go back to him because it made me feel uncomfortable. So, I was like well if you're not going to give me the time, then there's no point. So, I stopped going to therapy after that because it made me feel like, you're* ***not gonna actually put your time into me*** *and* ***you're impatient*** *with me just opening up. That sucked!* – Kauri

Sometimes ***they don't like listen to you*** *and then they prescribe you with something that doesn't help.* – Mamaku

Another aspect of the rangatahi needing to be heard and accepted was discussed through the approach health care providers take resulting in rangatahi not feeling heard. A common and particularly alarming experience for rangatahi is when they are asked personal health related questions such as sexual activity, pregnancy, and substance use. Rangatahi mentioned they answer these questions honestly and truthfully, yet are probed and questioned further which makes them feel like they are not being listened to and believed.

You know how they normally ask you, "Are you sexually active?" She just goes to me, "How long have you been sexually active for?" I went to her "I'm not!" And she was like, "Are you sure, have you had a test?" You kind of look like you might be. I was like, "What?" She pretty much was assuming that I'm pregnant and I was saying "I am not sexually active." She was like, "Well you look like you're sexually active." – Tuuii

I had to get my adenoids done, and they're like "before I put this into you, have you been doing drugs?" And I was like "Nah, I haven't." And they were like. "Are you sure?" I'm like, "Yeah I'm definitely sure." And they keep asking "are you sure? You have to be sure." And then they decided to hold off because they didn't believe me. – Ponga

I had to get x-rays done, and they asked me by any chance am I pregnant, or like if I've been smoking or taking anything. But I was confused because I broke my arm and they were asking me questions irrelevant to my situation and weren't telling me why. – Kiwi

You know what makes me feel uncomfortable? Is when they keep asking you if you're pregnant. Especially when you've said no the first time. – Moa

I went to the doctors a few months ago because I had heaps of pain in my stomach. She kept asking me if I was pregnant and made me do a few tests. I wasn't pregnant but she kept asking and assumed I was. – Taakapu

Yeah when they ask us if we're pregnant and we say no, they say are we sure. – Piipiiwharauroa

Health practitioners' skills and capability to work with rangatahi have contributed toward rangatahi having the need to be heard and the koorero from rangatahi shows how adults minimise their perspectives. Another aspect where rangatahi are not being listened to is when they are seeking help and **they are being questioned or turned away from receiving any form of support**. These types of encounters result in rangatahi not progressing further with help seeking as **they do not see the point in getting help** if **they will not be heard** and are **constantly interrogated or accused**. The nature of these encounters led to negative outcomes for rangatahi and, through these examples, the notion had been reinforced for them that their health and wellbeing concerns are not of importance. Hence the discussion about societal attitudes of rangatahi that impact on professional behaviours and stereotypes contributing to barriers in the health system for rangatahi.

*The counsellor **asked if this was an excuse to get out of class** or do I **actually need counselling**? Then a girl came in crying, and she said she **will speak to me later, but later never came**.* – Kiwi

*When you try to explain something from your perspective, and they **don't take the time of day to try and understand how you think**. Whether it's based on race, religion or even age difference. Sometimes **they give up trying to understand** how you think and what you're going through, and it **pushes you inside even more**.* – Kereruu

*Sometimes it feels like **they don't believe you**. **They make you question you and make you feel like you're being dramatic**, sometimes it **makes me think am I really sick?*** – Kuuaka

*I sprained my ankle and went to the doctors, the lady kept pushing on my ankle. When I told her it was too sore she ended up growling me and told my family that I was not allowed back. **I told her it was sore and she kept trying to push it**.* – Moa

*Some social workers they don't try and help you get through things, **they just accuse you**.* – Puukeko

Putting words in their (rangatahi) mouths and making assumptions is another significant issue highlighted throughout the koorero. Rangatahi felt the effects of these experiences quite drastically. Rangatahi who are facing these negative behaviours, identified that these led to setbacks when utilising health services across Aotearoa. These hindrances were further exacerbated if the health care worker's assumptions were acted on as this caused detrimental consequences for the rangatahi and their whaanau, including being subjected to inappropriate care and interventions.

*I don't like hospitals, last year **they had me on watch 24/7**. I had someone follow me to the toilets and wherever I went. It made me feel uncomfortable, **they kind of just assumed stuff**.* – Huia

*I went to the doctors because I fell off my bike and got all these bruises. The next day I went back there was a social worker and they thought I was getting beaten up, and they **didn't believe me** that I had fallen off my bike".* – Kaakaapoo

*…or when they **try to get the answer out of you** when there isn't anything to it or they think it's something serious when it isn't. **Like they don't believe you**.* – Kaakaapoo

*I hate when **they make assumptions and don't believe me**. Like **I'm lying** or **my family is abusing me**. They try and **pressure you into saying things** that is not the actual case.* – Kereru

***They put words in your mouth,** and **they suggest stuff**.* – Kootuku

Yeah, like when I fell off my bike, they were like, "Oh, are you getting beaten up?" And I said, "No, I fell off my bike." And they said, "Oh so you're trying to self-harm yourself." – Kaakaapoo

Yeah, I had an accident and hit my head and they were like, "Oh, is your step dad beating you up?" And they were ***putting words into my mouth****.* ***They don't make you feel like you can open up*** *to that person.* – Huia

The flow on effects of rangatahi not being listened to and supported when trying to seek help or guidance from health care workers around Aotearoa have resulted in rangatahi feeling like they are being judged and interrogated when they have not done anything wrong.

Feels like you're ***getting interrogated****.* – Kereruu

It makes you feel like you're in a case and ***getting in trouble for getting help****. I think that's* ***why a lot of us don't go to the doctors*** *because they put a microscope on you and your family and think they're* ***not treating you well****. Like I feel like* ***they judged my mum without knowing us****.* – Kaakaapoo

Rangatahi needing to be heard and accepted is a crucial theme that provides an insight into the first-hand experiences faced by many young people around Aotearoa when seeking help from health services. A key finding within this theme has been highlighted by rangatahi discussing that they need to feel heard and accepted when seeking help as they have taken a risk to seek support for their wellbeing. They have proactively gone out to find the support they require, yet getting shut down and questioned when they are moving out of their comfort zone resulted in numerous setbacks for their overall health and wellbeing. To optimise the success rates of rangatahi seeking help, there needs to be greater emphasis on health professionals taking time to listen to the koorero of rangatahi and acknowledge their individual situations.

Racism

Racism was a dominant theme, as almost all the rangatahi involved within Phase One spoke vividly about their experiences and the way they have been treated because they identify as Maaori. The experiences discussed by rangatahi varied widely but had similar results and all were very disheartened to have been treated this way. However, the rangatahi were extremely passionate about making a change for the better. This change was initiated by identifying their experiences of racism, stereotypes, and injustices.

Sometimes it always feels like a race thing. When you call out racism or when something doesn't fit right, they always call it a race thing. Or they act like you're a charity case, yet they don't do that to people who aren't of colour. – Huia

Sometimes they don't even have to say anything to you aye? You can just tell by their facials. – Toroa

I went to the ER because I had a spider bite and the lady was being very gentle and everything while I filled out the forms. She was really gentle and asked if it hurt and would say sorry when it stung. I had to fill out my ethnicity like Maaori and European. Then she started getting really rough with everything she was doing for the spider bite. She shoved a swab straight in to the bite and literally spun it around. It was so painful, but yeah this all happened straight after I ticked the Maaori box. She kind of made 'that face'. – Kea

Upon querying the comment of 'that face', rangatahi described what this meant:

The look of disgust and sometimes it's evil. – Manoao

Like resting-bitch-face look. – Kiwi

The way they see you as a Maaori, it's like their whole perspective of you changes. – Kahikatea

I had to see the doctor with my rugby manager and the receptionist was so lovely to my manager who is Paakehaa. I had to go up to her and confirm my details and the lady changed her attitude with me and was like oh what do you want? I had seen how she was all chatty with my manager but rude and mean to me. – Kiwi

There's hospitals where you go to that are nice all round and then there's hospitals where you don't even want to get a check-up because of how you're going to be treated. You can tell how someone is from how you first greet them. You get stereotyped a lot. – Ponga

Stereotypical assumptions. – Puukeko

Assumptions about your culture. – Kauri

You get casted out for being Maaori, you're put in that Maaori group as if you're bad. The only thing they see with Maaori is gangs, drugs and being useless. They don't care about getting to know people. – Kahikatea

One nurse was making fun of Waitangi Day, saying oh it was wai whatever day for you people. She was really rude and blunt and had no consideration. – Kiwi

It's like you walk in and have something in the back of your mind all the time. Are they gonna act like that to me or not? – Kea

I think about things like, am I really going to come back here and be able to check in if I am going to get a person that I can't trust and will judge me because I am Maaori? – Kahikatea

Colour perception is another significant aspect that has stood out within the theme of racism as rangatahi described their experiences of being a fair skinned Maaori who is often mistaken as being Paakehaa or European. Through colonisation, many Maaori have mixed blood which means some will have fair skin and coloured eyes, whereas others might have darker complexion with brown eyes. Being Maaori is not based on blood quantum or how connected you are to te ao Maaori—it is about whakapapa. The mixed treatment that is experienced by rangatahi and the changes noticeably seen because of skin colour is alarming. Not only is this unnerving for me as a researcher, but also for rangatahi who are at a vulnerable stage in their life where they are finding themselves within various societal groups.

As a fair skinned Maaori, I don't see this as much, like we get treated a whole different way, but once we say we're Maaori, their attitude changes big time. – Kahikatea

That's like me, I see the good side and the bad side. People assume I am European so I get treated really well. But when they figure out I am Maaori, I see a whole other side. I always thought racism was because of how you looked. But then I figured out people would judge you based on your culture, it was like WOW!' – Kea

Because of the colour of my skin. They just assume that I'm not Maaori and that is frustrating, but when they find out I am Maaori they change. – Horopito

Through the different experiences of racism, rangatahi have somewhat come to terms with the fact that this will be a regular occurrence. Unfortunately, rangatahi have been put in a position where they must accept this fact to keep peace for themselves and be able to live their lives. Having to accept and get over the fact that you will face some form of racism in your health journey was mentioned across the board from rangatahi. They felt that if you did not just learn to take it on the chin, then you would always be negatively impacted, and it would consume you.

> *I honestly get looked down upon so much. Sometimes you get over the fact because it's a daily thing.* – Ponga

> *Well, you kind of have to get over it aye, otherwise your mind will be on that the whole time. I do find it's getting annoying being the bigger person now. It's not like your just taking stuff. You're actually taking crap from people.* – Kea

> *Yeah and it affects your head. You gotta keep on going aye, because if you get caught up on these things it just side tracks you. After a while you just learn to take things on the chin.* – Kahikatea

In order to try and combat the racism faced by rangatahi, there were some key koorero around improvements required. These suggested points are important to highlight as they are the raw truth from rangatahi and come from a place of mana. Due to the experiences of racism these rangatahi have faced and openly discussed, they were prompted to provide feedback for health care providers to do better and be better.

> *Skin is just a colour. Look at us all the same.* – Ponga

> *Don't class Maaori as bad people. Treat them in a way that they treat everyone else. You want to feel safe when you're getting work done on your mental and physical health. You want people that you can fall back onto if you needed.* – Kahikatea

> *Learn to keep your own opinions to yourself and do your profession without a personal opinion.* – Kahikatea

Rangatahi have felt the wrath of racism in many contexts of their lives. This theme has highlighted and provided specific examples to the extent in which rangatahi have been

stereotyped, racially profiled and judged based on their ethnicity. It is highly important to share the specific words from the rangatahi to gain a deeper understanding of the damage and harm being caused. It is important to highlight that rangatahi are very aware of racism and are deeply impacted by such experiences.

Conclusion

Within this findings chapter, I have presented koorero and themes from five hui with 40 rangatahi aged 16 to 18 years across the Waikato and Hauraki regions in Aotearoa. Three themes emerged from the data collected—engagement approached from health care providers, manaakitanga from health care providers, needing to be heard and accepted—and were discussed extensively throughout all korero gained from the rangatahi.

The use of thematic analysis prompted me to analyse the data and koorero provided from the rangatahi in a way that did not undermine or downplay their individual experiences and feelings. Rather, the koorero shared was prioritised and their thoughts remained rangatahi based without adult interpretation. Although it is integral to keep the rangatahi perspectives intact, it is also important to think about and understand their voices within the context of whaanau, and other ecosystems they are a part of to ensure we have a collective way of thinking about rangatahi in the wider constructs of their whaanau. Through these collective thoughts and approaches, one can highlight effective ways to better understand rangatahi needs to promote their oranga.

Understanding rangatahi experiences and what they view as positive engagement was an important finding because it highlighted the benefits of manaakitanga. The act of being cared for in the health setting significantly increases their ability to accept support and engage effectively with treatment. However, these findings also showed that rangatahi not being heard can be detrimental for future engagement and impact on their overall health. Rangatahi are in a stronger position to exert their autonomy and have a deeper understanding of their ideal service engagement. The findings have provided a pathway that reinforces the importance of health care providers being able to better understand rangatahi and take time to engage in conversation without belittling their mana.

Waahanga Tuawha: Hiinau – *Phase Three Health Care Provider Usability Testing Findings*

Whaaia te iti kahurangi ki te tuuohu koe me he maunga teitei

Seek the treasure you value most dearly: if you bow your head, let it be to a lofty mountain

(cited in Woodward Maaori, 2022 p. 1)

In the second part of this chapter, I present the findings that have been identified from Phase Three of my research. It is important to note in this chapter that Phase Two of the research consisted of a small group of rangatahi participating in online waananga and co-creating the resource with myself, a cultural advisor, and a graphic recorder. Due to the extensive COVID-19 restrictions put in place, three online waananga were held with the rangatahi to ensure rangatahi from the various locations were able to attend safely. The waananga consisted of re-sharing the findings from Phase One hui and discussing in depth what rangatahi would like to see in a resource and how we could bring all the information together into an effective resource that could be disseminated nationwide. Designs and wording went back and forth between the rangatahi and researcher to accommodate everyone's voices and views on the kaupapa and to ensure the messaging was clear. The result from Phase Two was a draft version of *Areare Taringa Mai! (Let me be heard!) which is a set of* guidelines that rangatahi felt were a necessity and minimum standard of engagement for health care providers.

These findings emerged from usability testing with health care providers from the Hauraki and Taamaki Makaurau rohe where *Areare Taringa Mai! (Let me be heard!)* was tested with a multidisciplinary group of practitioners. It was essential to obtain feedback from health care providers—their experiences and korero—to understand how they saw the resource could fit into their practice. Therefore, I have chosen to have minimal commentary and let the health care providers' koorero be the centre of this chapter. In doing this, I aim to acknowledge the experiences of practitioners and show aspects of their mahi to contrast the similarities and differences in practice.

Two separate hui were conducted for the usability testing phase, one group were from a kaupapa Maaori health provider in the Hauraki and the second group were a team from community paediatrics at a District Health Board in Taamaki Makaurau. In total, 13 participants consisting of 11 waahine and 2 taane provided feedback. Participants also identified their ethnicity as part of the demographics; there were 9 Maaori, 2 Tongan, 1 Niuean Fijian, and 1

Paakehaa. It is important to note that participants were able to identify more than one ethnicity; however, the majority opted to just note down their ethnicity with which they primarily identified.

All health care providers worked with rangatahi in aspects of their mahi. The community paediatrics team are a multidisciplinary team of professionals providing nursing, allied health (physiotherapy, occupational therapy, speech language therapy, dietetics), technical and cultural support to children, young people, and their families living within the District Health Board localities. The team offers a range of support services and healthcare programmes across kohanga reo, Pacific Island centres schools, homes and community centres. The group was made up of Pacific community health workers, a clinical charge nurse, a community nurse, and a lead community health worker. This group tends to work in mainstream school and alternative education settings. The Kaupapa Maaori iwi provider offers a wide variety of services to the community from traditional General Practice (GP) clinics through to education, wellness care, mental health services, whaanau support, home-based support services, health promotion, and public health services. The participants involved in this hui were from a range of roles that encompassed mental health services, whaanau ora, and overall hauora.

It is important to understand and provide context of the health care providers that took part in the usability testing phase as it gives an understanding of the various health areas covered. It also allows the reader to become more aware of the responses provided and the professional background from which the feedback has originated. These findings were analysed using thematic analysis. Three main themes with a number of sub-themes were revealed (Table 4.2).

Table 4.2

Themes

Theme	Sub-theme
What a quality service looks like	• Manaakitanga • Maaori supporting Maaori • Management and team support
Whakarongo ki ngaa rangatahi me ngaa whaanau (listening and hearing rangatahi and their whaanau)	• Remaining open-minded
Significant need for cultural workforce training in health	• The need for professional development training tools

The themes identified are comprehensively discussed and have been strongly supported by various quotes from participants' koorero. This approach makes sure that the practitioners' voices and experiences addresses and considers their whakaaro. I have also ensured that health care providers' mixed views and experiences have been highlighted to give a deeper understanding of the valuable information identified.

What a Quality Service Looks Like

What a quality service looks like is a significant theme identified within this section of the chapter, and was discussed widely amongst all the health care providers. For health care providers, providing a quality service and what that looks like revealed many similarities among participants. This theme comprises *manaakitanga, Maaori supporting Maaori,* and *management and team support*.

Manaakitanga

Manaakitanga was widely discussed across both hui. Participants highlighted the importance and need for health care providers to be able to support rangatahi and their whaanau in a way that empowers them and their whaanau. It was noted that this has become increasingly important for health care providers. Being in a position where they are working with young people as they journey through their various health experiences, health care providers stated that it was of great significance to manaaki the rangatahi to the best of their ability.

> *Providing manaakitanga in every way, shape, and form for rangatahi is providing a quality service. Listening, being aware, and observant of everything they are doing and saying.* – Whero

> *Getting it from the start – koorero with rangatahi and whaanau to find out then and there what their distress is and point them in the right direction so they are not left in the dark.* – Karaka

> *To manaaki rangatahi is to meet their needs and demands whilst remaining respectful and maintaining confidentiality.* – Kikorangi

> *Sometimes previous bad experiences are taken out on us, but I find this as a learning experience for us as health care providers. Giving time and patience to our rangatahi is*

important because we want to make them feel safe with the service we provide. – Kowhai

Being on the same wavelength and level of understanding of the rangatahi is integral to providing manaakitanga for them. It also helps to understand their situation and make them feel comfortable. If a health care provider does not take the time to manaaki and understand the rangatahi for who they are as a person, this can result in them not making a connection and any engagement being minimal.

Meeting them where they are at and with what they need. – Pango

To provide a quality service, you have to be in line with where the rangatahi are at and their whaanau. You cannot just come along and say to a young person, "This is who I am, and this is what I think is right for you." – Mawhero

I always say if you go to the door, you have to be on the same level with the rangatahi and their whaanau, you have to build a good rapport with them. – Whero

You are there to hold their hand and walk hand in hand with them to ensure the best outcomes for the young people and their whaanau. The world is changing every day for our young people and their families, we need to remember that so we can help support them. – Waiporoporo

Manaakitanga for health care providers was defined as the ability to create and maintain relationships with the rangatahi. Great significance was placed on the ability to build a rapport with rangatahi and their whaanau, but the means to sustain those relationships ultimately determined if the health care providers were maintaining a quality service.

Patient voice is a determinant of quality care that I am providing and their feedback to me. I would capture a good quality service as sustaining a therapeutic relationship with the young person and if they are willing to continually engage with me. – Kakariki

Quality service is supporting, guiding, and helping the rangatahi. Not telling them what to do – so a quality service is when someone actively listens and goes from there. Gaining the trust and sustaining the relationship. – Kiwikiwi

Being passionate about the mahi that is being carried out promotes a quality service for health care providers. If the mahi they do is something they love, and they are supported by management, health care providers feel this is a driving force for them to carry out a quality service.

> *When health care providers feel supported and looked after, it is easier for them to go out and do the mahi to look after and support whaanau and rangatahi*. – Ma

> *Showing the rangatahi and whaanau that you care for them and love the mahi you do*. – Whero

> *In order to work together for the best outcomes for whaanau, is respecting their lived and learned experience, at the end of the day we are all here for the same goal.* – Kowhai

Manaakitanga is a form of caring, looking after, and supporting rangatahi and their whaanau through their health journey. This sub-theme has provided multiple examples highlighting the individual definitions and similarities of manaakitanga by health care providers. Ultimately, the common goal is to ensure rangatahi have the best possible journey and experiences.

Maaori Supporting Maaori

The idea of having *Maaori supporting Maaori* in their health journey has identified the strengths and advantages that result in good quality service for rangatahi to have their health needs met. Health care providers felt that understanding te ao Maaori and being immersed in the culture, places them in a good position to better support our people. Aspects such as understanding taha wairua, tikanga, kaupapa Maaori, and karakia are significant supporting factors for Maaori supporting other Maaori. Examples below are key points identified by kaupapa Maaori practitioners who have high case numbers of Maaori rangatahi and whaanau.

> *Understanding and taking into account te taha wairua – we are all spiritual but Te ao Maaori values are really important too*. – Parauri

> *Growing up in a Maaori world allows us to show the passion for the change that needs to happen. Being Maaori in general is a barrier – which it should not be – we are tangata whenua and we should be at the forefront of everything.* – Mawhero

> *Maaori having access to Maaori providers.* – Pango

Prioritising Maaori – seeing the trauma that has happened from other services and choosing to work on a healing journey. – Whero

Comfort of Maaori helping Maaori. – Kowhai

There is a huge advantage to being Maaori as some things are natural for us whereas for others, it has to be learnt. A lot of times when working with Maaori, learning things and just knowing stuff off the cuff is completely different. Manaakitanga is embedded in you and the values of te ao Maaori are naturally embedded in you. – Kiwikiwi

Overall, health care providers explained that their experiences of being Maaori and working with their own people from a cultural and health point of view has been integral to the development of the Maaori with whom they work. The ability to koorero, empower, and have the time to really understand the needs of the rangatahi and whaanau, proves to be more successful as opposed to engaging solely from a health practitioner position.

Management and Team Support

Management and team support was identified as a critical aspect to support what a quality service looks like. Health care providers feel very strongly that support provided from higher up in the management hierarchy and from the wider team has a strong influence on the quality of service being provided by the kaimahi. The wider systematic enablers are critical in creating change for rangatahi and it is important to understand that while some practitioners need to improve, it is the systems that can cause great difficulty.

To get the best quality of service for rangatahi, health providers need to be supported by their team. – Ma

Good service is when there is quality right from the top. – Whero

Having good management support for staff empowers the support given out in the community. – Pango

The hierarchical process locks really competent and capable people out of roles to help young people, and then you have qualified health care providers who shouldn't be working with young people. – Waiporoporo

Management should allow kaimahi with lived experience to help whaanau – not just always rely on the ones with the tohu. – Parauri

Being in a supportive team where staff can effectively consult with and gain clarification from each other and management results in a much happier team and well-equipped staff. This results in positive engagement and quality service being provided to rangatahi. Ultimately, the management and hierarchy systems that are positive and easily approached empower their team to effectively work with rangatahi in a way that will address their health needs in an appropriate and supportive manner.

The theme of quality service has highlighted how manaakitanga, Maaori supporting Maaori, and management and team support can result in a positive path for rangatahi and their whaanau. This theme, *management and team support*, has identified and supported rangatahi koorero from the previous findings section of what should occur when engaging with rangatahi.

Whakarongo Ki Ngaa Rangatahi Me Ngaa Whaanau – Listening and Hearing Rangatahi and their Whaanau

Whakarongo ki ngaa rangatahi me ngaa whaanau – listening and hearing the rangatahi and their whaanau is a theme that clearly emerged from the hui findings with health care providers. This is the only theme that has been given a Maaori ingoa (title) because this is a statement that was shared quite often by the participants in the hui. The ability to genuinely take the time to step back and listen to the stories of rangatahi and their whaanau takes skill and experience that seems to be often forgotten. Significant demands are placed on health care providers, compounded by time frames and targets which often results in minimal genuine conversation and engagement. Health care providers across both hui strongly indicated the need to listen to rangatahi voices.

Listen to the rangatahi and whaanau voices. – Kikorangi

Having the rangatahi and whaanau voice is paramount. We work around them, not them work around us. Their voice also guides the treatment plan. – Parauri

Not setting time limits and restraints on visits and appointments, providing the rangatahi and whaanau with the flexibility and not being restricted to a short time frame. – Whero

I know that at times you just want to get the message across, but sometimes you just have to take a step back before you start to put your bit in and just really think of what you want to communicate and how to effectively do this. Most times by stopping and listening to the kids or family, you know the best way to communicate to them. – Waiporoporo

Remaining Open-Minded

Remaining open-minded and not bringing personal views and bias to the mahi carried out with rangatahi and their whaanau is very important to ensuring positive interactions are held. Health care providers spoke from both personal and professional experience when discussing this sub-theme as they have seen and felt the impacts of personal views and bias being placed on rangatahi.

Drop your own bias! Realise that everyone is different, and we are all experts of our own lives and own distresses. – Kiwikiwi

Do not bring your own values in and place them on the people we are working with. For example – if we are anti-drugs and are working with a whaanau who smoke, we shouldn't be putting our own values and perspectives onto the rangatahi or their whaanau. – Ma

We provide whaanau centred care which means the rangatahi and whaanau are at the centre of our practice. We support them and their values, not put our values onto them. – Karaka

Listening to the rangatahi and their whaanau is a passionate area for the health care providers who engaged in the usability testing. From the emerging themes, there is strong consensus among both groups that effective support for rangatahi means taking the time to truly understand their position and their journey while being open-minded and accepting.

Significant Need for Cultural Workforce Training in Health

Another theme identified was the *significant need for cultural workforce training in health.* The high demand for health workforce training arose because health care providers were aware of their own personal and professional experiences where they have seen so many practitioners not working competently with rangatahi Maaori.

I feel that extra cultural support being provided for health workers to work with rangatahi and their whaanau would really make a difference and make them feel more comfortable and safe. – Kowhai

Having compulsory Maaori health papers is required for students studying in health because in our degree there was none and when we had the choice to take Maaori papers, many of us did not take them up because there were other papers that were our specialist subject offered at the same time. – Mawhero

Having kaimahi that are trained in te ao Maaori, history, Te Tiriti, and kaupapa Maaori is crucial to effectively support rangatahi. – Kakariki

Concerns raised by current health care workers have identified a significant gap in the field of health. The need for more training to be provided for health care workers where cultural competency skills and the uptake of skills for working with rangatahi and whaanau Maaori to have effective and empowering health journeys is important. This is because, to help rangatahi to improve their health and wellbeing, they first need to feel understood and acknowledged for who they are and their individual backgrounds.

The Need for Professional Development Training Tools

Discussions with the health care providers about the resource co-created with rangatahi were extensive and passionate in nature. These koorero generated the sub-theme *the need for professional development training tools.* This sub-theme emerged from the findings as a way of health care providers being able to help improve experiences for rangatahi. There were consistent ideas put forward for the need to have resources like *Areare Taringa Mai!* to be created and used as a training tool. Having such resources would encourage current and future practitioners to gain a deeper understanding of how to engage with rangatahi effectively and better, thus promoting positive growth for their health and wellbeing.

Having a tool like this [Areare Taringa Mai!] *allows me to think about how I can exemplify the good information in this resource, and it would be great as a tool for other health care workers.* – Parauri

Workforce development is required for the health workforce – what is said in this resource [Areare Taringa Mai!] *is not practised consistently, so this would benefit the health workforce and students.* – Karaka

This resource [Areare Taringa Mai!] *should challenge healthcare workers and their mindsets.* – Kikorangi

This resource [Areare Taringa Mai!] *will be helpful as a training guide. A lot of graduating doctors are from diverse cultures or first-generation New Zealanders. I just wonder what the relationship and understanding is like for these people and their interaction in te ao Maaori.* – Kowhai

[Areare Taringa Mai!] *is amazing and should be the baseline and bare minimum for our rangatahi to receive.* – Waiporoporo

The value of having a tool for health care providers that is easily accessible, educates, and informs them of the minimum standards they should be achieving was common amongst both hui. The participants concurred the need to have more resources like this as the ever-evolving practice standards and key target areas continue to change resulting in detachment of engagement practices. Although the health care providers were present to test the effectiveness of *Areare Taringa Mai!* as a resource to be utilised by practitioners, they saw the value of resources that guide them and other practitioners in a positive and mana enhancing way. Therefore, a subsequent decision was made by all participants to promote these types of resources and recommendations were made to start the kaupapa off with *Areare Taringa Mai!* Being the leading resource.

Conclusion

The findings within this chapter have highlighted what the health care practitioners identify as quality service, taking the time to listen and truly understand the life experiences of rangatahi. This chapter also makes a point of identifying the evident gaps for health care providers working with rangatahi and how *Areare Taringa Mai!*, a resource co-created alongside a group of rangatahi, can be utilised as an exemplary tool for health and medicine students and health care providers in practice.

Whaaia te maatauranga hei oranga moo koutou

Seek knowledge for the sake of your wellbeing

(Inspiring Communities, 2018)

Waahanga Tuawha: Hiinau – *Analysis of findings*

Rangatahi Maaori occupy a unique space in Aotearoa New Zealand, contending with multiple intersecting sociocultural and political challenges at a crucial point of change and growth in their lives.

(Lindsay Latimer et al., 2022 p.298).

Introduction

The first two sections of the Hiinau chapter have highlighted rangatahi and health care provider voices in their most truthful and unedited state. In order to gain a full understanding of rangatahi experiences in the health system it was crucial to provide a platform where they can have their voices highlighted without adult interpretation and additional influences. Similarly, the health care providers voices have been noted using the exact same process to again show the viewpoints from their professional capacity. The decision to showcase both sets of koorero in a format that held minimal commentary from the researcher was done with the idea of privileging the voices from service users and service deliverers. This is a practice that has to my knowledge has not been commonly actioned. Therefore, it was incredibly important to pave the way for this process to be performed without critical scholarly analysis but more so in a mana-enhancing kaupapa Maaori approach. However, it is acknowledged that there are many historic and systemic impacts on both rangatahi and health practitioners that strongly influence their behaviours. The final part of this chapter provides a succinct critical analysis of the findings from both rangatahi and health care providers as well as showing a good command of the literature available.

Within this analysis, I explore contributing factors that influence rangatahi worldviews, racism, and systematic barriers. These key areas have been highlighted through the themes introduced in both parts one and two of this chapter. They also provide a steppingstone in highlighting the differences and similarities between current literature and the viewpoints held from rangatahi and health care providers. Prior to continuing, it is important to note that this research has been carried out during a worldwide pandemic, which has influenced some of the koorero gained. A limitation is the fact that literature applicable to and available for this kaupapa has been published prior to the pandemic, which is important to acknowledge. By conducting this analysis, I aim to deepen one's understanding of how the viewpoints of rangatahi, health care providers and those in the literature available contribute and apply to the kaupapa of this thesis. I will also

be advocating a strong need for the creation of resources and services that will effectively support rangatahi health and wellbeing.

Factors influencing rangatahi worldviews

During the data collection phases of my research, each hui or waananga would begin with a whanaungatanga round. This process would allow us to come together as one and koorero about how each person was feeling, what has been going on for them in their lives and to build a strong connection with one another. Through whanaungatanga, we were also able to identify some of the contributing factors that make up rangatahi worldviews and how these might influence their koorero or experiences held. Factors that were continuously identified within the koorero provided were whaanau, te ao Maaori and cultural identity, and social groups. Rangatahi would openly talk about their experiences in the health system but would also share similar or different experiences held by their peers, whaanau or work colleagues which contributed towards a deeper understanding of what makes up the rangatahi worldview.

Whaanau

The aspect of whaanau was discussed consistently throughout the koorero from rangatahi and included siblings, parents, grandparents as well as cousins and extended whaanau. Understanding how whaanau can help influence the worldviews and thought processes for rangatahi is crucial to understanding rangatahi views including the generations that sit behind them. Mikahere-Hall (2020) explained that the positioning of rangatahi within the whaanau is fundamental to their wellbeing and strengthens the whaanau and hapuu. This is further highlighted in the work of Mooney (2012) who concurred that whaanau play a distinctive role in aligning tikanga and kaupapa for rangatahi thus providing a space to enhance their worldviews. Within this research, rangatahi spoke candidly about the importance of whaanau and how they help to build connections in society with their peers through social groups, schooling and extra curricular activities as well as with adults. Two examples from rangatahi within this research have been noted below that further support the importance of whaanau having an influential role of informing rangatahi views.

> *When it comes to my health and wellbeing, our whaanau have always been quite open about this area and they're the ones who have always guided us. For our parents, their parents, our nanny and koro would do this. So, they are always my go to and help me to understand and make decisions. – Kororaa*

> *Our whaanau does not really trust the health system so sometimes we wait until it* [health condition] *is really bad before we decide to do something about it. I don't mind*

it that way but some of their stories can be hard to hear about what they went through. – Hiinau

Literature shows that rangatahi have always held important roles within the whaanau, hapuu and iwi where they help to solidify the growth of knowledge and experience (Page & Rona, 2021 & Mooney, 2012). However, rangatahi shared considerable reliance on whaanau for guidance and advice about particular health issues. The koorero around whaanau influencing rangatahi worldviews speaks volumes and is supported through literature (Ware & Walsh-Tapiata,2010; Mooney, 2012) and rangatahi viewpoints.

The rangatahi involved in this study identified that they are sometimes the one to lead the way in terms of accessing health services and taking charge of their own health journey, but at differing points in their lives or with specific health issues they need strong guidance and support from their whaanau. Rangatahi whose whaanau have been intergenerationally disengaged from health services and ultimately may not have a role model for hauora can be worrisome. However, from koorero and observations with rangatahi there are often other avenues that are explored within their whaanau using more traditional approaches such as rongoaa Maaori. Page and Rona (2021) explained that despite the suppression of the rongoaa and healing practices through colonisation, these cultural practices remain very strong amongst whaanau.

Overall, whaanau play important roles in helping to shape rangatahi views and influence how they respond to experiences they face such as encountering stereotypical views being placed on them or unfair treatment. I found that generational experiences within a whaanau play a major part in rangatahi responses to situations that arise for them. This is due to koorero about negative health experiences being passed down within the whaanau that can result in the rangatahi being defensive or standoffish that ultimately inhibits their engagement in health services and their overall health journey. The influence of negative experiences is shown clearly in the literature (Mikahere-Hall, 2020; Page & Rona, 2021; Mooney, 2012 and Ware & Walsh-Tapiata, 2010) and through data provided in this research.

Te ao Maaori and cultural identity

Cultural connection and understanding of te ao Maaori is another significant factor that plays a major part on how rangatahi view the world, but also how they respond and act to situations regarding their health. Muriwai et al. (2015) explained that choices one makes can be based significantly on their connection to te ao Maaori. Through colonisation, Maaori have encountered urban drift which saw many Maaori leaving their papa kaainga and heading into the larger cities resulting in a loss of culture and language. Walters and Seymour (2017)

highlighted in their mahi that having a strong cultural identity is a fundamental factor for rangatahi. By being immersed in their culture, rangatahi are much stronger and more influential with how they carry themselves and respond to events in their lives. Within this research, rangatahi highlighted the importance of knowing your culture and what it means because it was a significant guiding factor for them.

From a rangatahi viewpoint, knowing your culture meant being aware of their whakapapa, being proud to identify as being Maaori and you having a connection to te ao Maaori. Rangatahi also stated that having this sense of connection helped guide them through life as they felt stronger on their journeys and took strength from their ancestors.

> *Me knowing my culture and whakapapa is pretty massive. It was a big thing for us because we lost so much over the years and moving to the city I wasn't really raised around the marae. But once I came to college and we had a marae here it made me feel connected to my ancestors. It also is a part of who I am as a person and helps with my thinking and decisions. – Kiwi*

Similar koorero is held within literature found that explained how Maaori identity has adapted as a function of the ideological and historical contexts (Houkamau, 2010; Muriwai et al, 2010). Having access to positive Maaori role models, upholding Maaori spiritual beliefs and connecting to their wider whaanau counteracted any negative beliefs about Maaori and strengthens cultural identity (Houkamau, 2010). Ormond (2006) further discussed cultural identity with rangatahi Maaori as a narrative that reflects historic, emotional and pragmatic relationships between community, land and sea. Such relationships koorero to the connection between te taiao (physical environment), whaanau and individual identity. The land and sea provide the connecting point that helps fuse their ethnicity, self-concept and sense of belonging together (Ormond, 2006). I strongly understand and agree that connections to culture through spiritual beliefs, whakapapa and relationships with te taiao play a pivotal role in developing rangatahi world views and their responses.

Mooney (2012) identified in their mahi with rangatahi, that rangatahi are prouder than has ever been known in their identification as being Maaori. This is an incredible milestone as colonisation played a major part in shaping in Maaori cultural identities. However, this distinctive change in viewpoints is again another very strong influencing factor for rangatahi as they are guided by the Maaori world and thought processes, which sometimes do not fit within the context of the western systems. Martel et al. (2019) discussed how the values and beliefs of culture can influence the way people conduct themselves and view situations. Establishing a cultural connection aligns quite well with what rangatahi have said regarding how their

connection to te ao Maaori and tikanga guided them on their health journey. Examples providedby rangatahi included cultural connections giving them the strength to firstly seek help and secondly think of solutions that challenges the western health system responses.

The rangatahi in my research were able to distinguish how being Maaori and having a connection to te ao Maaori played a role in guiding their thinking. Rangatahi whakaaro resonated quite well with the literature which stated that cultural connections play a protective role in increasing and maintaining the wellbeing of Māori (Ormond, 2006; Mooney, 2012; Houkamau, 2010; Muriwai et al, 2010). Identifying these similarities was uplifting to see as they further cemented the need for and importance of cultural connections and identity. Within my research I feel we have only just scratched the surface and a lot more mahi and koorero needs to undertaken with rangatahi who are both confident in their cultural identity and those who might not be. There are several rangatahi who whakapapa Maaori but were unsure how to further extend their knowledge of tikanga and te ao Maaori. There were also other rangatahi aware of how being Maaori interpreted the way they viewed the world. This got me thinking about and questioning the effects of culture and worldviews not sitting harmoniously, although within my research I did not experience the situation of culture and worldviews not aligning, I believe this whakaaro and koorero would benefit from further exploration.

Social groups

Rangatahi are connected to various social groups throughout their lives. These include and are not limited to friends, sports, extra-curricular activities, work, and school. Ware and Walsh-Tapiata (2010) explained that rangatahi are members of at least three distinct groupings, these include being an essential part of Maaori communities, sharing common existence with indigenous and sharing common characteristics and experiences as other young people. Although this thesis has touched on the societal groups that rangatahi are involved with, such as church and youth groups, and friendship groups. Upon further analysis the rangatahi had only briefly mentioned these social groups as a way of expressing health experiences their peers had previously had and how they were dealt with. The social groups of rangatahi were not explored deeper and how these shaped rangatahi worldviews. This was a lightbulb moment that I have identified as I come to the end of my PhD research but feel the influence social groups have on shaping rangatahi worldviews requires further exploration with rangatahi themselves as it would be beneficial to understand how their viewpoints have changed overtime. Ormond (2006) explained that social groups help shape and mould ways of thinking and knowing thus influencing rangatahi views and responses to situations.

The factors identified that influence rangatahi worldviews (whaanau, te ao Maaori and cultural identity, and social groups) have been able to highlight many of the similarities within the literature and recent koorero from rangatahi. Identifying these factors have shown to be important because the ever-evolving world of rangatahi and society can develop much quicker than research. So it is comforting to see the continued weaving of koorero, and literature support each other. However, to truly gain a deeper understanding how these characteristics can guide the rangatahi worldview, there needs to be a stronger emphasis placed on this area in future research or reports. This finding could in fact highlight some of the gaps that are involved when conducting research with rangatahi as these areas are not commonly discussed more in-depth, and maybe why there was a struggle to find supporting literature.

Racism

Racism has been a frequent dark cloud that has reared its head through many aspects of this research, from the literature review right through to the koorero given from both rangatahi and health care providers. There is a significant amount of literature that identifies racism with indigenous and first nations peoples (Cave et al., 2020; Cormack, Stanley & Harris, 2018; Fleming et al, 2020; Harris et al., 2006) and has quite detrimental effects on Maaori and rangatahi. From the findings within my research, some of these effects identified by rangatahi have included: not being able to form effective and trusting relationships with their healthcare provider, not being heard, and openly being treated different compared to Paakehaa peers. Gibson et al (2016) discussed barriers that further highlight the effects of racism for rangatahi which include stigmatisation and a lack of culturally trained professionals. Further adding to these effects, Fleming et al. (2020), Lowe et al. (2019) and Ngaa Pou Arawhenua et al. (2021) all discuss how Maaori rates of depression, suicidal thoughts and anxiety remain much higher than their non-Maaori peers.

Racism has been a prominent feature throughout my PhD and links very closely to socioeconomic statuses. King and Robson (2022) explained that socioeconomic status was a fundamental cause of health inequities and the resulting conclusion that racism is a fundamental cause of health inequities. Health inequities created by fundamental causes might be lessened by reducing inequities in flexible resources, but elimination of health inequities can only be achieved through addressing the fundamental causes of racism directly (King & Robson, 2022). Ultimately the experience of interpersonal discrimination and racism causes significant psychological distress and inhibits the progress for rangatahi Maaori within the health system. Reading through literature (Gibson et al., 2016; Harris et al., 2006; King & Robson, 2022; Clarke et al., 2018; Walters & Seymour, 2017) and hearing first hand some of the stories told by

rangatahi was very hard to hear and caused sadness because some of the narratives are the same as my own personal experiences.

Racial experiences that have been identified within the literature (Gibson et al., 2016; Harris et al., 2006; King & Robson, 2022; & Clarke et al., 2018) did not directly discuss explicit details and experiences rangatahi have had. More so the focus was on what has been highlighted in the literature which included the types of racism faced inclusive of discrimination and marginalisation. Walters and Seymour (2017) acknowledged that factors such as discrimination, marginalisation, systematic and structural racism are prominent within the health sector and strongly affect Maaori. Within my PhD research, rangatahi provided quite clear and in-depth racial experiences they have encountered throughout the health system. Some examples included stereotypical comments and views such as feeling like a charity case because they are Maaori and obviously need some sort of financial support or other assumptions placed on them such as being treated badly and the health care providers acting quite dismissive of the rangatahi issues because the health care providers believed they are there to source drugs.

An important piece to understand however, is this is not an 'all Maaori problem', more-so a 'some Maaori problem' – what this comment references is that rangatahi who were lighter skinned openly discussed being treated differently to their darker skinned Maaori peers. King and Robson (2022) further reinforced this koorero by highlighting that Maaori and minority young people who were perceived as White self-reported lower exposure to interpersonal discrimination than racialised migrants who were not perceived as White. I have not found this koorero common amongst writing identified, however I completely agree that skin colour plays a major part in experiences of racism and treatment. Rangatahi also mentioned and acknowledged the 'privilege' of having lighter skin and an English name which meant they often had not experienced the same sort of treatment. This is until health care providers have found out that they were Maaori which abruptly changed how they were treated, this koorero is highlighted in waahanga Tuawha: Hiinau- Phase one.

Literature such as Greaves et al. (2021) and Harris et al. (2006) affirmed rangatahi faced a lot of discrimination through many aspects of life including their health. This aligns very closely with the examples provided from rangatahi with their racial experiences they have encountered through their health journey. Racial experiences that impacted rangatahi health care experiences included being accused of wanting to get out of class, yet a Paakehaa peer came in the exact time and was not questioned but seen immediately. Another experience was being told that they were Maaori so obviously could not afford the doctor visit fees and referred to a cheaper health centre. A more extreme case was a rangatahi having chronic ear pain and being accused of drug seeking, the rangatahi recounted verbatim the conversation held and said the

health care provider stated, 'your kind (Maaori) are always just here for the medication'. The health care providers participating in the usability study also highlighted experiences of racism they or their whaanau have had previously and have been put in a position to advocate for fair treatment. In thinking about the ways in which rangatahi and health care providers have been exposed to racism, I feel that it is clear we need to start addressing a lot of these issues such as being treated unfairly, being judged, and having assumptions made about their genuine health issues. If these are not addressed in a mana enhancing manner then this can further impact Maaori and the following generations by having the same disheartening experiences and trauma being passed down, thus further impacting their overall health and wellbeing.

Within my analysis I have found that sometimes the word racism is not always used because of the fear of calling out people for their actions. Mohajer et al. (2009) concurred with this koorero as they identified that the trauma encountered for participants in their study was clear racism, but stated that their young people were quite apologetic when discussing how racism had played a significant part in prohibiting their engagement with health services. It is important to note however, that rangatahi within my research were very strongly and implicitly calling the behaviours identified as racist or racism. Rangatahi were very familiar with the terminology and use it without fear because they felt it was important not to hide behind or sugar coat the truth. Unfortunately, I am unable to comment on the reasoning behind their confidence as it was not explored whether they discussed the term racism with me because they trusted me and felt safe or if they called out the racism to health care providers. However, one observation I noted down from a waananga is that rangatahi felt more empowered because of the pandemic and social media, to question behaviours. This aspect would be improved and strengthened by conducting more research.

The role racism has played for rangatahi within the health sector is astounding and institutional racism has also affected health care providers which then creates a flow on affect for Maaori who already have a lot of mistrust in the health system. Walters and Seymour (2017) said systemic and structural racism have severely instigated historical trauma for Maaori and their health. Elers and Jayan (2020) further added that racism is in fact a tool of colonisation and further emphasised the Eurocentric discourse around those who are privileged by power and those who are not. Racism and its affects for Maaori is not a new kaupapa being identified, rather this is an intergenerational issue that has been a considerable and direct result of colonisation. Both Stuart and Jose (2014) and Walters and Seymour (2017) explained that suppression of cultural practices due to colonisation have generated racism within the health sector for Maaori. Ultimatley, from various literature searches and the koorero provided from participants within this research, I concluded that racism continues to be a huge issue rangatahi

faced from health care providers in the health system. Fortunatley rangatahi are becoming more vocal with their experiences which shines light on the issue. However this can potentially put them at risk, therefore, more needs to be done at a government and local level to combat the racial practices and weed out this behaviour.

Systematic barriers

Systematic barriers have been identified extensively within the literature and in koorero provided from health care providers (Clark et al., 2018; DeFosset et al., 2017; Bøstring et al., 2015). Some of these barriers include being treated differently than their non-Maaori peers, being made to wait and not being believed. On the other hand, it should be distinguished that institutional barriers affected rangatahi and their health journeys daily. Such barriers that arose included policies that are made which directly affect rangatahi but have not involved any form of consultation with them, thus creating a systemic barrier for rangatahi and their access to health services.

Ware and Walsh-Tapiata (2010) discussed a significant disconnect within policies and many do not include the realities and experiences of rangatahi in Aotearoa. This is a significant systemic barrier because policy-writers seem to not have the slightest understanding of what will help meet the health needs of rangatahi and instead put barriers in place that prevent improvement in health and wellbeing based off western knowledge that discriminates against Maaori (DeFosset et al., 2017; Lopez-Carmen et al., 2019; Ware and Walsh-Tapiata, 2010). A particular example of this has come from a recent observation where a youth health contract has been implemented for over a decade and has a large full time equivalent for counselling services and a small portion for a youth worker. However, the rangatahi do not get the chance to build a relationship with the counsellor or vice versa based on the allocated funding available which therefore means the rangatahi needs are not fully understood. However, youth workers have potential to build meaningful relationships with the rangatahi but based on contractual obligations and policies, this opportunity is missed which ultimately impedes the progress of rangatahi. If policy writers and decision makers held conversations with both rangatahi and the health care provider, then there is potential to see real progress and development be made and a relationship being built for the rangatahi. I would like to acknowledge that there are many other systemic barriers that are major influencing factors for rangatahi and health care providers experiences in the health system. However upon analysis of literature and koorero from all participants I felt it was much more important to identify the barriers that were commonly discussed.

Cultural competency is critical when working with rangatahi, the rangatahi perspectives of cultural competency refers to understanding tikanga and having this respected, whakawhanaungatanga - the building of relationships and connections, and taking the time to truly engage with basic koorero and pronunciation. I have learnt from rangatahi and truly believe that having an awareness and skill of cultural competency when working with Maaori, especially rangatahi, makes a significant difference in their interactions with health care providers, responsiveness and uptake in potential treatment plans. On the other hand a lack of cultural understanding and competency is a highlighted barrier within the literature as well as koorero amongst health care providers. Throughout koorero with rangatahi, strong support for cultural connections have been weaved throughout this thesis that highlighted the importance of the need for in-depth cultural training. Such training would strengthen health care providers' abilities to work effectively with whaanau Maaori, especially rangatahi. Wepa and Wilson (2019) highlighted that whaanau often did not receive and comprehend information in a cultural relevant and meaningful way. Lopez-Carmen et al. (2019); Cram (2019) and Mooney (2012) also spoke about the necessity of having cultural understanding and connections as a pivotal aspect for health care services to have for them to begin to understand rangatahi and their health journeys.

> *The cultural competency within the health system is quite weak. Upon hiring, you are required to complete various modules and the only one that discusses Maaori is linked toward the clinical side and inpatients within hospital. It literally has a few questions and talks about the colour of pillowcases and stuff like that. This is concerning as we have more and more overseas health professionals coming in where English is a second language, and they don't have any clue about tikanga and are not taught this in their programmes. – Waiporoporo*

Being a previous health care worker in the field, I am aware of the minimal education and training provided for health care providers around te ao Maaori and tikanga. It has been dissappointing to see that a decade later these practices are still not being strengthend adequately to ensure our whaanau Maaori are provided health services that can maintain and hold the mana of basic cultural understanding. The Health and Disability Services Standard (Ministry of Health, 2022b) have highlighted in Outcome 1, our rights, that people have the right to receive safe services of an appropriate standard that upholds cultural values. With the rejuvenation of the health and disability services standard, there are clear and mandatory rules put in place to ensure cultural values are upheld for whaanau Maaori. Heke et al. (2018) contributed to this whakaaro by stating that although policy and legislation aim to improve the cultural competency of the New Zealand regulated-health workforce, the existence of inequities

would indicate that the cultural competence of the health workforce required examination and strengthening. Therefore, one would hope to see a shift in training provided for all health care providers to extend on their current cultural knowledge.

Another brief systemic barrier that occurs because of the hierarchical processes within the health system that ultimately prevents passionate people from having health careers. This is due to a lack of Western qualifications or prior experience, despite their wealth of knowledge in maatauranga Maaori. This koorero is in reference to possible kaimahi who do not feel confident to obtain higher education qualifications but currently provide a lot of social support and manaaki to people within their community, yet are not given the chance to obtain employment in this area due to competing demands for staff who have qualifications. After sifting through multiple literature pieces, I was unable to find literature that supported this thinking. Rather, the literature spoke about the conflicts kaimahi have and the tensions between whaanau, cultural and professional worlds (Watson, 2019). However, I want to highlight this concern specifically because it was a very valid and worrisome koorero provided from the health care providers within my research.

> *The whole hierachy process is terrible within health. Effectively people who are competent and capable to carry out mahi to support our whaanau maaori and work with young people, like being community health workers etc. are locked out of these roles because they don't have any qualifications, but then on the other hand we have a variety of health care workers who are qualified but should not be working with our young people and don't turly understand how to effectively support their needs. -Karaka*

I wanted to prioritise this idea from the health care providers' koorero as it provided a more thought provoking aspect for me as an academic and previous health care worker. When you are working in the field, you are in a priviledged position to gain first hand knowledge and insight into the realities and lived experiences of the whaanau and rangatahi one works with. However not often discussed or highlighted are the processes put in place that restrict passionate and driven people to enter in a health career if they have no formal qualifications. In thinking back to this particular hui I held, the health care providers spoke about being 'street smart' and having 'life experience' as key attributes for health care providers to effectively support our whaanau Maaori, especially rangatahi. This was a very interesting statement, but for me as a Maaori who has been exposed to many of the same situations discussed by our rangatahi within my research, I get what this references and why these particular people are a valuable asset to supporting our rangatahi. The unasnwered question however, is how do we bridge those gaps and encourage the hiring of peole into health care without the previous work experience or qualifications whilst

also ensuring they meet registration requirements (cultural and clinical or practice competency) and the standards in place for public safety?

In discussing the above barriers that were commonly identified, I felt the need to highight some of the solutions that were put in place by the government and policy makers who had come to realise that some of these barriers have to be mitigated in order to attmept to provide an effective service for rangatahi and Maaori. Sebastian et al. (2014) explained that a clear issue identified at a government level has been engagement in services. Ways to combat this finding and measure levels of engagement for young people and their health care was to extend Maaori health service providers (Børsting et al., 2015) and the creation of school based health services (Clark et al., 2018).

Firstly, the move toward expanding services to Maaori health providers and the implementation of mobile services has been a possible solution to improving service use and engagement. Børsting et al. (2015) explained that the extension and development of these services promoted engagement and started to break down the barriers put in place for Maaori whaanau and rangatahi. I personally am very supportive of increasing Maaori health service providers as they are entrenched and guided in te ao Maaori. By practising strongly in a Maaori way, the cultural knowledge is embedded and strengthened to support health and wellbeing journey for rangatahi. The changing of health service delivery in Aotearoa is a positive steppingstone to ensure the health needs of Maaori are met in a culturally responsive way and with services that are applicable to our people. The creation of Te Aka Whai Ora: Maaori Health Authority is a system set up to lead and monitor transformational change for the health and wellbeing needs of whaanau Maaori in Aotearoa (Maaori Health Authority, 2022). There are high hopes and expectations held for this new health authority, however the biggest win for Maaori and rangatahi, is the ability to have the design and delivery of a health service that realises tino rangatiratanga of our people.

The creation of school-based health care services is another implementation from the government to address systemic barriers currently affecting rangatahi. Clark et al. (2018) identified that the youth health services such as school-based health services have shown to generate positive changes in engagement for rangatahi. Sebastian et al. (2014) also supported the idea by claiming that young people who accessed health services within the school setting, were far more likely to be engaged in their health care than the remainder of the youth population. Koorero from the rangatahi within this research showed that many of them (29 out of 40) had been to see a school-based health professional such as a counsellor or nurse. Having over half of the rangatahi participants accessing the school-based health services somewhat supports an increase in access to health services as stated in Clark et al., (2018) and Sebastion

et al., (2014). However, the experiences held with and continued engagement within the school-based services is neither consistent nor identified in literature

Rangatahi have explained within the findings chapter that the school health services are not safe and have generated a lot of mistrust. DeFosset et al. (2017) explained that minority and indigenous young people are far less likely to utilise a school-based health service than their Caucasian peers. I believe this to be true and consistent with koorero from rangatahi who provided vivid examples of why they would not seek support from a school health provider for concerns of confidential information being shared and not receiving a quality service (see chapter Waahanga Tuawha: Hiinau – Phase One), yet their Paakehaa peers were taken in straight away and not questioned or turned away.

> *It's a waste of time going to see them [school nurse or counsellor] they just see that we're Maaori and they reckon we want to get out of class. We have genuine problems to and want to get help sometimes, but when we do reach out, we get yeeted real quick. – Huia*

Providing further context around this koorero required prompting rangatahi to gain a better understanding of what they had been experiencing which again are provided in phase one of this chapter. DeFosset et al. (2017) and the rangatahi in my research both commented on rangatahi being disciplined or punished before being offered adequate health and wellbeing support from school-based services. It was identified in DeFosset et al. (2017) and Simmonds et al. (2014) that many students experiencing mental health symptoms were out of the school system when their diagnosis was identified and were commonly seen as the troubled students with behavioural issues. In reality, these rangatahi were unsure of what was happening to them and were unable to have correct support because they were not given a chance to be heard. Simmonds et al. (2014) concurred with these statements and discussed the importance of having alternate pathways for rangatahi to seek health care from when school is not a supportive environment for them.

I thoroughly agree that alternative methods should be explored as we have learnt that rangatahi Maaori and indigenous young people continue to have unmet health needs which decreases their quality of life thus contributing toward the continued deficit statistics (Muriwai et al., 2015). So, it is important to highlight that although youth health services have been implemented in schools, other research (DeFosset et al., 2017; Simmonds et al., 2014) along with current views from rangatahi have shown school-based services can be detrimental solutions for rangatahi. In reality, they appear to result in the opposite effect of the intended purpose, thus proving ineffective. Recognising the significant need for supportive health services, as opposed to pre-judging and stereotyping rangatahi requires extensive investigation to truly support rangatahi health needs in a school setting.

Rangatahi commented on a lack of trust and breakdown in confidentiality as seriously contributing factors for them not wanting to further engage with school-based health services. With limited information available, this aspect is heavily guided by rangatahi, which I feel is a strength for the research. Rangatahi have openly shared their experiences of having confidentiality broken from school counsellors and nurses, which resulted in their personal information being shared with multiple teachers and students. DeFosset et al. (2017), Simmonds et al. (2014) and Sebastian et al. (2014) discussed school-based services as being an inhibiting factor towards effective health and wellbeing support for young people. This highlighted a key area that rangatahi were very vocal and passionate about. DeFosset et al. (2017) and Simmonds et al. (2014) added that there was inadequate qualitative evidence available that highlighted factors influencing school processes in identifying and linking the underserved youth to professional care. This can be somewhat risky as there is an increased risk of rangatahi falling through the gaps when they needed help.

Overall, it is very clear that the notion of trust is not high amongst rangatahi regarding school-based health services. Based on observations with the rangatahi, relationships, trust and confidentiality are not interdependent, more so they are encompassed under one the one umbrella of trust. Rangatahi reported they needed to have a service that will listen to you and be accepting of who you are which again came under the umbrella of trust. Scholarly literature (DeFosset et al., 2017 & Simmonds et al., 2014) similarly voiced the same concerns amongst indigenous and minority young people being underserved within school-based health services. I would argue based on the observations and feedback from rangatahi, along with the literature previously identified, that school-based health services in Aotearoa need to be reviewed extensively in order to provide an adequate and mana-enhancing service for all rangatahi. With the updated health and disability service standards, along with the changes in the health system there is a much stronger emphasis on strengthening services provided and I hope to see this area strengthened for our rangatahi. However, school-based health services would benefit from being contracted under the Health and Disability service sector as opposed to within schools and having to conform to educational restrictions that are seen to be quite limiting.

Conclusion

The third section of this chapter has been created to ensure I was able to leave the rangatahi and health providers voices in their pure form. Throughout my research journey and continued mahi with rangatahi over the years, I have been a huge and consistent advocate of not placing an adult or researcher interpretation on their voices. I advocate for this process to ensure they are heard in their true essence which creates a deeper and more informed understanding of the

rangatahi experiences. In the absence of providing a scholarly critical analysis on the koorero so graciously provided to me, I opted to add an extra section into this chapter to address this gap. Thus, being able to ensure I uphold my responsibility as a researcher of kaupapa Maaori but also an academic in a western institution.

Through the analysis provided, I have explored factors that contributed towards influencing rangatahi worldviews, racism and the effects this has had within the literature but also koorero given and systemic barriers that are faced by rangatahi and health care providers. The prominent areas that have been discussed in this part of the chapter have provided a deeper understanding of what is presented in the current literature, but also recent views held from rangatahi in urban and rural settings. This analysis has also provided an opportunity to explore the differences and similarities, whilst also casting a personal critical view over the mahi that I have continuously been immersed in for the last couple of years. A final comment to add in this process is that despite the literature being published outside of a pandemic, the rangatahi views of the health system and their experiences as we endured the unpredictable circumstances of the Covid-19 pandemic have remained quite similar to national and international literature.

Waahanga Tuarima: Paatete – *Discussion*

Poipoia te kakano kia puawai

Nurture the seed so it will blossom

(Massey University, 2022)

The discussion chapter is a space where I present the journey taken, what has been found, and what the next steps are. In my PhD journey, I set out to enquire about rangatahi engagement with health services in Aotearoa and understand their experiences. I attained this goal by ensuring rangatahi were at the forefront of the research and conducted a study that was with rangatahi and for rangatahi, rather than a piece of research that was done on rangatahi. I acknowledged the maatauranga, mana, and koorero that rangatahi hold, which motivated and led me to work closely with a group of rangatahi to be able to understand their positive experiences and highlight the concerns they may have had. In order to provide a mana enhancing approach and empower the rangatahi voices, I wanted to move away from the deficit behaviours that continuously impact Maaori and, in particular, rangatahi. Therefore, my research was conducted using a kaupapa Maaori methodology which ensured every decision, plan, and execution of the research meant I had rangatahi Maaori as the driving factor. To build a strong evidence-base for the health sector to better support our rangatahi, it was crucial to know more about rangatahi experiences when they accessed health services across Aotearoa, and to establish the effects these interactions had.

In this chapter, I discuss kaupapa Maaori research, conducting research with rangatahi, understanding the health service experiences rangatahi have, the racism and racial profiling of rangatahi, and rangatahi ora. I also discuss completing a PhD during a pandemic, co-creation of a resource with rangatahi, *Areare Tarina Mai! – Let Me Be Heard* as a training resource, and the strengths and limitations of the study and recommendations for future research.

Kaupapa Maaori Research

The creation of western knowledge through research has involved the production of theories that dehumanised Maaori practices, denied the validity of Maaori knowledge, te reo Maaori, and culture, but privileged western ways of knowing (Smith, 2021). This research is heavily grounded in kaupapa Maaori – by Maaori, for Maaori, with Maaori and privileges the Maaori voice without influence from western practices. “Kaupapa Maaori is an approach to learning, teaching, healing, researching, parenting and caring” (Durie et al., 2017, p. 4).

Kaupapa Maaori research contributes significantly toward the development and empowerment of Maaori knowledge. Durie et al. (2017) spoke of kaupapa Maaori as a movement that has been inspirational and contributed to the use of Maaori knowledge and approaches to learning that have also laid the foundation for significant transformations. Smith (2015) discussed the importance of Kaupapa Maaori working towards and making transformations, and has termed this transformative praxis.

To effectively achieve the objective of understanding what rangatahi want when engaging with health care providers, I had to affirm the importance of highlighting Maaori knowledge as the foundation and safeguarding the voices of rangatahi.

> First, researchers need to affirm the importance of Maaori self-definitions and self-valuations. Second, researchers need to critique Paakehaa/colonial constructions and definitions of Maaori and articulate solutions to Maaori concerns in terms of Maaori knowledge. These dual agendas are intertwined; for example, the critique of Paakehaa common sense makes space for the expression of an alternate, Maaori common sense. (Cram, 2006 cited in Cram, 2021, p. 34)

I ensured to take a kaupapa Maaori approach as I am guided in my life experience in te ao Maaori and tikanga. Therefore, I knew first-hand and could share with the participants the positive benefits of conducting research in a space that would prioritise rangatahi Maaori and their voices. The kaupapa Maaori approaches I used within the research were grounded in tikanga and included karakia, whakatau, mihi, and waiata. At every hui and waananga, we would carry out whanaungatanga by sharing pepeha to get to know one another and make connections. Lastly, kai was always provided to allow the participants to enjoy something to eat while connecting with one another over the kaupapa of the research.

Kaupapa Maaori research is founded on the principles of creating a space where Maaori are valued for their whakaaro, experiences, and inputs as Maaori in Aotearoa. Smith (2021) stated kaupapa Maaori research attempts to retrieve that space and highlights the value of research for Maaori people. These research practices have meant Maaori researchers had to work tirelessly in reclaiming space for Maaori and gain back the trust of our people to show them the benefits and value of research.

Completing kaupapa Maaori research proved to be beneficial for me as the researcher, the stakeholders involved, and, importantly, the rangatahi who participated.

> Kaupapa Maaori within research practice dictates that Maaori tikanga and processes are followed throughout the research, from inception to the dissemination of results to the ongoing relationship formed between the researcher(s) and the research participant(s). We engage with our community and involve them in the research, (Cram, 2021, p. 1)

Knowing every decision made and the entirety of the research was positioned in te ao Maaori worldviews, I felt comfortable as I never walked this journey alone. I had an iwi of people to seek guidance from and knew I would be accountable to our people. Cram (2021) discussed that an important aspect of kaupapa Maaori research is that it seeks to understand and represent Maaori, as Maaori. Therefore, my research and the alignment with kaupapa Maaori has positively contributed toward new knowledge being generated in a culturally uplifting and safe manner.

Making my research culturally uplifting and safe meant I took time for the participants to get to know me and vice versa. Initial recruitment hui involved koorero with staff at the school and a lunch hui with potential rangatahi participants. We began and ended with karakia. I created a space where rangatahi were able to provide their informed consent and felt comfortable to participate or not. This included providing the information sheets and consent forms for them to take away. Some felt comfortable to identify their participation immediately and others took their time to think about the research. All hui were carried out in a familiar and comfortable space for the rangatahi which included the school wharenui, a local café meeting room, and the Maaori class. Having a familiar space for rangatahi to meet contributed to them being more relaxed. I made it very clear there would be no issues if they did not want to participate and provided options for them if they wanted to stay but not partake or if the rangatahi wanted to leave and chill nearby so they did not have to go back to class for that particular block. By offering the latter example, it meant the rangatahi did not have to feel any embarrassment or be questioned from teachers that they returned early and did not complete the hui.

With the usability testing, health care providers chose a space at their respective sites which offered familiarity and ease of access for their busy schedules. Pending on the hui location, we all had a kai together during or after completion of the hui. Initial koorero with participants covered the importance of feeling protected and safe in the hui and the ability to take time out or leave should they need to.

Research with Rangatahi

Rangatahi and young people tend to be under-represented in decision making that involves them, causing an imbalance of power in research that ultimately affects policy decisions and health priorities. A key difference of research with rangatahi (Maaori young people) and research with young people is their positioning within our whakapapa as important members with roles and obligations as part of their whaanau collective (not separate). Powell et al. (2012) explained that like many other minority groups, children's (and young people's) power is often imbalanced and is identified as an ethical obstacle—they have often been silenced, unheard, unprotected, and viewed as "unpeople". The constant lack of representation in research is a global issue for young people. Dobbs (2021) spoke about rangatahi and children as being the least prominent group in social research, nationally and internationally, and having their well-being and health being historically defined and measured in adults' terms, experiences, and perspectives. To fully understand the views and ideas of rangatahi, we as researchers need to ensure we are responsible for placing the power and rights back to them as experts of their lives. The United Nations (1990) highlighted the vital importance of ensuring a child, who can share their own views, be given the right to share their views freely with matters that affect them.

Rangatahi are very much capable and aware of their ability to express their own understandings and viewpoints on a kaupapa. Tuhiwai Smith et al. (2002) discussed young people's insightful interpretations and analyses of our society, and the plethora of solutions they have to offer and willingness to voice those, if invited. Therefore, conducting research with rangatahi is very rewarding and exciting. However, there are a lot of learnings that also come with this process if researchers provide a space for rangatahi to help guide and develop our research and encourage them to be vocal and share their opinions. Webster et al. (2007) explained that research involving rangatahi and young people attempts to hear their voices and allows them to help develop youth appropriate research methods. Providing a space to vocalise rangatahi experiences allows researchers and practitioners to be provided with the raw and honest insight that can often be overlooked. It also contributes positively to ensuring systems and practices put in place become pillars of change in the right direction.

It is important to also understand rangatahi within the context of being a part of a whaanau, hapuu, and iwi. In te ao Maaori, we are a tribal people and a collective where a lot of knowledge and learning is passed down through whaanau. Ware and Walsh-Tapiata (2010) explained that rangatahi are a crucial part of Maaori communities and, as indigenous peoples, they share a common existence as people with a history of colonisation with a passion to preserving their ethnic identity. As Maaori, our individual oranga is connected to the collective oranga of our

whaanau. Understanding the traditional practices of rangatahi being born into a position within whakapapa was acknowledged by myself and the rangatahi throughout the hui. Ultimately, gaining koorero and understanding about the research kaupapa from rangatahi without the inclusion of their whaanau meant rangatahi felt stronger to discuss experiences they would not usually talk about in front of their whaanau. This does not detract from the notion of whaanau oranga, but allows the mana of rangatahi to be prioritised as both an individual and part of a whaanau collective.

> Traditionally, the development, participation, and survival of mokopuna Maaori was protected through cultural practices, processes, rituals and knowledge. traditionally it was within whaanau, where members learnt tikanga, and ture. An ethic of care underpinned whaanau practices and protocols. Responsibilities and obligations were maintained, and behaviour was controlled through tapu and makutu. Any action that disrespected the mana of an individual, also harmed the wider whaanau. This resulted in a restorative process of appropriate redress, to restore the mana of those impacted. (Page & Rona, 2021, p. 1)

Rangatahi lead complex lives and there is a strong need to understand the various social, whaanau, and personal commitments. Barbarich's (2019) koorero about rangatahi is still accurate and relevant. Rangatahi feel they do not receive the opportunity or have the right to participate in research that affects them, posing a huge disadvantage for rangatahi overall. To provide context of the complexities in the rangatahi lives, some of participants' commitments included, but were not limited to, involvement in sporting activities, extracurricular activities, and after school employment. In addition, rangatahi had whaanau requirements to provide support around the home such as helping with younger siblings, cooking kai, or doing household chores. I was required to take into consideration all the commitments rangatahi had to ensure the scheduling of hui and waananga were at optimal times to cater to meet their various needs. I also needed to be in a position of flexibility with my schedule to cater to rangatahi availability.

Rangatahi dialogue and terminology continuously evolves. This meant it was crucial when working alongside them that I understood their ways of communication and banter, thus being able to make stronger connections and know exactly what they were talking about. There were many conversations within the hui and waananga that I could comprehend. However, there were times when I was unfamiliar with new terminology or expressions. In these circumstances, I asked rangatahi to explain these further. In doing so, I gained a better understanding of the

new terms, and it meant I was not putting an adult interpretation on their examples. Rather, I was ensuring the rangatahi voice was privileged and their true words were being captured.

Ensuring rangatahi can freely discuss issues that are affecting them is crucially important to capture through hui and waananga. Dobbs (2021) explained that waananga allowed rangatahi to guide the korero, resulting in knowledge transference and reciprocity between the rangatahi participants and researcher. Within this research, the benefits of having waananga with the rangatahi meant I was able to take up their suggestions and feedback to alter our sessions that were broken down throughout the day and show them they were being heard. By adapting to new suggestions, I found rangatahi were more receptive of sharing their views and opinions and became open and spoke honestly about the good and bad experiences they encountered in health services.

A significant learning from the hui and online waananga was the importance of providing a safe space for rangatahi to have genuine and thought-provoking discussions. The safe spaces for rangatahi included gathering at a familiar location (e.g., school wharenui, local café, classroom) where I was able to maintain privacy and ensure there would be minimal disruption for rangatahi. Rangatahi were also able to pull out mattresses, sit on couches or bean bags to feel more comfortable instead of sitting around a table. The conversations held led to the discussion of varying examples and highlighted key points that are not usually shared. This reinforced the need to provide a space for sharing is integral. I found it much more achievable when the gatherings were face to face.

However, adapting to the online platform came with its own challenges when conducting research with rangatahi. Because of the COVID-19 pandemic isolation measures in Aotearoa over the past two years, rangatahi had become accustomed to classwork being digital; although being a part of a research group in their own separate spaces and working together online meant we had to produce solutions to ensure they felt safe and comfortable enough to easily converse with the wider group. As the researcher, I also had to factor in the ability of rangatahi to participate in the waananga from home and be able to have a quiet space where they felt secure to discuss their complex experiences when seeking help from health services in Aotearoa. To combat these new challenges, I used break-out rooms, the direct chat option on Zoom, and continued to remind rangatahi that if they felt uncomfortable or needed a break, it was acceptable. The participants and I also discussed a variety of self-care options which helped them think of things to do if they felt overwhelmed or tired from working online.

Overall, the ability to conduct research with rangatahi was a truly valuable experience as they are our future. There is a huge need to continue working **with** rangatahi to ensure decisions made about them are beneficial and cause no harm. I strongly agree with the koorero from Tisdall (2015) who explained that strong advocates in the field of children's wellbeing value children and young people as research participants as opposed to solely relying on parents and health care providers to determine what needs to be done for support, how it should be provided, and how these key areas should be measured.

Understanding the Health Service Experiences had by Rangatahi

Throughout my research, when the rangatahi felt comfortable enough, and had made a connection with me as the researcher, they talked considerably about their experiences. The koorero included their experiences of engaging with health services publicly such as general practice visits, hospital visits, sexual health clinics, and within the school settings, for example, seeing the school nurse, counsellor, or physiotherapist. Gaining insight into the rangatahi experiences in these various settings was valuable as the passion for what they viewed as acceptable and unacceptable engagement really shone through. Peiris-John et al. (2020) highlighted the need to access private and confidential health care as a necessity to support good health and wellbeing and promoted the establishment of lifelong relationships between health care providers and rangatahi. Peiris-John et al. added that young people are less likely to disclose personal health concerns if they lack confidence in the health care providers' abilities to maintain confidentiality.

Sokratov and O'Brien (2014) explained that positive engagement with rangatahi is important to increasing outcomes. Numerous tactics were undertaken including providing services to rangatahi in locations that were rangatahi-focussed and accessible . Rangatahi explained a positive aspect included the health care providers being welcoming and attempting to make them feel comfortable during their visit. If the initial engagement made rangatahi feel "off" or not welcome, then they knew the visit was not going to be as beneficial for them in ensuring their health needs were met. This pivotal encounter has the potential to improve rangatahi receiving accurate health care and can significantly impact their adherence to treatment. Secondly, rangatahi knew that if they were being listened to during their consultation times, they felt much more comfortable to open-up and freely discuss any health concerns or events in their life that they were going through at the time. Creating a safe space for rangatahi to share their health concerns or needs with health care providers would greatly increase the effectiveness and uptake of proposed treatment plans.

Rangatahi were very open and honest about the negative experiences they have had and the various implications of such experiences. Such examples included not feeling reassured about confidentiality and safety. Peiris-John et al. (2020) also had similar experiences in their Youth'19 research where they found that fewer than half (44%) of rangatahi Maaori accessing health care in the previous year were assured confidentiality by a health care provider. There has been no notable change since 2012 with similar rates for Pacific and Asian young people. Another prime example that rangatahi confidently discussed included being treated as if they did not know anything and being palmed off without their needs being addresses. Fleming et al. (2020) explained that lack of assistance to deal with health issues was viewed as a problematic by many. Having an interaction like that, negatively affected rangatahi and resulted in them shutting down and ultimately not pursuing further help to support them with their health and wellbeing.

The impacts of rangatahi having a negative experience with health care providers goes beyond them shutting down. These bring about a snowball type of affect that results in their overall wellbeing to be affected and causes a lack of trust and respect for health care providers in general. A reflection of the negative experiences for rangatahi within my research included them ceasing engagement with a health care provider—either as an individual or the entire service, not wanting to seek further support, or talking with their whaanau to decide how to remedy the situation. These experiences are a shown in the multiple deficit health statistics for Maaori rangatahi (Ministry of Health, 2021a); yet, the causes and attributors are not identified and Maaori continue to have worsening health.

Gatekeepers, although not the term used by rangatahi, are generally the first people they interact with and "control access" to the health service. Peiris-John et al.'s (2020) koorero about access to health care for those living in low-income areas continue to be a significant barrier and an ongoing concern for youth. Experiencing barriers such as gatekeepers for rangatahi and their whaanau can result in health needs being unmet and a growing concern. Peiris-John et al. explained that, particularly for Maaori, health inequity remains stubbornly strong and appears to be worsening.

Rangatahi referred to receptionists as the first point of contact in any health care provider and are the ones who set the mood for their health seeking experiences. Rangatahi referred to the gatekeepers they had experienced as people who clearly hated their job and would project that onto the rangatahi and their experiences. If rangatahi experienced a form of gatekeeping, especially when they had taken the courage and strength to seek support from a health care provider, they felt uncomfortable and unwilling to return to the health service. They simply do

not want to deal with people like that. This was a common theme that came across with the rangatahi in the hui—they simply do not want or need to deal with gatekeeping experiences, especially when attending an appointment was already a huge accomplishment.

Overall, rangatahi mentioned both positive and negative experiences they have had when engaging with health services. Discussing some of these interactions were quite tricky for the rangatahi as it made them feel terrible about speaking poorly about experts. However, these rangatahi ultimately felt safe and comfortable within the research to be completely open during the hui and share their raw feelings and experiences they had encountered.

Racism and Racial Profiling of Rangatahi

Racism and the racial profiling of the rangatahi in many forms has been highlighted considerably throughout the findings chapter of my thesis, and is also mentioned in the literature. Greaves et al. (2021) stated that rangatahi Maaori continue to face considerable ongoing impacts of colonisation, racism, and inequality.

Rangatahi face a raft of racial discrimination throughout many aspects of their life including health and education (Greaves et al., 2021; Harris et al., 2006). It is unknown whether the prejudice arises from their age, ethnicity, or socio-economic position that makes health care providers and adults feel they have power over rangatahi and are the experts in these situations. Harris et al. (2006) described a significant body of research suggesting racism may result in major health consequences. What is evident through carrying out this and previous research I have conducted, is that for rangatahi Maaori and other Indigenous young people, cultural connectedness plays a significant part in their reactions and responses to racism they received. Such examples are supported by Priest et al. (2011), who discussed how the latter stages of adolescence is when experiences of racism can result in increased psychological distress for young people.

Rangatahi have discussed how the colour of their skin has made initial experiences pleasant until their ethnicity has been identified and then treatment drastically changed. Other examples included being immediately judged and questioned about their integrity of needing medication or support. These explicit examples have further added to the stigma that rangatahi already felt because of their whakapapa Maaori. Cave et al. (2020) highlighted racial discrimination as a known contributor to disparities in health within and between populations worldwide by restricting access to resources and triggering acts of interpersonal racism, which then negatively

affected their health through either direct adverse physical effects from racial violence or indirect effects such as a chronic or an severe stressor.

Exposure to racism and racial profiling for Maaori has been an intergenerational experience that has led to various forms of trauma and contributes to the alarming health statistics for Maaori as a whole. Mohajer et al. (2009) highlighted that the most obvious form of trauma was racism, with the young people practically being sorry when revealing the role racism has played in preventing their engagement in the education and health systems. For rangatahi who are at a sensitive time in their lives where they are finding out who they are as an individual and a part of society, experiencing racism within the health system is a significant setback for them.

Cultural connectedness and involvement are determining factors in the approach taken to address and call out these negative experiences for rangatahi and their whaanau. If rangatahi and their whaanau are immersed in any form of their culture, they felt stronger and more able to call racism and racially profiling out for what it is. Kooreo from the rangatahi hui, waananga, and usability testing with health care providers highlighted links between being connected to one's culture offers a level of understanding to pick up on racial cues. Soldatic et al. (2021) discussed how Indigenous young people are potentially at increased risk of exposure to racism if they lose their connection to culture. Some rangatahi and whaanau who have been disconnected from their culture, for various reasons, lacked the necessary strength, knowledge, or courage to address these types of racial exposures, and, therefore, disengaged from seeking support or shut down. Barbarich-Unasa and Wilson (*in press*) concurred that rangatahi who experience loss of connection to their culture tend be exposed to the effects of stigma, discrimination, and implicit or unconscious bias more than their peers. Alternatively, Muriwai et al. (2015) discussed the importance of cultural efficacy and culture as a cure.

It is important to note that rangatahi responses originate from their personal experiences they specifically had with health care providers, and that their understanding of systematic issues or violence is not at the forefront. However, after analysis of the koorero provided, there are clear examples of intergenerational trauma and systemic processes causing issues for them. Walters and Seymour (2017) stated systemic and structural racism have profoundly caused historical trauma for Maaori and their health. Rangatahi having to experience despicable interactions at the hand of the health care providers and through the health system has negatively affected their overall health journeys and resulted in them not wanting to speak with health care providers or seek help for their various health concerns. This, in turn, creates a snowball affect where rangatahi have undiagnosed medical concerns and turn to a form of self-treatment with

the use of drugs and alcohol. These forms of self-medicating place rangatahi in more harm and adds further cost and strain on the public health system. Lindsay Latimer et al. (2021) pointed out that institutional racism centres many challenges and shapes the context of marginalisation and negative interactions with healthcare. Theoretically, this is an avoidable situation that could be corrected and addressed earlier had the rangatahi been exposed to a caring and nurturing environment where their health care providers were genuine and wanted to support rangatahi in addressing their health concerns.

Within my research, there was a lot of heavy koorero discussed from the rangatahi and health care providers about the various forms of racism they had encountered personally or through a whaanau member or friend. Providing a place where rangatahi can fully open-up and explain their experiences whilst being able to safely vent and express their frustrations proved very positive. This prompted rangatahi and health care providers to shed light on the racial encounters they have gone through and contributes to combatting the issue of racism head -.

Rangatahi Ora

Research suggests that Indigenous cultures inform Indigenous paradigms and methodologies, which need to be opened to include the voices and knowledge systems of "subgroups within Indigenous essentialised cultures potentially excluded within the already marginalised Indigenous cultures and research paradigms" (Chilisa, 2012, p. 25). Rangatahi ora refers to the overall wellbeing and health of our young people and is inextricably connected to whaanau ora. Rangatahi ora is integral to acknowledge and understand as part of working alongside rangatahi, especially in the health care setting.

Bradshaw et al. (2006) explained the following:

> That from a child's rights perspective, well-being can be defined as the realisation of children's rights and the fulfilment of the opportunity for every child to be all they can be. The degree to which this is achieved can be measured in terms of positive child outcomes; whereas negative outcomes and deprivation point to the denial of children's rights. (p. 8)

Ultimately, for rangatahi, if their overall oranga is not addressed nor identified, their needs are not going to be met. Being youth focused is an integral part of working with rangatahi Maaori in any forum. However, in health it is even more essential to consciously work in this manner to ensure the ora of rangatahi is effectively addressed. Te tuakiri o te tangata (rangatahi internal

attributes) impact how they feel; therefore, a crucial aspect as a health care provider is to ensure the appropriate steps are taken to support and help rangatahi identify what they are going through.

Rangatahi identified examples where health care providers were not working in a youth focused manner by describing their engagement and approach in a negative way. These examples included the use of language, micro-skills such as questions being asked, and the way in which the rangatahi were being looked at. Rose et al. (2021) found similar findings, stating

> Young Maaori less often reported feeling welcomed by reception staff, having their name correctly pronounced, and feeling that the nurse/doctor understood their needs. Similarly, young people reported fewer positive experiences than their peers who were in employment/ education. Maaori participants were more likely to place greater importance on factors related to ease of access than European, yet fewer reported being able to access sexual healthcare easily. Similarly, young people were less often able to easily access sexual healthcare compared to those in employment/education. (p. 125)

Fleming et al. (2020) explained that "the rangatahi wanted adults to reach out to young people, rather than relying on the young person to always ask for help. Many talked about need for accessible early intervention services for mental health problems" (p. 4). If a health care provider does not approach a situation and use rangatahi friendly language, they are not going to gain a whole picture of the issues the young people are facing. In fact, the rangatahi will only give a short snippet of what is going on, thus receiving treatment or support that might be ineffective.

Interpersonal causes such as how adults can minimise the rangatahi perspectives, societal attitudes of rangatahi impacting health care providers' professional behaviours, and stereotypical views all lead to barriers in the health care system for rangatahi. These barriers identified result in negative impacts for rangatahi and their overall wellbeing, thus causing more harm and inflicting trauma. Rangatahi explicitly shared examples that spoke to the seriousness of the assumptions and accusations that were made by health care providers. Such assumptions and accusations are also outlined in the findings chapter. However, assumptions and accusations included family abuse and self-harm that had serious consequences for rangatahi, especially when acted upon and escalated.

The experiences discussed from the viewpoint of rangatahi were extremely serious as they showed the assumptions made meant the health care providers were not listening to them. In hindsight, these health care providers put words in the rangatahi mouths, resulting in the

rangatahi not wanting to continue engagement. Also, these actions had potential destructive consequences on whaanau relationships. Therefore, not only do these interpersonal causes have serious setbacks for the rangatahi, but they are potentially severe in consequence if health care providers acted on their unvalidated assumptions. Detrimental consequences for rangatahi and their whaanau include being subjected to inappropriate out of home care and interventions.

Fleming et al. (2020) identified that:

> Young people wanted adults to listen to them, to try and understand their point of view, and, importantly, involve them in decisions affecting their future. Rangatahi wanted to be heard and taken seriously at home, at school, and across the country. There are strong requests for young people's views to be sought, valued, and acted upon. p. 4).

Irrespective of health care providers' stance, due diligence is required to fully support rangatahi and provide a service that understands and empowers rangatahi ora. A mana enhancing approach for health care practice is required to comprehend rangatahi and gain their trust, which, in turn, will help to improve their ora. Such an approach leads to positive outcomes and ensures the health needs of rangatahi are competently met without causing further harm.

Research During a Pandemic

On March 25th 2020, Aotearoa went into the beginning of multiple lockdowns in the Auckland region for the next two years. This sudden and unexpected event meant my entire PhD journey was conducted throughout a pandemic. Having to go through a pandemic with a young baby caused immense stress and the uncertainty of the situation altered every plan. The effects of COVID-19 for my research created many hurdles and resulted in a significant amount of problem solving to ensure we kept up with the current guidelines for COVID-19 generally, and the research requirements set out by the government. These everchanging guidelines ultimately meant I had to revise original plans at various phase of the research. Mourad et al. (2020) explained that the challenges of conducting research during a pandemic resulted in a number of considerations arising and the difficulty of finding the right balance between clinical trials going ahead and reducing the risk of transmission.

One significant change for my research was during Phase Two. I had planned and organised a kanohi ki te kanohi waananga with rangatahi from Taamaki Makaurau and the Hauraki area. New variants of COVID-19 (Delta and Omicron) had been discovered which halted research involving face to face contacts. To overcome this hurdle, a decision was made with my

supervisors and in consultation with the rangatahi participants to move our waananga online. Some researchers have identified benefits of moving data collection and recruitment online such as Villarosa et al. (2021) who highlighted that due to the advancement of online technology, research has emphasised the ability for online recruitment methods in health research.

This decision meant I was still on track with the research but came with its own challenges. These challenges included upskilling facilitation skills to keep the rangatahi actively engaged online, using breakout rooms so rangatahi were able to freely discuss the kaupapa and koorero amongst themselves without the facilitators constantly being around. This was an attempt to reflect the process that would have been carried out at an in-person waananga. We also had to break the days down to short 90-minute sessions to ensure the rangatahi were not overwhelmed and had the ability for multiple breaks and refreshers. Ice breaker challenges and rejuvenation games were customised to keep up energy levels, and allowed for facilitators to break up the contents, especially when the koorero was heavy.

Throughout the data collection phases of my research, I became heavily reliant on technology as rangatahi were not in schools and so regular communication was held through social media applications such as Instagram and Facebook. The challenges that arose from these forms of communication meant that I was now trying to connect with rangatahi who would usually be in classes and have a school lead to relay information and organise an applicable time for the groups to meet but were now working during school hours to help support their whaanau and experiencing altered times they were to attend classes due to significant online learning changes.

Another key aspect was the fact that my research covers rangatahi participants from two rohe (Taamaki Makaurau and Hauraki). The rangatahi in Taamaki were closed off to the rest of the country, with police borders blocking any entrances and exits north and south of the region. This localised lockdown lasted four months and meant I, along with many others, were not able to cross the border and conduct face to face research. While the rest of the country switched between levels two and three, and those outside the Auckland border were able to freely travel, I was restricted in meeting up with the remaining group of rangatahi.

I am a volunteer fire fighter in my local community which also made me a medical co-responder. In order to protect my family in my home I chose not to embark on any research in person. I remained in close contact with the rangatahi in the waananga phase and would regularly check in to gauge their views via a person hui, delaying the waananga or moving online. Rangatahi all

agreed that they would prefer to meet online because of the spread of the Delta variant of COVID-19, which was a rife in many communities and they were fearful.

Although waananga kanohi ki te kanohi was the preferred method, for safety and the progression of my research it was preferable to move digitally. I had lengthy conversations with my supervisors, rangatahi participants, PhD advisory group, and my cultural advisor to ascertain what an online waananga would look like. With everyone's support, I set a date, confirmed it with the rangatahi and the graphic recorder who would be present, and began altering the programme to suit.

Moving to a digital waananga I knew would pose several challenges as keeping rangatahi engaged for an extended period of time can be difficult. Granted the rangatahi were very familiar with online school since the worldwide pandemic began, I knew my research team would still face obstacles. Howlett (2022) explained that the pandemic has forced researchers to re-think their research approach. Challenges faced in my research included the number of participants who identified their interest in participating, reducing from 15 to eight who attended and a further four who kept up communications within the group chat. Other challenges included rangatahi not being awake early enough for the agreed time, having other commitments that popped up which meant they were available for part or none of the waananga, and others faced technical difficulties. Despite these challenges, a plan was created to have short sharp sessions. For those unable to attend the waananga, they were able to provide feedback from updates posted on our Instagram chat group. A short overview of what the waananga looked like moving online included:

90-minute session: mihi, karakia, whanaungatanga, presenting findings from Phase One, ice breaker

Break (30 minutes)

90-minute session: team bonding game, discussing what health means to them, talking about rights in health, experiences when accessing health services

Break (30 minutes)

90-minute session: team bonding, discussing how rangatahi would like health practitioners to engage and work with them

Overall, the challenges and adversities created by the pandemic have made me stronger as an emerging researcher as I am much more equipped with managing constant change and the

various hurdles that subsequently arose. I have also gained a stronger sense of online facilitation skills and have learned different approaches to working with rangatahi digitally.

Co-Creation of a Strengths-Based Resource with Rangatahi

The major output of this research has been the creation a resource called *Areare Taringa Mai! (Let me be heard!)* and is a set of guidelines that has been co-created with a group of rangatahi participants. Greaves et al. (2021) highlighted the fact that rangatahi Maaori face significant health inequities and there is increasing demand for Maaori-specific evidence. Such evidence can better support programmes and policies to create services that are Te Tiriti o Waitangi compliant, culturally safe, and relevant for rangatahi and whaanau. The guidelines, *Areare Taringa Mai! (Let me be heard!),* created as part of this research, are intended to be used as a tool for health practitioners to better support and engage with rangatahi throughout their practice.

The journey of co-creating a resource with rangatahi was educational, rewarding, and enjoyable as I was in a position where a group of rangatahi had complete trust and faith that I would make sure they were being heard and their needs highlighted. Dobbs (2021) discussed the co-construction aspect in her mahi with taitamariki Maaori as being underpinned by a belief that taitamariki have the inherent capacity and capabilities to make meaningful contributions to matters that affect their lives. They are the subjective experts on their own lives, they know what is important to supporting their health and wellbeing, and what is relevant for their life stages. Understanding that rangatahi are the experts of their own lives is important to acknowledge and relates strongly to my research. I am at least 15 years older than my participants and what was crucial for me in my rangatahi years has changed dramatically over time. Therefore, what I think is important might not be of the same or similar importance for rangatahi, likewise with specific wording used.

The chosen method of co-creating a resource with rangatahi, that is the waananga, was preferential as it allowed them to have mana motuhake (autonomy, self-determination) and tino rangatairatanga (self-governance, sovereignty) over their decisions, input, and experiences. *Areare Taringa Mai! (Let me be heard!)* was produced in a space that presented rangatahi whakaaro about what health care providers need to know about them and, more specifically, how to interact with them. Co-creation meant I sat alongside the rangatahi, and we openly discussed ideas, what they viewed as effective engagement, and how they felt they could be better supported through their health journeys. I supported them by asking questions to get their thought processes running and reminded them of the findings from the Phase One hui. The

rangatahi also had their peers at the forefront of their suggestions because it was important for them to include and mention the importance of experiences held rangatahi wide.

Areare Taringa Mai! (Let me be heard!): A Training Resource for Health Care Providers

Throughout all phases of this research (hui, waananga, usability testing) common koorero that came through was the need for *Areare Taringa Mai! (Let me be heard!)* to be utilised as a training resource. Health care providers requested the guidelines be utilised as a training resource for current health care providers and students in the health sector. Health care providers' thinking behind the guidelines as a training resource have been discussed in the findings chapter. However, rangatahi and health care providers from the hui strongly felt there is a need for *Areare Taringa Mai! (Let me be heard!)* and would be an asset for their education and empowering those in the health sector to better understand how to effectively work with rangatahi.

Health care providers in the usability testing phase discussed their concerns held for new graduates and current health care workers. There is common understanding that new graduates and first-generation New Zealand health workers do not have a strong understanding of te ao Maaori and how to work alongside the tangata whenua. Likewise, for health care graduates, there are minimal hours taught in lectures that discuss Te Tiriti o Waitangi, Maaori health from a mana enhancing approach, and te ao Maaori and tikanga Maaori perspective. This caused great concern for the health care providers as they worry about effective health care being provided for our people. The common consensus for *Areare Taringa Mai! (Let me be heard!)* to be used as a training guide is a beginning step and the minimum expectation held by the participants. These guidelines have the potential to provide well informed training and understanding to better equip all who are entering the health work force in Aotearoa.

Strengths and Limitations of the Study

Within my research there have been many strengths and considerable limitations. These have both impacted the way in which I had to carry out various aspects of the research and altered parts of the proposed plan that had been structured in 2019, before the COVID-19 pandemic.

This research has been strongly grounded within a kaupapa Maaori research framework and positioned within two iwi and localities that I whakapapa to—Waikato-Tainui and Ngaati Paaoa. Therefore, my research is firmly grounded in Waikato-Tainui tikanga. Undertaking this research in the areas I whakapapa to allowed me to give back to my people. However, for the most part,

it also meant that I came as an insider researcher. I gained access to rangatahi participants through whanaungatanga and previously built relationships within the rohe. Being an insider researcher brings a significant responsibility as I needed to ensure, even more so, that the research was going to be beneficial for the rangatahi participants and be a positive addition for our people.

Being identified as an insider researcher comes with great responsibility to ensure care is taken for our (Maaori) people, that we provide a setting to empower their voices, and we do not cause harm to them, while balancing the requirements of a Western institution. Smith (2015) stated that what Maaori have, along with other Indigenous peoples, is a distinct knowledge tradition that sits outside western views of knowledge. This is a strength for my study as I found a lot of the koorero provided from both rangatahi and health care provider participants to reflect similarly to what I know from growing up around tikanga and te ao Maaori ways. Tauri (2014) explained that, as Maaori, we have the right to determine how both insiders and outsiders research with our people. It is crucial to note that just because I was an insider researcher, it did not mean I had an automatic ticket to carry out my mahi. I had to prove myself and give the opportunity for my participants to be comfortable and accept me. A limitation of being an insider researcher, however, is the extra "tick box" hurdles we (Maaori or Indigenous researchers) are put through within our academic institutions in order to achieve ethical approval. These hurdles cause unnecessary stress and highlight the need for a stronger skills base on these types of committees. Tauri explained that the Indigenous critique of research ethics boards highlights the Eurocentric processes and a board that often lacks adequate experience in Indigenous research which results in an overreliance on tick box approaches.

The use of kaupapa Maaori to guide the entirety of my research has meant every decision made, and engagement with all participants and stakeholders, has come from a mana enhancing approach. Utilising a research method that ensured rangatahi Maaori were the centre of the research allowed tikanga, manaakitanga, and whanaungatanga to be woven throughout the research process and resulted in the protection of the rangatahi voices. Kaupapa Maaori research—for Maaori, by Maaori, with Maaori—is valuable and ensures a holistic approach was taken throughout the study that would not cause participants harm; rather, it encouraged a process that empowered the rangatahi.

Connecting with rangatahi and having their involvement throughout my PhD journey is another strength that has been valuable in carrying out the research and finalising the thesis. Despite the disruptions from the pandemic, I was able to effectively engage with rangatahi from the

Hauraki and Waikato-Tainui rohe. The skills required to engage with rangatahi through multiple online waananga, that initially was to be held kanohi ki te kanohi, were important to understand. Not only did I and rangatahi have to ensure we were available to meet together online, I had to discuss with my supervisors and PhD advisory group about changing my way of facilitation and seek guidance to ensure the rangatahi were able to freely communicate amongst their peers in a safe space that made them comfortable. Fortunately, adapting my facilitation skills and data collection methods proved to be positive and resulted in the co-creation of a resource that empowered rangatahi so they could have a voice and ensures they were being heard. Despite connecting with rangatahi being a strength with the research, the non-inclusion of whaanau can be seen as a limitation as rangatahi are not seen alone but as an integral part of a whaanau collective. Therefore, the full context of whaanau environments in which rangatahi have grown up and the how these influence rangatahi values and experiences and intergenerational trauma have not been fully explored.

Engaging with health care providers to test the effectiveness of the resource that had been co-created, initially proved to be a process that required a lot of changes, last minute rescheduling, and working between online and kanohi ki te kanohi hui. Many of the health care providers were seconded to other positions in response to the latest outbreak of Omicron and changes to their usual working hours or inability to meet in person were some of the setbacks I had to overcome. However, these minor alterations came with great learning and gave an insight into how various health care providers work and the demands placed on them. The overall result from engaging with the various health care providers has been valuable. Having their input allowed the rangatahi to see and understand another view of health and shed light on the valuable resource they helped create.

On a personal level, being responsive and reflective in my research approach has been incredibly valuable throughout my research journey. I have two supervisors who I greatly respect and value their feedback. Having such a strong bond and relationship with them I was able to consider alternative viewpoints and take on board their advice to strengthen my research practice. The use of a cultural advisor who is an expert in her own field and provided pivotal support for the entirety of my research has been another asset towards successfully completing this research. Not only was she able to support me in areas where I lacked, such as te reo Maaori, she was also able to support with facilitation skills learned over the years of teaching to effectively engage with the rangatahi. Lastly, having a research advisory group to work alongside me on this journey is another strength and key recommendation for anyone carrying out research. The multidisciplinary team supported with tikanga, their respective professional experience and

academic backgrounds, and were an amazing group that I was able to lean on for support and advice. Being responsive and reflective in my research approach meant that I took on board the feedback and suggested changes provided, but was able to see and understand where they came from. I was also provided with the opportunity to gain insight and understanding into other areas of health and wellbeing that I have not had before. Being open and responsive to others' feedback, experience, and specialties has strengthened my research immensely and increased my knowledge in a positive way.

There has been one significant limitation on my research that has created minor snowball affects and that is the COVID-19 pandemic. When the research was planned, there was no consideration in place for a pandemic. However, early in the research, in 2020, a pandemic was announced and the government's decisions around nationwide and then localised lockdowns meant I had to consider various options for data collection. These were unknown times and new ways of working caused much stress and uncertainty for the research process. I had to reschedule engagement and advertising with schools as they manoeuvred through new policies and procedures, which caused delays in research advertisement, participant recruitment, and data collection. The biggest impact these changes had on my research were the waananga. Initially we had 20 rangatahi who were interested in partaking in the waananga and self-identified as being a part of the Phase Two rangatahi advisory group. As these waananga were scheduled, an unanticipated nationwide lockdown was announced in August 2021 for 2 weeks. Auckland was then locked down for a further 3 months. As there were rangatahi from the Auckland region involved in Phase Two, a discussion was held with the rangatahi and a decision made to move the waananga online. Not only were these rangatahi having to now deal with schoolwork online, but they also had to help babysit their younger siblings or head off to work to support their whaanau. This meant the research was understandably not a priority, although the rangatahi were still very much interested in taking part. As a group, we decided to hold the waananga online in short 90-minute sessions on a date that majority were available. Unfortunately, with life, many situations pop up and Phase Two had six rangatahi who attended all the waananga. This limitation meant that there was not as wide of a rangatahi voice as initially predicted; however, the koorero and creation of the guidelines resource has been invaluable. In order to accommodate for the rangatahi who were unable to attend the waananga, updates were sent out regularly on the group Instagram chat and feedback was gained that way. This ensured we were still empowering the voices of all the rangatahi who were wanting to be involved in Phase Two.

Another limitation for the study has been the ability to carry out usability testing with non-Maaori health care providers. This is due to the extensive strain placed on the New Zealand health care system and new policies put in place that has limited “outside” people and research to be conducted. I was able to gain a strong perspective from kaupapa Maaori health care providers with all participants being Maaori; however, I only elicited the perspectives of a smaller number of Tauiwi providers.

Conducting this research and identifying the strengths and limitations has been a positive aspect for the study. Although COVID-19 had significantly impacted a few ways data collection and waananga were held, the overall results have been a valuable addition in the field of rangatahi health.

Recommendations for Future Research

In this study, rangatahi Maaori have been given the opportunity to express and discuss their experiences of engaging with health services in Aotearoa. This research is a beneficial and ground-breaking addition to the field of rangatahi Maaori health. However, more research is still required in the field of rangatahi engagement in health services.

Rangatahi involved in the research discussed access and engagement with staff at hospitals, general practitioners, dentists, psychologists, counsellors, and school health clinics. Although they have provided valuable koorero about their different experiences, there is still a noticeable gap in the locations where services have been accessed. It is predicted that similar experiences would have occurred across the country by rangatahi Maaori. However, to fully understand the extent of the interactions, requires participants from more localities.

As discussed above, furthering this thesis by engaging with more rangatahi from various areas of the country and walks of life, would highlight diverse experiences and contribute to further training and resources being provided. With the ultimate goal of increasing effective and positive engagement for rangatahi when accessing health services, this research is contributing towards opening up the koorero for change and improvements being made in a holistic approach.

Conclusion

In this chapter I have highlighted the journey that has been undertaken for the last three years, the experiences had, and the changes that had to be made along the way. Rangatahi Maaori have been at the forefront on this entire research and every decision has been about

empowering who they are, their life experiences, and contributing toward a positive change that will benefit all rangatahi and their health seeking experiences in Aotearoa.

He taonga rongonui te aroha ki te tangata

Goodwill towards others is a precious treasure

(Kingi Potatau Te Wherowhero cited in Woodward Maaori, 2022, p. 1)

Waahanga Tuaono: Kawariki – *Conclusion*

Ma te huruhuru, Ka rere te manu

Me whakahoki mai te Mana ki te

Whaanau, Hapuu, Iwi

Adorn the bird with feathers so it can fly

(Whaanau Tahi, 2019)

The conclusion chapter is the final part of my doctoral thesis. This is where I bring the entire journey together and provide concluding statements to wrap up what has been a whirlwind of positive emotions, struggles, and resilience.

Within this closing chapter I present the learnings from my research journey by revisiting the research, the research question and aims, and placing significant emphasis on the importance of understanding rangatahi views towards positive engagement in health services. Key findings and messages from rangatahi will be discussed along with highlighting *Areare Taringa Mai! (Let me be heard!)* the resource co-created with rangatahi, recommendations for future research, and, finally, tying the thesis together with concluding remarks.

Revisiting the Research

Within my PhD research, I set out on a journey situated within a kaupapa Maaori framework to truly understand rangatahi perspectives on engagement processes with health services in Aotearoa. Working with rangatahi in secondary school settings and through previously established networks, I wanted to ensure I incorporated a variety of year levels within the ages of 16 to 18 years (inclusive) to allow for a good mix of perspectives from the rangatahi and their respective age group. I also hoped to have an evenly mixed group of rangatahi from gender groups and that residences—both urban and rural settings. To my knowledge, I achieved a good range of year levels. However, the gender groups leaned more toward rangatahi identifying as waahine (female) and there were more urban rangatahi than rural. I was, however, fortunate to have very vocal taane (male) within the hui which helped to combat the lower numbers.

Upon carrying out my research I was met with a few barriers that required a lot of thought, koorero and consultation with my supervisory team and PhD advisory group. Some of the barriers included responses to the ethics committee where I had to address concerns they had which were already incorporated into the original ethics forms and supporting documents provided. A major barrier was, of course, the world-wide pandemic, COVID-19, which resulted

in social distancing measures being implemented, nationwide lockdowns, and the message of staying home to save lives being applied by the New Zealand Government in 2020. Due to the pandemic and government requirements, the timeline identified for data collection had to be amended and then continuously altered to ensure the continued guidelines were adhered to. This meant some rangatahi who initially wanted to participate in the research were unable to due to having other commitments such as part time employment to support them and their whaanau, taking care of siblings, or simply trying to stay afloat with online schooling. Through the entire research, I had to always stay updated with the government restrictions and guidelines, and be mindful of each individual school setting requirements. Some schools were not allowing any outside people onsite until level one of the COVID-19 response plan; others were not letting people onsite for the entire year; some were happy for me to be onsite if I was fully vaccinated. I found these aspects tricky because we were theoretically living in a new world, had to find ourselves, and remain unified through the unknown. Despite all the uncertainties and not knowing the real impacts on my research—which is very difficult for someone like myself who thrives off preparedness and planning—I feel that I was able to complete my research in a timely manner and of a high quality. This success was of course not mine alone and closely supported by the rangatahi, my supervisors, and PhD advisory group.

Revisiting the Research Question

In wrapping up my PhD journey, it is crucial to revisit the research question, both to remind you, as the reader, about the goal of the research, and to provide an update on whether the question and aims were met. This aspect also ensures that I, as the researcher, stayed true to the hiikoi that was embarked upon and remained consistent in my practice. The research question examined in my thesis is:

"What do rangatahi want when they engage with health services in Aotearoa?"

I identified the following aims as a guide to support the research question:

- To identify what rangatahi need to improve their experiences when engaging with the health sector.
- Facilitate a co-created model of engagement with rangatahi and health services in Aotearoa.
- To produce a rangatahi engagement framework on how best to access, use, and interact with health services.

Through the research that I have carried out since January 2020, I have had the privilege to meet and koorero with 40 rangatahi to ascertain their perspectives on what they want when they

engage with health services in Aotearoa. Hui have allowed me to identify what rangatahi need and consider important for them to improve their engagement within the health sector. The facilitation of a co-created model of engagement for rangatahi and health care providers in Aotearoa was completed by carrying out online waananga with rangatahi to ascertain their views, wants, desires of what the ideal engagement would be to support their health and wellbeing. This also led to talking about examples of experiences—good and bad—rangatahi have had with health care providers. Having these examples are valuable for my research. The study has provided a space for many rangatahi to open-up about their feelings and what their experiences have meant for them, and to show the health care providers that personal views and systematic processes have significant implications on rangatahi, their overall health and wellbeing, and has potential effects on their whaanau. Finally, the production of a rangatahi engagement framework has seen the design and creation of a resource that is a set of guidelines for health care providers working with rangatahi to better support and engage with them.

I strongly feel that the goals I set out to accomplish within my research have been achieved to the best of my ability. However, when one identified gap within research and literature is filled, another takes its place. Hence, I feel there is still a lot of mahi that needs to be planned and executed, and further research should be conducted to explore further effective approaches to support rangatahi health and wellbeing. These future plans will allow for a follow on from my current research with a considerable aim to complement and add to my current findings.

Key Points in the Thesis

I feel it is important to identify key points in the research to provide a short summary of contents as I bring the entire thesis together. Maintaining rangatahi views throughout the study promoted a sense of personal connectedness to the kaupapa—it is in the hearing of 'real people's' stories can we truly understand the trauma caused. By ensuring this process was carried out in an uplifting manner, where there were no right or wrong answers from the rangatahi, I was able to elicit more koorero in a realm of kaupapa Maaori that contributed toward the development of a resource and a move towards positive change for rangatahi engagement in health services in Aotearoa. Kaupapa Maaori encourages the move from a dialogue in health research that potentially can place Maaori in more harm and promotes the understanding of the lived realities of Maaori, various determinants that impact them, and ultimately guides a researcher towards a strengths-based approach (Cram, 2017). My research has been closely guided by the kaupapa Maaori research values that have been classified through the mahi of Cram (2009) and Tuhiwai Smith (1999). These values that have been utilised within the research to support the engagement with all research participants, were a guiding

tool to support decisions made and I have often been referred to them to ensure I conducted myself correctly and caused no harm as a Maaori researcher.

My research is also guided using qualitative methods such as the use of hui. Barbarich (2019) highlighted that qualitative research uses a variety of tools that help to place strong emphasis on understanding the processes. The use of hui opened the rangatahi to a place where they were able to discuss as much or as little as they wanted, without feeling pressured or uncomfortable to talk. Maaori are a tribal people and from personal experience we (Maaori) tend to thrive off mahi in group settings. Conducting research with rangatahi has been discussed widely throughout this thesis. I have provided a lot of koorero from my research with rangatahi and have attempted to highlight other literature that discusses the similarities and differences to support the mahi that has been carried out within this research. From previous experience of applying for ethical approval from the ethics committee, I have found the use of assent forms for rangatahi under the age of 16 years to be a detrimental factor in being able to elicit their consent and whakaiti their mana. Indeed, Barbarich (2019) found rangatahi were deterred from any kaupapa if they must seek consent from their parents. Therefore, the term rangatahi is used in the context of my thesis and Maaori young people between the ages of 16 to 18 years. I have also unpacked the use of the term rangatahi and woven the koorero throughout my thesis.

The data analysis approach I chose to be of best value in encompassing the rangatahi koorero was thematic analysis. An inductive approach (letting the data identify the themes) ensured that themes identified were explicitly from the rangatahi koorero, thus avoiding any researcher interpretation. I personally transcribed all the hui, a strength I believe to gaining a good grasp of and feel for the data collected. Due to having this deeper understanding for the data collected, I was able to privilege the voices of rangatahi the way that they would have wanted. Transcriptions and preliminary findings were provided for the rangatahi to ensure I was accurate in my understanding of their thoughts and experiences.

I have presented my finding in two sections. The first covers findings from the rangatahi hui where we (rangatahi and I, as the researcher) sat down together and had koorero about what they think health services are; some of their experiences, both positive and negative; and, finally, what positive engagement would look like. The following themes and sub-themes were identified, discussed, and supported by direct quotes from rangatahi in the first section:

1. *Engagement approaches from health care providers.* Sub-themes: The impact of health care providers' energy, Justifying health care providers' behaviour, Mistrust in Confidentiality, Unmet health needs and treatment, Consultation times

2. *Manaakitanga from health care providers.* Sub-theme: The importance of whanaungatanga

3. *Needing to be heard and accepted*. Sub-theme: Rangatahi do not feel heard

4. *Racism*

The second half of the findings chapter is based off the usability testing hui where *Areare Taringa Mai (Let me be heard!)* resource was tested with health care providers across a kaupapa Maaori based organisation and a mainstream District Health Board setting. The following themes and sub-themes were highlighted, discussed, and supported with explicit quotes from participants.

1. *What a quality service looks like.* Sub-themes: Manaakitanga, Maaori supporting Maaori, Management and team support

2. *Whakarongo ki ngaa rangatahi me ngaa whaanau (Listening and hearing rangatahi and their whaanau).* Sub-theme: Remaining open-minded

3. *Significant need for health workforce training.* Sub-theme: The need for professional development training tools.

To summarise the research conducted with rangatahi, the findings highlighted have reaffirmed the continual need for rangatahi to be treated and respected for who they are without being stereotyped or judged. Further, to ensure rangatahi have a voice in issues that are affecting them.

Key Messages from Rangatahi

The following key messages from rangatahi are intended to be used to understand better rangatahi and their needs, and promote the creation of positive engagement and rapport building.

With us, not about us – rangatahi health and wellbeing initiatives should include rangatahi in all areas of decision making. Consulting programmes and initiatives with rangatahi when they are in their final planning stages is not as effective and at times completely misses the relevant context.

Are you seeing and hearing us? – rangatahi require plans and strategies that support and prioritise them in their health and wellbeing journey. This will contribute towards the reduction of intergenerational trauma and attached stigma.

Rangatahi reo – rangatahi have their own terminology and definitions for kupu that is in their evolving vocabulary. It is important to understand and utilise the rangatahi terms, definitions, descriptions, and words. If asked, rangatahi will happily explain what words mean and the context in which they should be used.

See us as experts – rangatahi want to be taken seriously and be seen as the experts of their lives. They are the ones in the current life stage and have first-hand experience of societal norms, changes, and effects for them and their peers. Making assumptions based off the memories of being a rangatahi is not going to be adequate and can result in outdated mechanisms and faulty thinking being applied.

Support with engagement – often rangatahi are unsure how to even approach a health care provider and will rely on a whaanau or leave their issues untreated. Providing the ability to support rangatahi to engage in a service, such as the use of advertising, attendance at school assemblies, or promotion material around various community centres and youth groups, can better inform rangatahi of where to seek help.

Communication – rangatahi often struggle with communication. Providing a space that offers mixed methods of communication can help enhance the rangatahi ability to access and engage with resources provided. This will also promote effective communication between the health care provider and rangatahi.

Whaanau counts – whaanau are influential and proactive when it comes to informing rangatahi about their health and wellbeing. Sometimes western practices do not fit the needs of the rangatahi and their whaanau; do not discredit the views of the whaanau, but make sure the rangatahi are comfortable and in agreeance. Respond appropriately to the needs of the rangatahi and their whaanau.

Reclaiming of Tikanga and Maaori values – the reclamation of tikanga and Maaori values is as pertinent as ever with rangatahi. The ability to have their name said correctly or genuinely try with pronunciation is incredibly important. Being greeted appropriately and welcomed without stigma for being Maaori or a rangatahi is of high importance for rangatahi. Experiences from education and health sectors have resulted in rangatahi being reluctant to see a non-Maaori practitioner. Showing knowledge and understanding of tikanga in accordance with the agreement of Te Tiriti (Treaty of Waitangi) principles is a starting point.

Continuation of initiatives and research – the continuation of initiatives and research is a common koorero from rangatahi as they are always happy to help other Maaori to upskill and achieve higher education. However, it is important to note that using rangatahi focused co-creation methods will prove more effective and beneficial to produce positive results and approaches towards the progression of positive engagement in health services.

Areare Taringa Mai! (Let me be heard!)

The co-creation of *Areare Taringa Mai! (Let me be heard!)* was a fruitful journey that required a lot of juggling of plans, trying to find a date that worked well for majority of the rangatahi, and upskilling my repertoire of facilitation skills to include online facilitation. Hurdles aside, the rangatahi who helped contribute towards this fantastic resource have outstanding skills; their ability to think outside of the box and ensure their whakaaro also incorporated that of their peers was impeccable.

In this section, I present an overview of the resource co-created with rangatahi and supported by a cultural advisor and graphic recorder. It is necessary to explain the guidelines within the resource to allow for a better understanding of the experiences and outcomes achieved. A full copy of the resource can be found in Appendix N.

Figure 6.1 is a display of the resource cover that includes the title which was suggested and voted upon by all rangatahi in the waananga. An English title was provided; however, the rangatahi were adamant on having a Maaori title with the English translation below. The rangatahi chose this self-explanatory title because they want to be heard when it comes to their health and wellbeing.

Figure 6.1

Areare Taringa Mai! (Let me be heard!) – Cover Page

Figure 6.2 highlights to the readers the good experiences rangatahi have had when engaging with health care providers, along with the not so good experiences. It is beneficial to identify these experiences so health care providers can see first-hand what rangatahi have experienced and gain a deeper understanding of how their practice could, in fact, impede the health and wellbeing of rangatahi. This section also provides rangatahi with food for thought regarding experiences they may have had.

Figure 6.2

Good Experiences and Not So Good Experiences

Figures 6.3-6.6 begins the guidelines rangatahi felt were a necessity and minimum standards for health care providers to abide by in order to support positive engagement with rangatahi. With each guideline identified, the double page is broken down into three sections. The first being "We appreciate" which utilises the rangatahi voice as a standpost to share what they appreciate when seeking support from health care providers. The second section provides a reflection for health care providers to take the time and reflect on their practice of engagement with rangatahi. They are prompted to think of what they do well when addressing the guideline; for example, welcoming rangatahi and what they could do to improve that aspect. The last section on each guideline provides a description that is easy to understand and comprehend. The description is followed up with examples to help health care providers to effectively carry out these engagement aspects.

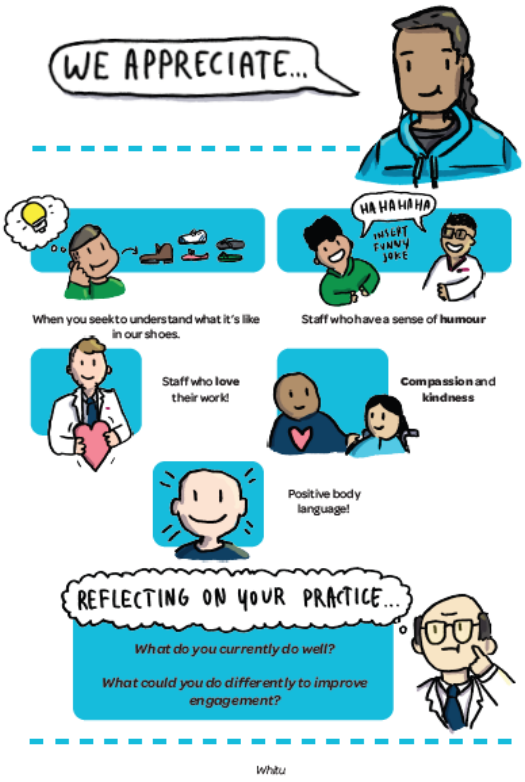
Every detail within this resource has been approved in consultation with rangatahi. This includes the colour palette, the drawings (which are influenced by the rangatahi participants), and the overall content and layout. Under no circumstances has any detail or decision been made in isolation. By working closely with the rangatahi on every decision, I was able to ensure their views were presented at the forefront and they shared autonomy over the production of the resource.

Figure 6.3

Welcoming Guideline

Figure 6.4

Attitude Guideline



Whitu

Waru

Figure 6.5

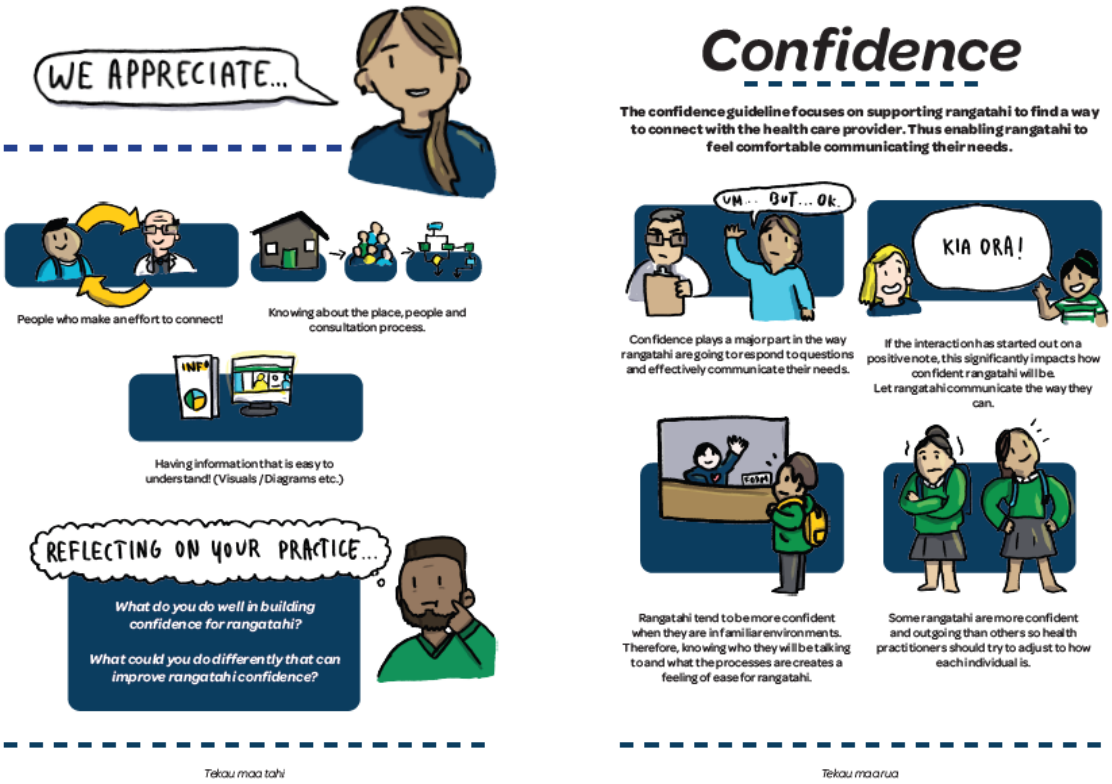
Respect Guideline

Iwa

Tekau

Figure 6.6

Confidence Guideline



Recommendations for Future Research

Recommendations from this research have been derived from the findings within the research, personal experience whilst conducting a PhD, and knowledge gained through koorero with both rangatahi and health care providers. I have split these recommendations into two sections, the first being recommendations for health care providers and the second section providing helpful tips for researchers conducting research with rangatahi—whether that be solely with rangatahi or having rangatahi as part of a wider sample.

Health Care Providers

- It is important to check in on the rangatahi and see if they are feeling comfortable. Silence does not always mean they understand the processes or are shutting you down. Sometimes the silence is they just feel awkward and are unsure how to convey what is going on for them.

- Threatening rangatahi with a social worker, their parents, or Oranga Tamariki is only going to result in unmet health needs and further entrench intergenerational trauma.

- Confidentiality is hugely important for rangatahi, if you say you will keep the koorero private and confidential then uphold that; unless of course there is a threat of harm to one's self or others. These circumstances should be clearly explained at every engagement to reaffirm the rangatahi understanding of when confidentiality must be breached. As soon as the trust is broken, there really is no going back—the relationship formed will be dissolved.

- When sharing information, diagnoses, or requests remember that simple every day common language terms are much more convenient. Medical or health terms are sometimes to complex.

- Rangatahi are aware there are time limits; however, a suggestion to make some sort of connection with rangatahi is beneficial towards building a rapport and making them feel safe. They also feel overwhelmed when appointments feel rushed.

- Rangatahi are just like anyone else you work with. Be kind, have empathy, and do not be afraid to clarify any terminologies they discuss. Their language is always changing and new words are formed. They are happy to explain what their terminology means, and it can help for the next time you meet with them or another rangatahi.

Researchers

- When carrying out research with rangatahi participants, take the time to get to know them. Do not rush into the formalities of data collection.

- Whanaungatanga with rangatahi will go a long way and you will find them to be more receptive when answering questions.

- Provide multiple ways for rangatahi to share their thoughts and answers to questions being asked. Sometimes talking is not always the best option for them. Writing koorero down on post-it notes might be more helpful.

- Ensure they are fully aware of the information and consent process. Sometimes rangatahi agree to partake but have no idea what it is that you are doing because of all the jargon that is required to be incorporated into the forms.

- Kai is a love language and when rangatahi have a full puku they can think more clearly, will be more comfortable, and feel appreciated.

Concluding Remarks

Conducting this research has been a huge privilege on my part as the researcher. I have been able to take time and sit with rangatahi to hear their stories from a non-judgemental position and embrace their views and opinions to be presented in my thesis. I concur with the koorero of Pihama (2016) who stated that research is not transformative if it does not seek to create positive outcomes for Maaori. When working with rangatahi, I am always mindful that they are at a pivotal time in their life as they are in the transition phase from being a child to becoming an adult. They are figuring out their roles within society, friendship groups, and their whaanau, while exploring new avenues.

In returning to the whakaaro that introduced my thesis, I set out to (1) identify what rangatahi need to improve their experiences when engaging with the health sector; (2) facilitate a co-created model of engagement with rangatahi and health services in Aotearoa; and (3) produce a rangatahi engagement framework on how best to access, use, and interact with health services. My research has achieved the above objectives and was conducted in a manner that valued rangatahi as the experts of their own lives, and the holders of knowledge for all things pertaining to them. My approach, guided by kaupapa Maaori, has created a platform for rangatahi to open-up and be vulnerable, and contribute to positive changes for engagement practices in health services. The benefits and value from all the koorero gained throughout my journey have helped to inform positive practice and contributed towards recommendation from a mana enhancing approach for health care providers and researchers.

There are still many more mountains to move when it comes to rangatahi positive engagement in health services; however, I genuinely believe that my contribution will be the stepping stone in supporting health care providers to have stronger understanding of rangatahi wants and needs, while challenging current practices.

I conclude with a whakatauki as this thesis is not a dream of an individual, but of a collective of rangatahi who want to have a better future.

Mehemea kaa moemoeaa ahau, Ko ahau anake, Kaa moemoeaa taatou, Kaa taea e taatou.

If I dream, I dream alone. If we dream together, together we shall achieve.

(Te Puea Herangi, cited in Waikato-Tainui, 2018)

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Appendices

Appendix A: Phase One Rangatahi Recruitment Poster

Nau Mai, Haere Mai!

Whakamana te reo aa ngaa rangatahi ki roto I ngaa ratonga hauora

(Empowering the voices of our young people in health services)

- Are you aged 16-18 years old?
- Interested in having your say on a kaupapa Maaori research project?

We are looking for you! We are inviting Maaori rangatahi to help us understand your experience of engaging with health services in Aotearoa.

The aim is to understand rangatahi views of health service engagement, looking at what works and what needs more attention. As the experts of your lives, we would appreciate hearing your views about this kaupapa.

If you are interested or thinking about participating, please contact:

Te Wai Barbarich-Unasa on 021730692 (email: tewai.barbarich-unasa@aut.ac.nz)

Any paatai – questions please contact me.

Ehara taku toa i te toa takitahi Engari, he toa takitini

Success is not the work of one, but the work of many

Approved by the Auckland University of Technology Ethics Committee on 2nd March 2021, AUTEC Reference number 20/334

Appendix B: Phase One Information Sheet

Rangatahi Information Sheet

Date Information Sheet Produced: 18 September 2020

Project Title

Whakamana te reo aa ngaa rangatahi ki roto I ngaa ratonga hauora

(Empowering the voices of our young people in health services)

Ko Waikato-Tainui te Iwi
Ko Ngaati Mahuta rāua ko Ngaati Paoa ngaa Hapuu
Ko Tainui te Waka
Ko Taupiri te Maunga
Ko Taniwha te Marae
Ko Te Wai Barbarich-Unasa ahau

An Invitation

Ngaa mihi for showing an interest in the research. I am inviting rangatahi to help us understand what they want when engaging in health services. This will be viewed from a kaupapa Maaori lens. Please read this information sheet carefully before deciding to participate.

What is the purpose of this research?

Rangatahi will be given the opportunity to share their experiences of engaging in health services and how these were helpful or unhelpful, and what could be changed. You have been invited to take part in this study because you have indicated you want to be part of this research. You also have identified yourself as being of Māori descent. This research will contribute to my Doctor of Philosophy (PhD) qualification. The findings of this research may be used for academic publications and presentations.

How do I agree to participate in this research?

Your participation in this study is voluntary (it is your choice), and you will not be disadvantaged if you choose not to take part. You will need to sign a form to show you consent (you agree) to participate in the study. You can withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. Once the findings have been produced, removal of your data may not be possible. The criteria for selection will be rangatahi aged 16-18 years old. Data collected from this research may be used in future to guide further research and tools.

What will happen in this research?

The research will be a focus group of about 10 rangatahi at a marae of meeting room at AUT. It will be a group discussion around engagement in health services and looking at this kaupapa through a Māori lens. There will be koorero (discussions) held as well as post it activities to discuss your experiences of health service engagement. The focus group will be voice recorded, transcribed and notes taken to ensure we can capture all the koorero, this is completely confidential, and any recordings will be confidential.

How will my privacy be protected?

The discussions will be audio recorded. If at any time during the discussions, you want to leave you can or if you want the recorder turned off, we can turn it off. The words on the tape will be typed out and will only be seen by the research team. After they have finished with the transcript, the recording will be destroyed. We may use what you say in some of the reports we write but your name will be kept private.

What are the costs of participating in this research?

There is no financial cost to you as a participant, you will be asked to give 90 minutes of your time to take part in the focus group. Where required, transport will be provided.

Approved by the Auckland University of Technology Ethics Committee on 2nd March 2021, AUTEC Reference number 20/334

What are the risks in this research?

There are no risks anticipated with this research. However, should you feel any form of distress from discussing your experiences with health services, there will be free counselling sessions will be provided.

AUT Health Counselling and Wellbeing is able to offer three free sessions of confidential counselling support for adult participants in an AUT research project. These sessions are only available for issues that have arisen directly as a result of participation in the research and are not for other general counselling needs. To access these services, you will need to:

- drop into our centres at WB219 or AS104 or phone 921 9992 City Campus or 921 9998 North Shore campus to make an appointment. Appointments for South Campus can be made by calling 921 9992
- let the receptionist know that you are a research participant, and provide the title of my research and my name and contact details as given in this Information Sheet

You can find out more information about AUT counsellors and counselling on http://www.aut.ac.nz/being-a-student/current-postgraduates/your-health-and-wellbeing/counselling.

What opportunity do I have to consider this invitation?

We will offer two weeks for you to think about your participation.

Will I receive feedback on the results of this research?

You will be given a research summary from the focus group.

Research Funder

I would like to acknowledge the Health Research Council for awarding a Maaori PhD Scholarship which has funded this research.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Professor Denise Wilson, denise.wilson@aut.ac.nz,+64 9 921 9999 x7392

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, *ethics@aut.ac.nz* , (+649) 921 9999 ext 6038.

Whom do I contact for further information about this research?

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details:

Te Wai Barbarich-Unasa; tewai.barbarich-unasa@aut.ac.nz ; +64 21 730 692

Project Supervisor Contact Details:

Professor Denise Wilson (Ngāti Tahinga), dlwilson@aut.ac.nz , (09) 921 9999 ext. 7392

Dr Moana Eruera (Ngāpuhi, Ngāti Ruanui, Ngāti Rangiwewehi), moana.eruera@ot.govt.nz , +64 292507490

Approved by the Auckland University of Technology Ethics Committee on 2nd March 2021, AUTEC Reference number 20/334

Appendix C: Rangatahi Consent Form

Rangatahi Consent Form

Project title: ***Whakamana te reo aa ngaa rangatahi ki roto I ngaa ratonga hauora***
(Empowering the voices of our young people in health services)

Project Supervisor: ***Professor Denise Wilson***

Researcher: ***Te Wai Barbarich-Unasa***

- ○ I have read and understood the information provided about this research project in the Information Sheet dated 18 September 2020.
- ○ I have had an opportunity to ask questions and to have them answered.
- ○ I understand that identity of my fellow participants and our discussions in the focus group is confidential to the group and I agree to keep this information confidential.
- ○ I understand that notes will be taken during the focus group and that it will also be audio-taped and transcribed.
- ○ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- ○ I understand that if I withdraw from the study then, while it may not be possible to destroy all records of the focus group discussion of which I was part, I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- ○ I agree to take part in this research.
- ○ I agree to my data being used for future research (please tick one): Yes○ No○.
- ○ I wish to receive a summary of the research findings (please tick one): Yes○ No○

Participant's signature: .....

Participant's name: .....

Date: .....

Approved by the Auckland University of Technology Ethics Committee on 2nd March 2021, AUTEC Reference number 20/334

Appendix D: Hui Indicative Questions

Phase One: Indicative Focus Group Questions

Date Information Sheet Produced: 18 November 2020

Project Title

Whakamana te reo aa ngaa rangatahi ki roto I ngaa ratonga hauora

(Empowering the voices of our young people in health services)

- Rangatahi experiences of health services?
- What worked well?
- What didn't?
- How would they like to engage with services?
- What is quality service?

Approved by the Auckland University of Technology Ethics Committee on 2nd March 2021, AUTEC Reference number 20/334

Appendix E: Phase Two – Waananga Information Sheet

Rangatahi Information Sheet – Phase Two

Date Information Sheet Produced: 18 September 2020

Project Title

Whakamana te reo aa ngaa rangatahi ki roto I ngaa ratonga hauora

(Empowering the voices of our young people in health services)

Ko Waikato-Tainui te Iwi
Ko Ngaati Mahuta rāua ko Ngaati Paoa ngaa Hapuu
Ko Tainui te Waka
Ko Taupiri te Maunga
Ko Taniwha te Marae
Ko Te Wai Barbarich-Unasa ahau

An Invitation

Ngaa mihi for showing an interest in the research. I am inviting rangatahi to help us understand what they want when engaging in health services. This will be viewed from a kaupapa Maaori lens. Please read this information sheet carefully before deciding to participate.

What is the purpose of this research?

Rangatahi were given the opportunity to share their experiences of engaging in health services and how these were helpful or unhelpful, and what could be changed. You have been invited to take part in the second phase of this study because you have indicated you want to continue to be part of this research. This research will contribute to my Doctor of Philosophy (PhD) qualification. The findings of this research may be used for academic publications and presentations.

How do I agree to participate in this research?

Your participation in this study is voluntary (it is your choice), and you will not be disadvantaged if you choose not to take part. You will need to sign a form to show you consent (you agree) to participate in the study. You can withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. Once the findings have been produced, removal of your data may not be possible. The criteria for selection will be rangatahi aged 16-18 years old and have participated in the initial focus groups.

What will happen in this research?

The second phase of this research will be waananga of 15-20 rangatahi at a venue that has been decided by both the researcher and rangatahi participants. It will be a group discussion around what we have learned from the initial focus groups and work together on co-creating a framework that health services can use when engaging with rangatahi. There will be koorero (discussions) held as well as post it note activities to discuss your experiences and thoughts. The waananga will be voice recorded, transcribed and notes taken to ensure we can capture all the koorero, a graphic recorder will also be present to capture korero through text and pictures. This is completely confidential, and any recordings will be confidential. Data collected from this research may be used in future to guide further research and tools.

How will my privacy be protected?

The discussions will be audio recorded. If at any time during the discussions, you want to leave you can or if you want the recorder turned off, we can turn it off. The words on the tape will be typed out and will only be seen by the research

Approved by the Auckland University of Technology Ethics Committee on 29th June 2021, AUTEC Reference number 20/334

team. After they have finished with the transcript, the recording will be destroyed. We may use what you say in some of the reports we write but your name will be kept private.

What are the costs of participating in this research?

There is no financial cost to you as a participant, you will be asked to give 3 full days (8hours/day) maximum of your time to take part in the waananga. Where required, transport will be provided.

What are the risks in this research?

There are no risks anticipated with this research. However, should you feel any form of distress from discussing your experiences with health services, there will be free counselling sessions will be provided, youth service details (Youthline: 0800376633 or text 234) will be supplied and a check in round will happen at the end of each waananga.

AUT Health Counselling and Wellbeing is able to offer three free sessions of confidential counselling support for adult participants in an AUT research project. These sessions are only available for issues that have arisen directly as a result of participation in the research and are not for other general counselling needs. To access these services, you will need to:

- drop into our centres at WB219 or AS104 or phone 921 9992 City Campus or 921 9998 North Shore campus to make an appointment. Appointments for South Campus can be made by calling 921 9992
- let the receptionist know that you are a research participant, and provide the title of my research and my name and contact details as given in this Information Sheet

You can find out more information about AUT counsellors and counselling on http://www.aut.ac.nz/being-a-student/current-postgraduates/your-health-and-wellbeing/counselling.

What opportunity do I have to consider this invitation?

We will offer two weeks for you to think about your participation.

Will I receive feedback on the results of this research?

You will be given a research summary from the waananga.

Research Funder

I would like to acknowledge the Health Research Council for awarding a Maaori PhD Scholarship which has funded this research.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Professor Denise Wilson, denise.wilson@aut.ac.nz,+64 9 921 9999 x7392

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, *ethics@aut.ac.nz* , (+649) 921 9999 ext 6038.

Whom do I contact for further information about this research?

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details:

Te Wai Barbarich-Unasa; tewai.barbarich-unasa@aut.ac.nz ; +64 21 730 692

Project Supervisor Contact Details:

Professor Denise Wilson (Ngāti Tahinga), dlwilson@aut.ac.nz , (09) 921 9999 ext. 7392

Dr Moana Eruera (Ngāpuhi, Ngāti Ruanui, Ngāti Rangiwewehi), moana.eruera@ot.govt.nz , +64 292507490

Approved by the Auckland University of Technology Ethics Committee on 29th June 2021, AUTEC Reference number 20/334

Appendix F: Phase Two – Waananga Consent Form

Rangatahi Consent Form – Phase Two

Project title: ***Whakamana te reo aa ngaa rangatahi ki roto I ngaa ratonga hauora***
(Empowering the voices of our young people in health services)

Project Supervisor: ***Professor Denise Wilson***

Researcher: ***Te Wai Barbarich-Unasa***

- ○ I have read and understood the information provided about this research project in the Information Sheet dated 18 September 2020.
- ○ I have had an opportunity to ask questions and to have them answered.
- ○ I understand that identity of my fellow participants and our discussions in the waananga is confidential to the group and I agree to keep this information confidential.
- ○ I understand that notes will be taken during the waananga and that it will also be audio-taped and transcribed.
- ○ I understand that there will be a graphic recorder who will translate koorero into text and pictures.
- ○ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- ○ I understand that if I withdraw from the study, while it may not be possible to destroy all records of the discussion of which I was part, I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- ○ I agree to take part in this research.
- ○ I agree to my data being used for future research (please tick one): Yes○ No○
- ○ I wish to receive a summary of the research findings (please tick one): Yes○ No○

Participant's signature: .....

Participant's name: .....

Date: .....

Approved by the Auckland University of Technology Ethics Committee on 29th June 2021, AUTEC Reference number 20/334

Appendix G: Phase Two – Waananga Indicative Questions

Phase Two: Indicative Focus Group Questions

Date Information Sheet Produced: 21 June 2021

Project Title

Whakamana te reo aa ngaa rangatahi ki roto I ngaa ratonga hauora

(Empowering the voices of our young people in health services)

- What is your understanding of health?
- What do you think your rights are in health?
- What have been some of your experiences when accessing health services?
- When it comes to the health professionals, how have their responses been towards you? E.g. their attitudes.

*further indicative questions will be added following review of transcripts at the completion of focus groups.

Approved by the Auckland University of Technology Ethics Committee on 29th June 2021, AUTEC Reference number 20/334

Appendix H: Phase Two – Waananga Confidentiality Agreement

Confidentiality Agreement

Project title: ***Whakamana te reo aa ngaa rangatahi ki roto i ngaa ratonga hauora***
(Empowering the voices of our young people in health services)

Project Supervisor: ***Professor Denise Wilson***

Researcher: ***Te Wai Barbarich-Unasa***

- ○ I understand that all the material I will be asked to record is confidential.
- ○ I understand that the contents of the Consent Forms, tapes, or interview notes can only be discussed with the researchers.
- ○ I will not keep any copies of the information nor allow third parties access to them.

Intermediary's signature: .....

Intermediary's name: .....

Intermediary's Contact Details (if appropriate):

.....

.....

.....

.....

Date:

Project Supervisor's Contact Details:

Professor Denise Wilson (Ngāti Tahinga),

Email: dlwilson@aut.ac.nz ,

Phone: (09) 921 9999 ext. 7392

Approved by the Auckland University of Technology Ethics Committee on 29th June 2021, AUTEC Reference number 20/334

Appendix I: Phase Three – Usability Testing Recruitment Poster

Nau Mai, Haere Mai!

Whakamana te reo aa ngaa rangatahi ki roto I ngaa ratonga hauora

(Empowering the voices of our young people in health services)

- Are you a health practitioner?
- Interested in having your say on a kaupapa Maaori research project?

We are looking for you! We are inviting health practitioners to help test the usability of a resource that has been co-created with rangatahi about engaging with them.

The aim is to understand how this resource can be utilised within the health setting, looking at what works and what needs more attention. As current practitioners in the health field, we would appreciate hearing your views about this kaupapa.

If you are interested or thinking about participating, please contact:

Te Wai Barbarich-Unasa on 021730692 (email: tewai.barbarich-unasa@aut.ac.nz)

Any paatai – questions please contact me.

Ehara taku toa i te toa takitahi Engari, he toa takitini

Success is not the work of one, but the work of many

Approved by the Auckland University of Technology Ethics Committee on 2nd March 2021, AUTEC Reference number 20/334

Appendix J: Phase Three – Usability Testing Information Sheet

Health Practitioner Information Sheet

Date Information Sheet Produced: 17 February 2022

Project Title

Whakamana te reo aa ngaa rangatahi ki roto I ngaa ratonga hauora

(Empowering the voices of our young people in health services)

Ko Waikato-Tainui te Iwi
Ko Ngaati Mahuta rāua ko Ngaati Paoa ngaa Hapuu
Ko Tainui te Waka
Ko Taupiri te Maunga
Ko Taniwha te Marae
Ko Te Wai Barbarich-Unasa ahau

An Invitation

Ngaa mihi for showing an interest in the research. I am inviting health practitioners to help test a resource that has been co-created with a group of rangatahi. The resource is a set of guidelines aimed to help health practitioners positively engage with rangatahi through their health journey. This will be viewed from a kaupapa Maaori lens. Please read this information sheet carefully before deciding to participate.

What is the purpose of this research?

Health practitioners will be given the opportunity to share their views on the resource and how this may be helpful or unhelpful for your practice, and what could be changed. You have been invited to take part in this study because you have indicated you want to be part of this research. This research will contribute to my Doctor of Philosophy (PhD) qualification. The findings of this research may be used for academic publications and presentations.

How do I agree to participate in this research?

Your participation in this research is voluntary (it is your choice) and whether or not you choose to participate will neither advantage nor disadvantage you. You are able to withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been produced, removal of your data may not be possible. The criteria for selection will be health practitioners who work with rangatahi. Data collected from this research may be used in future to guide further research and tools.

What will happen in this research?

The research will be a focus group of about 7-15 health practitioners either at their place of work or on zoom. It will be a group discussion around a resource that has been co-created with rangatahi and looking at this kaupapa through a Māori lens. There will be koorero (discussions) held around the resource with participants to gauge the usability and identify any changes required. The focus group will be voice recorded, transcribed and notes taken to ensure we can capture all the koorero, this is completely confidential, and any recordings will be confidential.

What are the discomforts and risks?

There are no risks anticipated with this research. However, should you feel any form of distress from discussing your experiences with health services, there will be free counselling sessions will be provided.

How will these discomforts and risks be alleviated?

AUT Student Counselling and Mental Health is able to offer three free sessions of confidential counselling support for adult participants in an AUT research project. These sessions are only available for issues that have arisen directly as a result of participation in the research and are not for other general counselling needs. To access these services, you will need to:

Approved by the Auckland University of Technology Ethics Committee on 2nd March 2021, AUTEC Reference number 20/334

- drop into our centre at WB203 City Campus, email counselling@aut.ac.nz or call 921 9998.
- let the receptionist know that you are a research participant, and provide the title of my research and my name and contact details as given in this Information Sheet.

You can find out more information about AUT counsellors and counselling on https://www.aut.ac.nz/student-life/student-support/counselling-and-mental-health

How will my privacy be protected?

The discussions will be audio recorded. If at any time during the discussions you want to leave, you can or if you want the recorder turned off, we can turn it off. The words on the tape will be typed out and will only be seen by the research team. After they have finished with the transcript, the recording will be destroyed. We may use what you say in some of the reports we write but your name will be kept private.

What are the costs of participating in this research?

There is no financial cost to you as a participant, you will be asked to give 90 minutes of your time to take part in the focus group. Where required, transport will be provided.

What opportunity do I have to consider this invitation?

We will offer two weeks for you to think about your participation.

Will I receive feedback on the results of this research?

You will be given a research summary from the focus group.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Professor Denise Wilson (Ngāti Tahinga), dlwilson@aut.ac.nz , (09) 921 9999 ext. 7392

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, *ethics@aut.ac.nz* , (+649) 921 9999 ext 6038.

Whom do I contact for further information about this research?

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details:

Te Wai Barbarich-Unasa; tewai.barbarich-unasa@aut.ac.nz ; +64 21 730 692

Project Supervisor Contact Details:

Professor Denise Wilson (Ngāti Tahinga), dlwilson@aut.ac.nz , (09) 921 9999 ext. 7392

Approved by the Auckland University of Technology Ethics Committee on 2nd March 2021, AUTEC Reference number 20/334

Appendix K: Phase Three – Usability Testing Consent Form

Consent Form

Usability Testing

Project title: ***Whakamana te reo aa ngaa rangatahi ki roto I ngaa ratonga hauora***

(Empowering the voices of our young people in health services)

Project Supervisor: ***Professor Denise Wilson***

Researcher: ***Te Wai Barbarich-Unasa***

- ○ I have read and understood the information provided about this research project in the Information Sheet dated 17 February 2022.
- ○ I have had an opportunity to ask questions and to have them answered.
- ○ I understand that identity of my fellow participants and our discussions in the focus group is confidential to the group and I agree to keep this information confidential.
- ○ I understand that notes will be taken during the focus group and that it will also be audio-taped and transcribed.
- ○ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- ○ I understand that if I withdraw from the study then, while it may not be possible to destroy all records of the focus group discussion of which I was part, I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- ○ I agree to take part in this research.
- ○ I agree to my data being used for future research (please tick one): Yes○ No○.
- ○ I wish to receive a summary of the research findings (please tick one): Yes○ No○

Participant's signature: .....

Participant's name: .....

Participant's Contact Details (if appropriate):

.....

.....

.....

.....

Date:

Approved by the Auckland University of Technology Ethics Committee on 2nd March 2021, AUTEC Reference number 20/334

Appendix L: Phase Three Waananga – Usability Testing Indicative Questions

Phase One: Indicative Focus Group Questions

Date Information Sheet Produced: 18 February 2022

Project Title

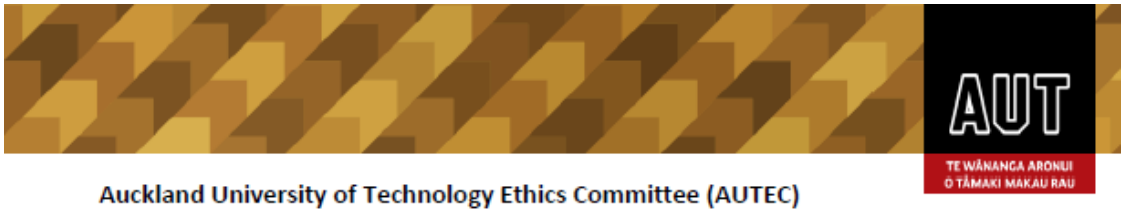
Whakamana te reo aa ngaa rangatahi ki roto I ngaa ratonga hauora

(Empowering the voices of our young people in health services)

- What does providing a quality service look like to you?
- What are the positives of this resource?
- What would be some alterations you would suggest?
- Are there any additions you feel need to be incorporated?

Approved by the Auckland University of Technology Ethics Committee on 2nd March 2021, AUTEC Reference number 20/334

Appendix M: Auckland University of Technology Ethics Committee – Ethics Approval



Auckland University of Technology Ethics Committee (AUTEC)

Auckland University of Technology
D-88, Private Bag 92006, Auckland 1142, NZ
T: +64 9 921 9999 ext. 8316
E: ethics@aut.ac.nz
www.aut.ac.nz/researchethics

2 March 2021

Denise Wilson
Faculty of Health and Environmental Sciences

Dear Denise

Re Ethics Application: **20/334 Whakamana te reo aa ngaa rangatahi ki roto I ngaa tautuhinga hauora (Empowering the voices of our young people in health services)**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC).

Your ethics application has been approved in stages for three years until .

Non-Standard Conditions of Approval

1. Inclusion in the Information Sheet of contact details for an appropriate counselling service so that participants can access them directly if necessary. If using the AUT Health Counselling and Wellbeing service, include the verbatim wording from the Information Sheet template which can be found on the Research Ethics website at http://aut.ac.nz/researchethics

Non-standard conditions must be completed before commencing your study. Non-standard conditions do not need to be submitted to or reviewed by AUTEC before commencing your study.

Standard Conditions of Approval

1. The research is to be undertaken in accordance with the Auckland University of Technology Code of Conduct for Research and as approved by AUTEC in this application.
2. A progress report is due annually on the anniversary of the approval date, using the EA2 form.
3. A final report is due at the expiration of the approval period, or, upon completion of project, using the EA3 form.
4. Any amendments to the project must be approved by AUTEC prior to being implemented. Amendments can be requested using the EA2 form.
5. Any serious or unexpected adverse events must be reported to AUTEC Secretariat as a matter of priority.
6. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEC Secretariat as a matter of priority.
7. It is your responsibility to ensure that the spelling and grammar of documents being provided to participants or external organisations is of a high standard and that all the dates on the documents are updated.

AUTEC grants ethical approval only. You are responsible for obtaining management approval for access for your research from any institution or organisation at which your research is being conducted and you need to meet all ethical, legal, public health, and locality obligations or requirements for the jurisdictions in which the research is being undertaken.

Please quote the application number and title on all future correspondence related to this project.

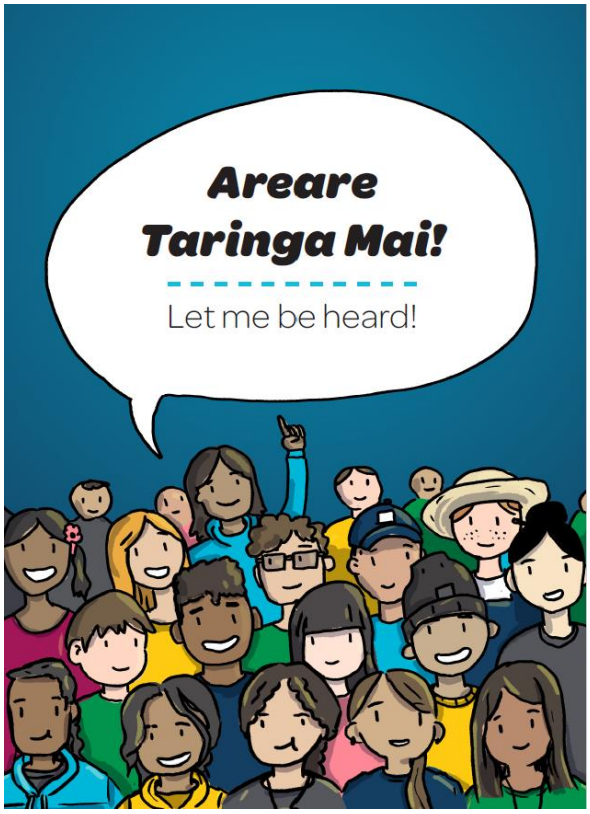
For any enquiries please contact ethics@aut.ac.nz. The forms mentioned above are available online through http://www.aut.ac.nz/research/researchethics

(This is a computer-generated letter for which no signature is required)

The AUTEC Secretariat
Auckland University of Technology Ethics Committee

Cc: tewai.barbarich-unasa@aut.ac.nz

Appendix N: Areare Taringa Mai! (Let me be heard!) Resource



Cover Page

Maa te rongo, ka moohio; Maa te moohio, ka maarama;
Maa te maarama, ka maatau;
Maa te maatau, ka ora!

From listening, comes knowledge; from knowledge, comes understanding; from understanding, comes wisdom; from wisdom, comes well-being!

Areare taringa mai are a set of strengths based guidelines that have been co-created with a group of rangatahi Maaori from the Waikato and Ngaati Paaoa rohe.

These guidelines are intended to be used as a tool for health care providers to better support and engage with rangatahi throughout their practice.

The **rangatahi voice** is highlighted at the forefront of this tool and guides the koorero to ensure their voices are heard. Under each guideline rangatahi share their views of how to effectively implement these, whilst the corresponding page summaries helpful tips health care providers can use in order to achieve a positive outcome.

Back of cover page

Description of resource

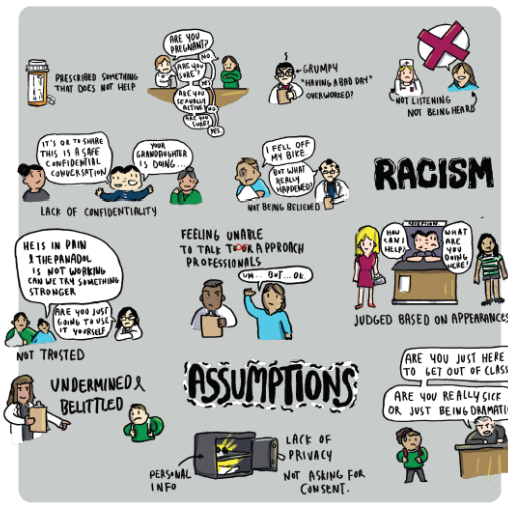
GOOD EXPERIENCES

These examples highlight some of the positive experiences rangatahi have had which have resulted in positive engagement.

Toru

NOT SO GOOD EXPERIENCES

These examples identify some of the not so good experiences rangatahi have had with health care providers. These experiences have resulted in a negative outcome for rangatahi and caused barriers to seeking further support.



Whaa

Being able to make conversation without it feeling awkward e.g. how our day has been or what we have been up to.

When you talk to and engage with us, not just our parents. **Being included!**

Realising that being by ourselves can be **frightening.** Health practitioners need to understand that it is hard for us to come into the doctors and explain everything that is happening.

When we walk in there and you don't just judge us straight away. Not judged based on the background of people e.g. lastname and street address (could be known and judged).

REFLECTING ON YOUR PRACTICE...

What do you currently do well when welcoming rangatahi?

What could you do to improve this aspect?

Rima

Welcoming

Providing an environment that makes rangatahi feel welcome and comfortable is crucial for a positive experience.

As a practitioner, being receptive to rangatahi and having a positive first impression is important for engagement.

Introductions are essential and create a strong foundation for positive engagement with rangatahi. Introducing yourself, your role and pronouncing names correctly is a great start.

Understand that visits can be frightening for rangatahi.
To ease this feeling it is important to **converse** with rangatahi and **explain** the processes and what you will be doing.

Clear communication that is rangatahi appropriate is very important and helps them to better understand situations.

Use of basic **Maaori kupu** and **tikanga** when working with rangatahi is more engaging e.g. do not sit on tables and greet with common Maaori phrases

Ono

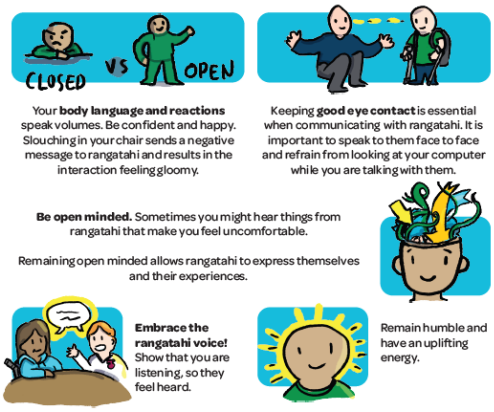
Whitu

Attitude

The attitude guideline focuses on manners, body language and values.

Ultimately, the attitude and body language you have with rangatahi will determine how effective the interaction will be.

A positive attitude is key to effectively engaging with rangatahi!



Your **body language and reactions** speak volumes. Be confident and happy. Slouching in your chair sends a negative message to rangatahi and results in the interaction feeling gloomy.

Keeping **good eye contact** is essential when communicating with rangatahi. It is important to speak to them face to face and refrain from looking at your computer while you are talking with them.

Be open minded. Sometimes you might hear things from rangatahi that make you feel uncomfortable.

Remaining open minded allows rangatahi to express themselves and their experiences.

Embrace the rangatahi voice! Show that you are listening, so they feel heard.

Remain humble and have an uplifting energy.

Upholding **work place values** is vital to rangatahi. They are very familiar with school values and are required to uphold these daily. Therefore, if they see you carrying out and discussing your workplace values, they will be more comfortable.

Waru

Iwa

Respect

Respecting rangatahi and their boundaries while providing a non judgmental and safe environment for them to openly discuss their situation.

Treat everyone the same regardless of ethnicity, age etc. Remain consistent in the way that you communicate with everybody.

Clearly outline the steps of your consultation to ensure rangatahi feel comfortable and reassured that everything is going to be ok.

Create **safe boundaries** and ensure rangatahi are comfortable with saying and doing the things they need to.

Build trust and be **supportive** of the rangatahi feelings and decisions.

Be sure to gain consent in a way that rangatahi are fully informed. Respect their boundaries and need to be completely clear on your processes.

Respect the rangatahi bubble and space. If you need to do a physical examination then clearly explain the process and request approval to do a physical check-up e.g. "I need to check your heart rate, can I please put this device on your finger? Tell me if its uncomfortable".

Tekau

Tekau maa tahi

Confidence

The confidence guideline focuses on supporting rangatahi to find a way to connect with the health care provider. Thus enabling rangatahi to feel comfortable communicating their needs.

Confidence plays a major part in the way rangatahi are going to respond to questions and effectively communicate their needs.

If the interaction has started out on a positive note, this significantly impacts how confident rangatahi will be.
Let rangatahi communicate the way they can.

Rangatahi tend to be more confident when they are in familiar environments. Therefore, knowing who they will be talking to and what the processes are creates a feeling of ease for rangatahi.

Some rangatahi are more confident and outgoing than others so health practitioners should try to adjust to how each individual is.

Tekau maa rua

Notes

Tekau maa toru

Notes

Tekau maa whaa

He aha te mea nui o te ao
He taangata, he taangata, he taangata

What is the most important thing in the world?
Its is people, it is people, it is people.

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