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RESEARCH ARTICLE



# ‘Why would you give your children to something you don’t trust?’: Rangatahi health and social services and the pursuit of tino rangatiratanga

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## ABSTRACT

Persistent health inequities between rangatahi Māori (Indigenous young people) and other young people within Aotearoa New Zealand are incurred by a colonial machinery of institutions, service systems and sociocultural contexts that facilitates the marginalisation of Māori. Despite a skilled and dedicated Māori workforce, current service contexts severely limit the innovation of Māori practitioners working from a basis of mātauranga Māori (Māori ways of knowing and being), and curtail their ability to support rangatahi Māori and their whānau (community of related families). We report on an interview study with 13 Māori practitioners in youth development, exploring their struggles, strengths and strategies, as part of a larger project exploring rangatahi wellbeing and whanaungatanga (connectedness and relationality). Utilising reflexive thematic analysis, we describe three conceptual domains that participant accounts spoke into: mitigating system failures to embrace rangatahi and their whānau, sustainability and longevity of services for rangatahi Māori, and fostering rangatahi tino rangatiratanga. Participant accounts illustrate the need for bold reform within youth services, towards sustainable models premised upon tino rangatiratanga – services led by Māori, designed by Māori, and intended to cater for the unique needs and aspirations of rangatahi Māori.

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## Introduction

Rangatahi Māori (Māori youth) 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. Institutional racism foregrounds many challenges, shaping contexts of poverty and marginalisation (Borrell 2005), experiences of distress

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(Fleming et al. 2020), and negative interactions with healthcare and education systems (Bishop et al. 2009; Peiris-John et al. 2020). Furthermore, current political and social systems frequently inhibit youth engagement, foreclosing possibilities for active engagement in decision-making processes that directly affect their lives (Harris et al. 2010). To counter these challenges, ample evidence suggests young people see themselves as exercising effectual engagement in politics, and enacting their own agency and wellbeing (Farthing 2010; Waitoa 2013). In the context of these sociocultural complexities, rangatahi Māori are able to weave together intricate social and cultural understandings to carve out spaces of resistance that foster belonging (Kidman 2015).

Rangatahi Māori face inequities with young people from other ethnicities, across a range of psychosocial outcomes, including depression, substance use, suicide attempts, family violence *and* barriers to accessing effective healthcare (Clark et al. 2013; Cunningham et al. 2018). While socioeconomic disadvantage is associated with poor psychosocial outcomes among young people (Simpson et al. 2017), this is compounded for Māori who face intergenerational impacts of land theft, and the invalidation of Māori language, socio-political structures, leadership and expertise (Moewaka Barnes and McCreanor 2019; Reid et al. 2014). These colonial impacts extend to the capacity for Māori to care for and nurture our own, in the context of our own systems, models and structures, anchored in our own frameworks of knowing and being.

Health, education and social services can provide a gateway to accessing vital support for rangatahi Māori, yet administrative systems and approaches to engagement too often constrain access. Eurocentric health and social service provision risks entrenching further generations of Māori into socioeconomic precarity (Battiste and Henderson 2009). The ongoing positioning of European cultures and values as the 'norm' has not gone unchallenged by Māori communities who have consistently fought for education and health reform (Berryman et al. 2017). Institutional racism is reflected in health and education systems, structures, policies, practices and services favouring dominant groups (Came-Friar et al. 2019), leaving many rangatahi and their whānau (community of related families) reluctant to access health and social service provision (Martel et al. 2020).

Māori understandings of health recognise whānau as a critical component of wellbeing (McNatty and Roa 2002), a sentiment echoed by many rangatahi, who assert that whānau is a site of support, development, nourishment and opportunity (Edwards et al. 2007). Whānau is at the core of whanaungatanga, an integral cultural practice and value. Whanaungatanga is the nurturing and building of relationships through aroha (generosity of spirit), common understandings and shared obligations, while fostering belonging between Māori, wider communities and the environment (Bishop et al. 2014). Whanaungatanga has a protective function for rangatahi Māori, although *how* this influences health outcomes remains uncertain. As a consequence of colonisation over generations, intergenerational and wide relational structures of support may not be accessible to all rangatahi Māori. However, whanaungatanga remains a persistent and resilient feature of Māori contemporary life, and may be reworked differently in unique whānau contexts (Le Grice et al. 2017).

Whānau are often at the forefront of championing solutions for rangatahi Māori in personal and public spheres, supporting collective aspirations for self-determination. Here, relationality inherent to Māori identity and individual wellbeing is intimately

ted to whānau and community wellbeing. In addition to vital relationships, wellbeing may be understood within the context of our social worlds, cultural identity and connection to land, alongside spiritual and physical health (Kara et al. 2011). Kaupapa Māori initiatives, that champion tino rangatiratanga (Māori self-determination), have considerable material success in improving outcomes for Māori, as they are premised upon Māori ways of knowing and being, and nourish cultural values as a means to improve health and wellbeing (McClintock et al. 2016). Yet, Māori continue to face many restraints working within Eurocentric systems that do not share the same values, have incompatible approaches to solutions and ultimately, control of funding and resource allocation (Masters-Awatere 2015).

Here, we explore the accounts of Māori practitioners working with rangatahi Māori to consider, how does whanaungatanga influence health and wellbeing for rangatahi Māori? Through our interviews we gained insight into the challenges and tensions present for Māori youth practitioners working within health and education contexts. Māori contend with education and health systems that are not created with them in mind, and there is considerable scope for tino rangatiratanga in these contexts - the sovereignty of Māori, to be able to manage our own people, through our own systems and structures of governance and authority (Matike Mai Aoteroa 2016).

Here it was important to consider: *How do Māori youth practitioners mitigate barriers to supporting rangatahi?* and *How might we radically re-imagine service provision for rangatahi Māori, beyond the current status quo?*

## Method

This article is part of a wider Health Research Council of New Zealand funded study, 'Harnessing the Spark of Life: Maximising Contributors to Rangatahi Wellbeing' which aimed to explore *how* whanaungatanga influences health and wellbeing for rangatahi Māori. This project engaged a Kaupapa Māori research methodology from the inception of the research through to paper dissemination (Walker et al. 2006). This project was a response to negative perceptions of whānau Māori, and the need for evidence to provide a counter-narrative that interwove knowledge from Māori communities with prior research that spoke to the unique needs of kaimahi working with rangatahi Māori. Manaakitanga was a foundational ethos that informed all aspects of participant engagement and research practice, where relationships were fostered through whaka-whanaungatanga, karakia, kai and ongoing engagement between participants and ranga-hau rōpū. Fundamentally, this research advances Māori aspirations and uplifts mātauranga Māori by making colonisation and its impacts visible, interpreting participant accounts through an engaged, reflexive and compassionate approach, and formulating solutions through Māori ways of knowing and being. Semi-structured interviews were undertaken with 13 Māori practitioners who work with rangatahi and whānau in Northland, Auckland and Waikato & Canterbury regions in Aotearoa, New Zealand. Participants ages ranged between 26–71 years, including 8 women and 5 men. Participants were recruited through research partners and personal networks, purposively sampled to represent varied Māori community workers across youth development, education, health and rainbow advocacy. Community workers worked in a range of roles including;

clinical psychologists, service managers, youth workers, doctors, health promoters, tertiary student support and counsellors.

Interviews were undertaken at participants' homes or workplaces between May-September 2018. Interviewers used a semi-structured, flexible interview protocol to guide discussions exploring rangatahi, whanaungatanga, access to health and social services, engagement in education and employment, whānau based policy, programmes and clinical practice. Names of organisations, specific locations, workplaces and identifying information have been removed, however participants' roles and locations are given alongside quotes to contextualise responses.

Interviews were analysed by the first author, drawing upon Braun and Clarke's (2012) method for reflexive thematic analysis, and a Māori social constructionist epistemology (Le Grice 2014). The data were initially coded into broad categories that spoke to the struggles of working within Eurocentric health and education systems, experiences of marginalisation, the impacts of social determinants, rangatahi experiences, struggles with autonomy and the power of mātauranga Māori. Through conversations with the research team these coding categories were refined as some of the central ideas in these themes overlapped, and others spoke to more distinctive ideas. The three major themes presented in this research were co-constructed, reshaped and defined in the development of a broader narrative that directly spoke to, and answered our research questions. The analysis attends to how Māori youth realities in health and education in Aotearoa New Zealand are shaped by dominant sociocultural representations of young people, colonialism and other vectors of social marginality. Yet, we also recognise the agency, resilience and potential of rangatahi Māori, and the capacity of Māori practitioners to create relational contexts, processes and practices to support rangatahi Māori to thrive.

We acknowledge that our subjectivities have informed this process of knowledge production and interpretation (Taylor and Ussher 2001). All lead investigators and researchers were Māori from diverse tribal affiliations, with the exception of one member of our whānau from India. All researchers come from a broad range of research fields and use academic work as a way to make meaning of the complexity of being Indigenous in colonial contexts. This study was approved by the University of Auckland Human Participants Ethics Committee No. 020085.

## Results and discussion

Through moving and impassioned accounts of their struggles and successes within their respective fields of youth development, participants described the multitude of ways whanaungatanga was inhibited or fostered, across health and education contexts. Here we, wove together multiple participant stories that speak to the pervasive nature of racism within social service institutions, how participants resourced from whanaungatanga to offset the material impacts of this upon rangatahi Māori, with a view to consider how services could be reimaged. Patterns across particular experiences were identified and assembled into three broad and overlapping themes: (1) Mitigating system failures to embrace rangatahi and their whānau, explores how Eurocentric practices and intergenerational trauma inhibit opportunities for whanaungatanga between health services and rangatahi Māori. (2) Māori sustainability and

longevity of youth services describes how a lack of whanaungatanga between services can impact rangatahi Māori and (3) Fostering rangatahi self-determination explores how trust can be built, acting as a catalyst for whanaungatanga between service providers and rangatahi Māori.

### ***Mitigating system failures to embrace rangatahi and their whānau***

All participants described tensions associated with being involved in mainstream rangatahi services that operated within Eurocentric frameworks. Participant accounts described the multifarious nature of institutional racism across a range of contexts that diminish Māori agency. Participants outlined how mainstream systems perpetuate racialised representations of Māori resulting in punitive treatment, often excluding whānau and rangatahi from the very systems meant to support them to live fulfilling lives.

... it's the nature of the service and if the service isn't shaped for Māori ... if it doesn't look, taste, feel, sound, smell Māori then that's a barrier straight away ... Māori will go because they don't have any choice because that's what's there ... and we don't have any choice in what it looks like. So we go, we'll put up with institutional racism, and some of our whānau might not be able to put a name on it, but they feel it, they'll know it, and you know they see it in action ... and coming into health now you see a lot of recurring reasons why people don't attend appointments while avoiding issues around unintentional bias and institutionalised racism that exists ... (Service manager, Northland)

This service manager describes the tensions rangatahi and their whānau face when they use social services entrenched in institutional racism that constricts their autonomy and choices. Institutional racism is insidious (Came et al. 2018), materialising within Māori service users through feelings of exclusion. This participant describes how in their experience that although whānau may not be able to name or recognise institutional racism, the effects reverberate through services and are deeply felt, *othering* Māori who are seeking support. The sensory experience of interacting with services has palpable effects, steeped in difference, where whānau do not see themselves or their young people represented in their surroundings. Managing these exclusionary biases diminishes the agency that whānau can exercise within service provision as their choices are severely restricted through racism. Māori families who seek healthcare are then required to choose between using services that are not designed for them, or to disengage entirely. This creates a dilemma for Māori where systems of power that do not recognise Māori needs or rights, obscure pathways for support and limit culturally informed opportunities of engagement that can support whānau.

In the above account, deliberate disengagement from social services is seen as a form of protection for whānau wellbeing by avoiding marginalisation. This was elaborated by another participant who described how whānau seek to protect their rangatahi from these harmful systems:

The education system and the health system have not been very good to them in the past ... so why would you give your children to something you don't trust ... you need to protect them from things that are nasty, and if the health system and education system has been nasty to you before, why would you give that to your most vulnerable people in your life? (Doctor, Canterbury)

The above account depicts the complexity and contradictory nature of rangatahi engagement within health and education systems. This was echoed across participant accounts, where participants described that for some whānau Māori, opting out of mainstream services is considered the best approach to care for rangatahi, as state agencies have often caused more pain than healing. Māori disengagement from services is often discussed within health and education settings, and dominant narratives can draw on deficit discourses that blame Māori for this (i.e. ‘failed to attend’ or truant) rather than recognising that these decisions can be socio-politically situated (Hook 2007). Here, the ongoing impacts of colonisation are obscured, as state systems that are established to promote health and support, through institutional racism, become sites of trauma and mistrust. Environments that have historically (and contemporarily) created intergenerational trauma within Māori communities, due to Eurocentric service provision, have limited capacity to build and maintain trust with whānau Māori. The above interview extract outlines the ongoing consequences of colonial health and education systems, that inhibits whānau abilities to choose services for their young people as there is a lack of trust (Rolleston et al. 2020). Unspoken Eurocentric norms can create hurdles for Māori to navigate in accessing services:

Whānau often feel as powerless to access services as the young people who are needing them. I often experience whānau not able to be assertive and advocate for what their children need. I often feel that our systems are so contrived that people are left out, for example you turn up to a hospital and you have to conform to the system of the hospital and the expectations of how the hospital expects you to come and behave and nobody gave you the rule book ... nobody told you that it’s not okay for you and your whānau to be at that hui because there’s only three chairs, and all of a sudden you’re wrong, you’re navigating this system wrong and you’re being told by others that you aren’t getting it right and you didn’t even know what you had to do to get it right ... (Clinical psychologist, Auckland)

Here, this clinical psychologist describes how services can operate in ways that diminish the mana of rangatahi Māori and their whānau. The example of a hospital setting inadequately catering to whānau does not recognise Māori, and constructs whānau as ‘wrong’. In health settings, whānau are required to navigate unfamiliar territory and are expected to make informed, often quick decisions (Carlson et al. 2016). These settings provide limited opportunities for Māori to genuinely arrive as a whānau, ask questions and orient themselves within these spaces to make informed choices. The rules of practice assume predetermined knowledge, with whānau Māori expected to have the answers from the outset. These experiences often frame Māori as *less literate*, or having *poor health literacy* rather than placing the emphasis on a system that does not work, or obscures the rules for Māori (Carlson 2019).

In the above account, health services are considered as potentially hostile settings where the boundaries of systems are opaque and Māori are reprimanded if they do not conform; echoing colonial narratives of assimilation (Durie 2001). This clinical psychologist posits that whānau need to be assertive and advocate for their rangatahi. The need for whānau to be advocates highlights how rangatahi services are not designed with their interests and realities in mind. Service provision needs to recognise whānau *within* services, as the procedural tendencies of these environments are oriented towards nuclear families and individualistic decision-making. Systems that acknowledge diverse forms of whānau create necessary scaffolding for the development and support of

rangatahi Māori (Edwards et al. 2007). Rangatahi Māori have the right to systems that are intended for them, and their aspirations, in mind, rather than alienate them (Martel et al. 2020). Institutional racism not only impacts rangatahi and their whānau, but Māori practitioners who are working to support them as well:

... and then how do you support whānau where that stuff [tikanga] isn't valued? It can feel very restrictive like 'oh you have to fit into our way of doing things' so there's not that cultural sensitivity or competency to be able to work with whānau. Then they're like 'why aren't they engaging?' Well, there's different ways of doing it and it's not this way! It's a more Western institutional way of doing things, some of it is systems and allowing space for that whole whanaungatanga rather than 'twenty-four hours you've got to be engaged and you've got to do this assessment by this time' and it's like okay where's the relationship-building part of it? Can we have some space for that? (Youth counsellor, Waikato)

The above excerpt builds on prior Māori practitioner descriptions of service contexts that can *cause* Māori to disengage, considering how this could be mitigated. Māori practitioners can experience constraints to practice within Eurocentric settings, making it difficult to support whānau in culturally meaningful ways. It can be difficult incorporating innovative approaches that draw from mātauranga and tikanga Māori (cultural values and practices), which prioritise relationality and connection. This account reflects on how whanaungatanga is integral to wellbeing, however, presents an incompatibility with Eurocentric systems of health and constructs of time. Understandings of time that are anchored in measurements of productivity and are often premised on flawed western philosophies of efficiency, constraining Indigenous imagination (Smith 1999).

Eurocentric institutions continue to colonise time and space for Māori, whereby whakawhanaungatanga (the process of relationship building and relating to others) is not given appropriate space to flourish. Whanaungatanga is a fluid and interactive process and does not happen within a predetermined amount of time (Bishop et al. 2014). Services within Aotearoa New Zealand require bold restructuring in order to understand and allow for Māori cultural values to be exercised through related Indigenous understandings of time and space (Smith 1999). The persistence of Eurocentricism in service contexts functions to culturally assimilate Māori, undermining whānau Māori, rangatahi Māori *and* Māori practitioners. This highlights the importance of tino rangatiratanga in services for rangatahi Māori and their whānau, where Māori lead the design and implementation of services, and rangatahi Māori and their whānau can be genuinely embraced through whakawhanaungatanga that has the required space to establish and breathe through each person within a service interaction.

### ***Sustainability and longevity of services for rangatahi Māori***

Every participant in this project faced systemic challenges through their work within the youth sector, requiring a level of resilience to remain in this space. Many participants discussed the tenuous nature of funding for youth services, described as particularly damaging in rural areas where contracts and limited funding meant that entire areas could no longer be serviced. Many of these youth services are under-resourced, disestablished, or forced to merge with other organisations to survive.



We're not even contracted to run youth support groups, but we just know there's a big need out in our city for young people to be a part of groups ... and our boss has found a way to slice a bit of funding crackle off other parts of our services to put money into our youth groups. And then he just tells us – yeah our role is to make dinner, make activities happen at night time, put them all in the van and we drive them all home. Get home at like 10:30, 11 o'clock ... and that's something that's always asked of our staff like 'I know you finish at 5 but you're gonna go home at 11' just coz these young people need somewhere to go and they need something to do on a weekly basis. (Rangatahi health promoter, Waikato)

These are the constrained contexts Māori practitioners operate within, when trying to facilitate whanaungatanga with rangatahi Māori. To support rangatahi, this rangatahi health promoter is compelled to work outside of afforded FTE (Full time equivalent, 37.5 h week) workloads. This resource allocation pushes Māori practitioners to operate in unsustainable ways, often unpaid and at the expense of their own whānau. The recognition that investing time to be with, connect and have space and engagement in activities for rangatahi speaks to a more expansive, Indigenous notion of time and space, where time is unrestricted by 'standard' working hours (Smith 1999). There is a blending of public and private spheres, through kai and late nights, where whānau-like environments extend past the home into services, where whakawhānaungatanga is unrestricted. Building meaningful relationships and environments where rangatahi Māori feel valued and equal is essential to piquing their engagement with services (Bishop et al. 2014). However, this risks practitioner burn out if not adequately funded.

Organisations are forced to creatively shift around their internal pools of funding to enable networks of youth support, which highlights that crucial youth programmes are often not contracted to begin with. As another participant elaborates, '... but we're always having to look left, right, and centre, for the next, you know for the next lot of funding ...' (Youth-worker, Auckland). Māori who work in rangatahi services are continually forced to contend with the survival of their organisations (Skerrett 2010). Their roles are undervalued and they are expected to continue with exceeding their roles at reduced capacity, or under continuous pressure to source funding. This precarity does not recognise the valuable work they do serving rangatahi, nor the creativity that emerges from their work. Māori service providers demonstrate incredible resiliency to cope and offer resources to rangatahi despite chronic under-resourcing and lack of recognition for their work.

While practitioners were over-stretched, and services under-funded, the potential for service-based networking to support the complexity of whānau lives and provide the best care for rangatahi was under-realised:

I think it'd be cool to have more collaboration between them all [youth development services] because I think you have education, health, social development, but across the board, you can see a lot of those things impact each other anyway, wouldn't it just be cool to have a collaborative thing together? Actually all of these areas are important, we acknowledge and value them all and partner together to acknowledge a holistic view of who this young person is. And even sometimes I think we forget about the spiritual stuff, what's it mean when it comes to wairua... what does that look like in the mix of all those things? Often when I'm talking with clients, we might be talking about nurturing your wairua, and what does that look like? (Youth counsellor, Waikato)

This youth counsellor interrogates the shortfalls of compartmentalised services that are unable to attend to the wider picture of who rangatahi Māori are. Set within underfunded social service sector contexts, the capacity to nurture whanaungatanga between organisations is a challenging task. This breaks down the artificial silos of funding, contracting and professional compartmentalisation that overlap and entwine with whānau wellbeing. However, collaboration across services was suggested by multiple participants to enable outreach to rangatahi Māori from varying backgrounds and social spheres. Some suggested that support should take place on marae, while others suggested that rangatahi Māori would not always be comfortable in these settings due to unfamiliarity with those spaces. This is supported by wider research, that describes the multiplicity of rangatahi Māori identities, and therefore diverse needs, that are fostered across different familial and social contexts (Kukutai and Webber 2017). Taken together, it is clear that a diverse range of spaces that cater to multitudes of rangatahi are necessary for services to be able to cast wider nets into their communities.

Clinical spaces may have limited ability to recognise the wairua (spiritual connectedness within te ao Māori) of rangatahi. Dominant biomedical approaches to health prioritise only the physical dimensions of health, however, nurturing wairua is an important aspect of rangatahi development (Le Grice et al. 2017). As elaborated here,

Sitting in an office ain't gonna give you a true reflection of who they are. When you see them [rangatahi] in their own environment and see them for the people that they are, it's a totally different kettle of fish. (Community clinician, Northland)

These quotes bring in new dimensions when considering time and space. Service provision is typically associated with clinical environments, such as office spaces. Here we see an impetus from participants to decolonise notions of space in order to provide appropriate support for rangatahi Māori and acknowledge how different psychosocial histories bring about different needs, and different levels of comfort across social service settings. Rangatahi services need to be able to traverse these understandings in a way that deeply honours and acknowledges the histories and life experiences of the rangatahi they are engaging with to nurture their wairua and enable the uniqueness of each rangatahi Māori to flourish.

So we've, literally gone down to the creek where they drink most of the evenings. We've gone outside when they've caused fights and that and said come to the marae. Let's sit down and let's do some planning eh, and they respond 'yeah, okay, cool whaea [Aunty], yeah sweet', but they never turn up ... but we are trying so hard ... and we're gonna open the doors to the marae, and we're gonna start pulling the youth not in education or employment in ... we've not had any personal connection with them, but we will go outside and say come in and have a kai. Just come in, 'oh yeah we'll come and have a kai [food] whaea', but yeah it's trying to just break those barriers down and make a connection with them ... (Youth-worker, Auckland)

This account describes the struggles that Māori practitioners can face trying to connect with rangatahi Māori who have been ignored and largely excluded from society. Social exclusion has multiple intersecting and harmful effects on young people, restricting access to employment and education, affecting their mental wellbeing and entrenching social disengagement (Rangiheuea 2010). Participants recognised these pernicious issues, drawing connections to the limited funding available to reach and

connect with these rangatahi, further exacerbating disadvantage and exclusion through a poverty of opportunities to engage with services. Participants recognised the challenges incumbent for rangatahi service provision to find new and creative ways to engage rangatahi who are not in education or school. In the aforementioned account, this youth worker describes their attempts to break down barriers, moving beyond patterns of rangatahi exclusion, to connect with rangatahi Māori who may be struggling.

Overall this theme explores how Māori practitioners contend with challenging conditions, from resourcing, to modes of delivery, and engagement which can constrain their ability to efficiently support rangatahi. Many participants shared the sentiment that there was a disinvestment in communities by funding bodies, and often described having to work overtime, or creatively reshuffle funding to provide for rangatahi. Practitioners do their best to enhance rangatahi wellbeing, but ultimately, decision-making power and agency needs to be delegated to Māori communities for this to be realised. Tino rangatiratanga requires a depth of time and expertise to establish, however, will create the scaffolding necessary to aid Māori services in supporting rangatahi Māori.

### ***Fostering rangatahi tino rangatiratanga***

Restoring trust between providers and rangatahi was a major consideration across participant accounts. Service providers described the necessity of equipping rangatahi to be self-determining, to navigate the challenges within social service sectors.

... if the environment feels too medical and impersonal then you feel like you're here to be assessed ... so I'm thinking how do I minimise those thoughts of feeling like 'I'm less, and that's why I'm being referred here' 'oh I'm a problem to be fixed.' I believe whānau have all the potential and all the strengths and everything there and part of my job is to ask the right questions to draw those things out. But really what works for them will be what they decide and know and are aware of, and my job is to help grow that awareness and trust in those whānau that they have those things ... (Service manager, Northland)

This account speaks to the compassionate and creative ways in which participants approach interactions with rangatahi and their whānau to minimise power inequities within support services and humanise their interactions. Feelings of whakamā (shame and/or embarrassment) can cause rangatahi to be less likely to seek support from services (Martel et al. 2020). Medical interactions can often be impersonal and construct patients as 'cases', undermining the complex sociocultural aspects of the social dynamic (Green et al. 2002). This service manager is acutely aware of the power dynamics at play where health practitioners are positioned as powerful and rangatahi positioned as needing to be 'fixed'. Whanaungatanga is used to mitigate these concerns through thoughtful and compassionate engagement with rangatahi and their whānau. Doing so helps to foster non-judgmental, non-victim blaming spaces where rangatahi are viewed with empathy and in solidarity. This participant plays close attention to avoid racist binaries of broken/fixed or good/bad (Moewaka Barnes et al. 2012), and instead acts as a navigator, guiding rangatahi through and to their own internal resources, uplifting their own agency in ways that recognise the strengths already present within their whānau. Doing so creates space to articulate the multiple, intersecting issues impacting upon rangatahi, in ways that support them to understand and recognise their own

potential. Whanaungatanga then becomes a fundamental resource needed to create positive interactions with rangatahi Māori in service provision.

A lot of it is to do with trust. Whanaungatanga for me assumes that aroha and manaaki are in place already. Given that those things are constant, then trust will follow as well. We talk a lot around our relationships needing to be reciprocal, and in a lot of respects our relationships with our kids are the same as well, the kids all want trust, and we want the kids to trust us to help make their decisions as well. I think there's a middle point, somewhere we've gotta let them do their thing, but putting those parameters in place. So I think maybe, if they know that their safety net is there, then they can rely on it and that's probably the best we can do. (Tertiary student support, Auckland)

This account emphasises the importance of trust, describing the fundamental ingredients needed for rangatahi to flourish – aroha, manaaki (reciprocal generosity and care) and tautoko (support). Health research has demonstrated that trusting, compassionate relationships are necessary to enable continuity of care for Māori (Carlson et al. 2016) and the above account highlights the need for this specifically with rangatahi. This tertiary support student describes feelings and actions not often associated with the behaviours or code of conduct of Eurocentric medical environments, such as aroha and manaaki. Whanaungatanga is a term that has been gaining popularity within mainstream health vocabulary, yet is rarely contextualised with related practices of aroha and manaaki, assumed foundations for whanaungatanga to flourish. Service providers cannot bypass relationship building and expect to arrive at the same outcome. Reciprocity is another necessary component to the relationship between service providers and rangatahi Māori. Without reciprocity in relationships, the mana (spiritual power) of rangatahi Māori is not nourished (Ware and Walsh-Tapiata 2010). Creating trusting environments allows rangatahi to be able to explore possibilities and make considered decisions in a space that balances their agency with gentle guidance and counsel from providers or whānau.

Practitioners advocated for the need to build trust by creating supportive environments enriched with possibility, and provide sheltering contexts for rangatahi who are navigating difficulties in their lives. When relationships with rangatahi are genuinely collaborative, they get a stake in what is happening, can consider different possibilities, and enact their agency to determine the best path. Rangatahi Māori need spaces where they can dream, hope and be given opportunities to be heard and supported into their own aspirations. When rangatahi are supported to be successful in ways that they decide are important, it helps them to build their confidence, self-belief and self-efficacy. Several participants discussed how trust could be built, and services improved, with acknowledgement of rangatahi capacity. 'I look at the rangatahi that we're working with at the moment it's fair to say they are leaders, so our youth council are young people who despite all adversity are doing quite well' (Clinical psychologist, Auckland). Health and social services need to recognise the capability, talent and determination of rangatahi, and their capacity for leadership. Practitioners described the multitude of rangatahi Māori they had worked with who had overcome adversity, and with whom they could celebrate their successes.

Rangatahi Māori are shining lights who have immeasurable capability and capacity, with leadership potential that can be harnessed to inform social service provision. Whanaungatanga, as a relational practice, includes the sharing of power in decision-making

processes at every level of engagement (Carlson et al. 2016). As one participant elaborates ‘young Māori leadership is so important to mitigate stuff like the negative health outcomes that we see, to see themselves in power, in places of power I think is so important ...’ (Rainbow advocate, Auckland). Investing in rangatahi means recognising their leadership, potential, skills and passions as valuable and necessary resources for social action and change. Tino rangatiratanga in the context of rangatahi service provision requires rangatahi Māori with diverse experiences, and across a range of identities to have opportunities to contribute to these spaces (Berryman et al. 2017). Social services will only be able to embrace rangatahi Māori when spaces are designed for their intersectional complexity and multifaceted brilliance.

## Conclusion

This study explored the constraints experienced by Māori practitioners’ who work with rangatahi, through compartmentalised systems that were time-limited and contract-driven. Practitioners described deliberate under-resourcing, institutional racism and Eurocentric practices in health and social service provision that eroded rangatahi well-being, leaving rangatahi and their whānau vulnerable with limited options. In this context, disengagement or avoidance of services/agencies by rangatahi and their whānau functioned as a means of protection. Despite the well-meaning intentions of services, they can be the arbiter of harmful outcomes, exacerbated by institutional racism and the difficulties rangatahi encounter in their everyday life. Until social service provision can address the diverse needs of rangatahi Māori, create time and space to build relationships, seek solutions that are culturally-centred and strengths-based, they will continue to fail rangatahi Māori and their whānau. Practitioners identified the root cause of health and social inequities faced by rangatahi Māori nestled within the constraints of Aotearoa New Zealand’s Eurocentric social, cultural and political systems, requiring radical system-level changes.

Despite this, Māori practitioners within this study demonstrated incredible resolve and creativity, creating pockets of space and time (often at their own expense) where they could enrich their practice and engage with rangatahi and their whānau through practices grounded in mātauranga Māori. Participants were optimistic that there was great potential to change current dominant practices when the leadership, intelligence and creativity of rangatahi was recognised, listened to and acted on. They emphatically believed that rangatahi Māori can contribute towards innovative solutions to the challenges they face, and that rangatahi service providers have a responsibility in these areas to foreground their leadership – their tino rangatiratanga. System level changes that are unapologetically Māori-centred, utilising kaupapa Māori models alongside high-trust commissioning practices, systemic anti-racist practices and redistribution of resources to determine their own priorities are urgently required. Rebuilding trust is a slow process, but it is possible when systems trust that Māori have solutions guided by ancestral ways of knowing and being, facilitated by the relational richness of whanaungatanga, and when rangatahi Māori can determine their aspirations, guiding systems and processes that activate their wellbeing.

Tungia te ururoa kia tupu whakaritorito to tutū o te harakeke

Set the bush overgrown alight, and the new flax shoots will spring up

This whakatauki speaks to changing and removing that, which no longer serves us, in order to let the new ways come through.

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Data not available due to ethical restrictions.

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