

I Am Not What Happened To Me I Am What I Choose To Become

'Carl Jung'



'The Bash'

Exploring the Benefits of a Culturally Responsive Open Studio Closed Group Arts Therapy Programme as a Component on an Existing Educational Course for 'At Risk' Māori Taiohi/Youth in a Tertiary Education and Training to Industries Facility

Toi Ora Taiohi Ora Hauora - Arts for Youth Wellbeing Programme

A thesis submitted in fulfilment of the requirements for the degree of Doctor of Philosophy in Indigenous Studies at Te Whare Wānanga o Awanuiārangi

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Whakapuakanga – Declaration

Declaration

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Dedication

Over the years I have often wondered how different my life might have been, had my mum not died when I was 15yrs old. In her suicide note she apologised. Her two main concerns were that I would be okay and that my sister and I would look after each other. Her wish for us both was to be free and lead happy interesting lives.



Mum (Linda Meek née Harwood) aged 15 years old
(4/1/1943-25/2/1985)

My sister 3 years my senior was angry that mum had killed herself, angry that she had let the demons that surrounded her penetrate her beautiful soul and take over, she saw mum as being weak at that time. I was lost, my mum was my world. Although oddly I did consider mum's premature departure from this world an indication of her determination, which I respected, and I found some comfort in honouring her choice to leave her hellish existence. Our differing views created a divide between us. The respect I felt gradually over the years turned into an understanding of my mother's aspirations for my sister and I to be free, we were all

experiencing the hellish torment in our daily family life. Essentially, Mum's fateful action taught me that we all have choices. I chose not to following in her' physical footsteps, and the respect I have for her spirited intelligence, unstoppable determination and depth of compassion, has been kept alive through this research, for those are the virtues she role modelled to me. Therefore, this research serves as a legacy to her. Had mum not ended her life I feel sure she would had completed a Ph.D. Her research interests would have been in Irish and English literature, as she loved the writings of Oscar Wilde, the Brontë sisters and Virginia Wolfe, among others. I feel like I have fulfilled her wish. I am living a happy and interesting life, and that her suicide was a selfless act, setting me free from the daily torment, projecting me onto a pathway of personal reconciliation and drove my career and research direction thus far.

Interesting through this research and my involvement in te ao Māori, I have been compelled to contemplate the now validated impact of transmission of intergenerational trauma. With every suicide the survivors are always left wondering why? This subject and my personal experience with suicide is something I have thought about over the years to a tortuous point, and now consciously choose to avoid as the answer always seem to end in some form of self-blame. However, now through a fresh lens, I realise how the transmission of intergenerational trauma played a role in my mother's fate and its ripple effect has at times impeded and challenged my wellbeing. Both my parents and their ancestors experienced dislocation from their homelands, Contae Thiobraid Árann Southern Ireland and the coal mining valleys of De Cymru/South Wales, a result of political structural violence that forced their parents relocation to London in support of the WWI war efforts. Both my parents were born amid the German Nazi Blitz London bombing campaigns, into impoverished, traumatic threatening environments.

My grandmother on my mum's side was one of twelve children born before and throughout the WWI years and grew up amid the Great Depression in the 1930's. Five of the siblings my grandmother included suffered from 'Shell Shock' now commonly known as Post Traumatic Stress Disorder. This diagnosis meant that my mum an only child was brought up by a mother who suffered the severe symptoms of anxiety and clinical depression which caused her to be emotional unavailable for my mum. Desperate to find love and feel a sense of belonging my mum married into family who had, had equal if not worse impoverished and traumatic experiences.

All this said, I do have some happy memories from my childhood, my Welsh speaking grandparents on my dad's side always managed to make ends meet and there was always a warm welcome for their children and ten grandchildren. My mum's father died young, most of the memories I have of my Irish family side are entrenched with Roman Catholicism and living in fear of God, yet I witnessed how the church gave my mum something to belong to. Although I am a non-religious person now some of the traditional Catholic values instilled in me as a child, influence my perception of the world and people in it.

I grew up in a political climate of trade union strike protests among the working class, threatening Irish Republican Army (IRA) London bombing campaigns during the 1970's. Then in the 1980's amid the iron grip of right-wing neoliberalism a political ruling based on capitalism, society felt raw and hopeless at times from a working-class perspective. The intergenerational cultural disconnections arising from native ancestral dislocation, coupled with the impoverished economic restraints and tensions of being working class, created a tough hostile home environment. Family violence and psychological abuse was a typical feature of family life, in 1991 marital non-consensual sex was recognised as a serious a sexual offense and, a new definition of the offense of 'rape' was created in 1994 by the section 142 of the Criminal Justice and Public Order Act in the UK. These fraught foundations brutally

shattered by my mums' suicide when I was 15 years old placed me in the 'category' of youth at risk of poor outcomes. Looking back on the past 35 years since mum passed, it is a wonder I survived. Trying to find a place to belong in this world was central to my journey, a lack of key protective factors made me vulnerable which sometimes led to poor choices. The emotional impact of mum's suicide was far researching, taking me years of introspection to accept and detached myself from the feelings of shame and inadequacy. I was never ashamed of the fact mum suicided, the shame I felt was more personally insidious and harmful. The feelings of inadequacy I had carried since mum's departure, I came to understand related to abandonment and the feeling of unworthiness of unconditional love. As I grew into a young adult, this inadequacy played out negatively in intimate relationships, and presented difficulties making genuine friendships, as I battled self-doubt, self-sabotage was a common theme. It has been a long challenging journey to understand and overcome that early trauma. However, in retrospect those youthful traumatic experiences I believe positioned me well to investigate this research topic. Therefore, this dedication is to my mum, acknowledging her input into allowing me the freedom to choose who I want to become.

One final aspect of this dedication is to my native Celtic ancestors and my daughters Māori ancestors for their wisdom and insight. Whakataukī and proverbs became a significant feature of the Toi Ora programme. Simple, subtle reconnections to our ancestors that remind us of the wisdom of their thinking and their presences in this world. This Gaelic proverb below speaks of humanistic unifying qualities that have sadly been diluted in contemporary times. It is time to revisit and reconnect with the wisdom of our ancestors and start living again by their ways.

“Ar scath a cheile a mhairann na daoine – Under the shelter of each other, people survive”
(Irish Proverb).

The Brittonic Celtic Welsh word below resonates with the emotions and feelings I experience sometimes, there is no word in the English language which conveys in the same way these emotions and feelings. *Hiraeth (n.) a homesickness for a home to which you cannot return, a home which maybe never was, the nostalgia, the yearning, the grief for the lost places of your past.*

Acknowledgements

“He aha te mea nui o te ao. He tāngata, he tāngata, he tāngata”

I find it interesting as I sit here pondering what to write, how to really express the depth of gratitude for the all the people who have supported me both with this research and over the years since mums’ suicide. They saw something in me, that took me a long time to realise. It is interesting, how throughout my search for a place to belong I encountered many different cultures and languages, yet something about the Māori people and culture resonated deep within me. Perhaps, it was that I could identify with the traumatic experiences they endured, or behaviours from the impact of trauma and those that continues to filter through the generations. Or maybe there are similarities in the ancient beliefs systems and ways of living to that of my Celtic ancestral origins that are intrinsic to me. It was the birth of my daughter that caused the two worlds to collide and evolve. Therefore, I acknowledge my daughter Grace - Kerehi who has been my only reason for living during the dark lonely days and my reason to smile when I realise how far I have come.

I have been truly fortunate to have meet and experienced some amazing people during this research process. The research advisory group have become like family to me. Rawiri Henare kaumātua of Ngātikahu o Whangaroa and of the research advisory group. Rawiri placed his trust in me, which speaks volumes of his character considering I was an Indigenous tauīwi and a stranger when we first met. Rawiri embraced this research from its conception and taught me there are many ways to achieve something, but it is through determination that our goals are achieved, also that aroha/love, compassion, and respect are key ingredients to wellbeing. This is a similar learning I eventually gained from my mum. Two other members of the Māori contingent of research advisory group were Ngātikahu ki Whangaroa another from Ngāti Kaku and one other from Ngāti Hine, all encouraged me every step of the way. They provided me with the tools I needed to navigate the cultural differences and informed

the wellbeing elements of this research. Their resolute support apprising and enabling me to determine the approach I took both with the experiential Arts therapy directives and strategies to develop the therapeutic relationship with the participants during the Toi Ora programme. The benefits of the eclectic approach are evident both in the shared narratives and artefacts that the Māori taiohi/youth participants produced during the sessions. By offering the right environment and providing appropriate tools the participants made new discoveries, and reconnections with their cultural/self-identity through ways which were meaningful to them. They become more self-aware and begin to realise their full potential, instead of living in continued stereotypical versions of themselves or lost walking the space in between two worlds. A key identified barrier amid the wide range of support services offered to taiohi/youth, were the assumptions and attitudes of the support service providers and or practices. Frequently the taiohi/youth expressed that they felt judged either based on their cultural identity or on the way they presented to the world, often leaving them feeling inadequate with no hope. *Mihi ki a koutou katoa mo te tiritiri i o mōhiotanga me to whakaaro nui kei te tūmanako āhau kia tohatoha.*

I would like to acknowledge Jennifer Andrews and Jane Arlidge who believed in me and my research project from the start. The three of us shared a mutual passion for youth wellbeing, through this common ground, I was provided with an opportunity to explore the research questions which investigated what places Māori taiohi/youth at risk of poor outcomes and considered how education and wellbeing can work together in the format and function of the Toi Ora, Taiohi Ora Hauora/Arts for Youth Wellbeing programme. Linda Brown was another valuable member of the research advisory group. Linda and I both completed a clinical research thesis, which achieved first class honours grades on our master's in Arts therapy programme at Whitecliffe College of Art and Design in Auckland 2010. Linda and I shared common ground when we first met, we were both trained teachers when we embarked on the

master's degree programme. We both understood the connections between creativity, wellbeing, and education. I am grateful that Linda has and still is a professional source trusted confidence.

The participants of the Toi Ora programme. I want to acknowledge their bravery, trust, and youthful wairua/spirit. I did on occasion experience transference and counter transference as I identified with many of their experiences, situations, and different states of wellbeing. I could understand to an extent what and how they were feeling, this I could be considered as empathetic understanding a necessitous quality for an arts therapist. This kind of connection can sometimes be hazardous in the therapeutic relationship. However, in this instance these glimpses of self-realization supported a reciprocal therapeutic relationship to develop. This relatability proved essential, as it became a pathway in to further understand many of the barriers to wellbeing and learning the participants experienced. I want to acknowledge the programmes participants trust in me and thank them for helping me to understand myself and my work further, for their input has given me new direction for future research.

Finally, I want to acknowledge Professor Virginia Warriner for her unwavering support. From my initial interview with her as a Ph.D. candidate Virginia believed in me and my research topic. Her dedication to the success of my research and attentive responses to my wellbeing over the past four years embodied the ethos of Kaupapa Māori, enabling me to find the strength to complete this work. Having now studied with an array of different education providers over my eleven-year academic journey, as an Indigenous tauwiwi student, I can highly recommend the Wānanga approach. With both Wānanga o Aotearoa and Te Whare Wānanga o Awanuiārangi my wellbeing always felt of equal priority to academic accomplishments in these education settings. In non-Māori educational institutes such as Whitecliffe Collage of Arts and Design I frequently felt that the priority focused on the

institutes predetermined learning outcomes and prestigious reputation rather than the student's wellbeing.

On a personal note I want to acknowledge that through the process of this research I was able to locate my sister whom I have not seen or had contact with in twenty years. Retracing my personal traumatic experiences as a youth enabled this reconnection. My sister's life has been not too dissimilar to mine, in that we both looked for other cultures and people to belong to and we both ended up with careers that focus on education and wellbeing. My sister had spent ten of those missing years living in the Himalayan region of Punjab in North India, converting to Sikhism, studying, and teaching yoga in a drug and alcohol rehabilitation facility within the Northern Indian province. After marrying a Tibetan refugee, they have now relocated back to the United Kingdom where she continued to teach yoga to female inmates at Holloway's woman's prison in London. We have both enjoyed our reconnection process, although at times it has been very painful to reminisce about our mum, her untimely unnecessary fate, and our life experiences with limited protective factors. Recently my sister disclosed that she had undergone a DNA test. My sister and I are full biological siblings, the test results were interesting, 45 % Irish, 20% English, 20% Kale Welsh Romanichal 15% Greek. The latter ethnic identity came as a surprise although gave my olive skin tone an explanation.

Disclaimer: Aroha mai I have endeavoured to apply as much te reo Māori in this body of work. My knowledge of the language is limited. Therefore, I apologise for any undetected errors. I am acutely aware that further linguistic attainment is needed to pursue and develop my professional Arts therapy practice and approach to better respond to my target population.

Mihi

Tēnā koutou katoa

He uri āhau no Rānana Ingarangi

I whānauhia a Aotearoa hei whare moku i te tau 1994 i te 24 o ōku tau

Ko Linda tōku whaea, mai i Airani

Ko Vivian tōku papa, mai i Wēra

Ko Grace tōku whaea whāngai mai i Rānana

Ko John Henare tōku hoa tane

Ko Kerehi/Grace Wikitoria/Victoria Anaru tōku tamāhine

Ko Christine Harwood-Henare taku ingoa

E noho ana āhau ki Awaroa Onerahirahi Whangārei Te Tai Tokerau

Ko taku kaupapa mai i taku taenga mai i roto i taku mahi me te haere hei whaea, ko te whakapakari i ngā tamariki me ngā taiohi

Noreira Tēnā koutou, Tēnā koutou, Tēnā koutou katoa.

I kimi āhau - Locating Self

It was November 1997 when the lord mayor of Auckland shook my hand congratulating me on my naturalisation to Aotearoa/New Zealand. He asked me, “*You are now officially a New Zealander, how do you plan to contribute to the country as a newly appointed citizen?*”

Following the completion of a one-year work visa in 1995, due to a skill shortage the Auckland based high-profile international company offered their support with my citizenship application. This together with the support and encouragement from good friends I had made during my first years here in Aotearoa/New Zealand won me my dual nationality, which I have treasured for the past 25 years now. I explained, to the Lord Mayor, “*over the past three years living and working in Auckland I have experienced two contrasting spectrums of society.*”

The white collar, international growth and wealth with the company I worked for, while residing among the urban/rural sprawl of a South Auckland suburb, I had witnessed a quite different side of life”.

In 1994 the year I first arrived in Aotearoa, *Once Were Warriors*, was the hit movie. The movie portraying a story an urban Māori whānau, their lives symptomatic of the impact of intergenerational trauma, poverty, alcoholism, incestuous relationships, domestic violence and youth suicide were key themes in the story. During the next few years, I came to realise that these confronting social development issues were a common occurrence for many families in my South Auckland neighbourhood.

The day before my citizenship ceremony I had read an article on the deplorable suicide rates in Aotearoa/New Zealand one of the highest in the OECD. With a high representation of Māori, narrowing it down further in the Māori population, Māori taiohi/youth were at highest risk. I replied to the Lord Mayor’s inquiry, explaining after a planned trip back to London, upon my return to Aotearoa/New Zealand I aimed to contribute in some way to reducing the suicide rates here. The Lord Mayor was surprised, expecting my reply to be based around continued employment contribution to the large international cooperate company aiding the recognition of Aotearoa/New Zealand on the global wealth stage.

The truth be known, I was not sure at that time how I was going to make my contribution, all I knew was I would one day. Driven by my own challenging experiences as a youth, a survivor of maternal suicide. The impact that event at the age of 15yrs old, had on me and my life was deeply traumatic changing my life in many ways forever. According to research (Wilcox, Arria, Caldeira, Vincent &, Pinchevsky, 2010), youth under the age of eighteen frequently struggle through this transitional developmental stage. For youth who have been exposed to trauma, such as parental suicide, domestic violence, and/or abuse, psychological disorders can

emerge during this vulnerable developmental stage especially without adequate support (Wilcox, et, al. 2010). The school counselling, I received following the discovery of my mother's dead body was neither appropriate nor effective, this situation led to my premature drop out of formal education at the age of 15 years old. However, I promised myself I would never give up on myself. Although etching an empty lost feeling into my spirit for many years to come, my mother's suicide taught the important difference between compassion and empathy, something no textbook could ever teach me, it is that which I am grateful. And now in hindsight I am aware that this is how you become resilient.

However, at the time these experiences categorised me as a youth 'at risk' of poor outcomes. At the age of 17 years old I was involved in a life-threatening hit and run accident while riding my motorcycle. By 19 years old having undergone multiple surgical procedures and learnt how to walk again I made a good recovery and decided I needed to look for ways to move on with my life. I had been 'labelled' a victim in my neighbourhood in light of my mothers' death and the accident, a label which I felt would forever maintain a deficit frame had I decided to stay in that community. I decided to leave and travel the world, create a new life for myself, driven by the possibility of finding somewhere else to belong fuelled by a feeling of having nothing left to lose. I am not what happened to me I am what I choose to become (Jung, 1875 – 1961).

Arriving in Aotearoa/New Zealand for most 24yr olds would be a thrilling adventure, which it was for me, although my search to find a place to belong was at the forefront of my globetrotting adventures. Becoming a citizen of Aotearoa/New Zealand was another life changing event, this time a good one, I was able to leave the ghosts of the traumatic experiences in my past behind me and embrace a new beginning. Aotearoa/New Zealand in contrast to the concrete jungle of London where I had grown up seemed like paradise full of beauty and opportunities, it became a haven that saved my life. At first, I struggled to

understand why there was such high suicide rates among Māori taiohi/youth together with an overrepresentation deficit in education, employment, and wellbeing statistics, until I became more embedded into society.

Upon my return to Aotearoa/New Zealand in 2002 following three years overseas, another life changing event occurred I gave birth to my tamāhine with Māori ancestry firmly rooted in the Hokianga, she was another treasured gift in my life. After graduating here in 2005 as a teacher in early childhood education, I began my teaching career with the philosophical approach that viewing children in context is valuable to understanding them and their families, prevention is better than cure in relation to supporting children's wellbeing and development and finally exploration is vital developing skills, attitudes conducive to learning. Te Whāriki the early childhood curriculum, is a comprehensive example of a bicultural approach to education. The curriculum is founded on the following aspirations for tamariki/children, *“to grow up as competent and confident learners and communicators, healthy in mind, body, and spirit, secure in their sense of belonging and in the knowledge that they make a valued contribution to society”* (Ministry of Education (MOE, 1996, p. 9). The document was the first of its kind, providing a robust operational framework to deliver an authentic bicultural practice. The applied principles, and strands of Te Whāriki weave together concepts of te ao Māori and Bronfenbrenner's theory on the ecology approach to human development and socio-cultural theory (MOE, 1996).

Offered in English paralleled with te reo Māori text a bicultural understanding can be gained and put into practice. This well thought out curriculum document is a solid attempt to reconnect and reinstate te reo me ona tikanga Māori, with its goals directed firmly at the wellbeing, learning and development of tamariki/children (MOE, 2007). This benchmark bicultural educational document has the capacity for creating far reaching changes, contributing to both the learning and development of the nation's tamariki/children, and

fostering the country unique cultural duality. Over the next fifteen years I have taught in an array of different early childhood educational environments I became aware that the bicultural curriculum was open for interpretation. I often witnessed early childhood centre's adopting an international educational philosophy such as Gerber, Montessori, and Steiner approaches to practice, forcing Te Whāriki to fit within those frames, rather than the other way around. I frequently observed the implementation of te reo Māori as tokenistic instead of being promoted as a relevant living language in a whole teaching team effort. Witnessing kindergartens and early childhood centres ramping up their signage in te reo Māori presenting a temporary false image to meet the Educational Review Office review process, has been an appalling experience.

This experience has led me to consider how frameworks that set out to achieve a specific outcome can be implemented to more effectively deliver a practice that better reflects the same intent and determination they were developed with? Personally, following extended research into how bicultural/bilingual can coexist, and best practices to achieve this duality, Te Whāriki has served as a benchmark for bicultural practice, as a professional educator and qualified arts therapist, together with offering an effective foundational blueprint for nurturing my tamahine.

Continuing with my quest to contribute in some way to the reduction of national suicide rates and increase levels of wellbeing I became a volunteer crisis line operative, first with Lifeline and later with Women's Refuge. To support my change in career direction, in 2010 I completed a clinical Masters (1st class honours) research thesis in Arts therapy. The MA course of study encompassed all Arts therapy modalities, drama therapy, psychodrama therapy, music therapy, dance, and movement therapy, together with the more commonly recognised painting and multimedia/sculptural modalities of Arts therapy. The focus of that clinical research elective was to develop a therapeutic bicultural model, approach, and practice in Arts therapy

here in Aotearoa/New Zealand. The clinical research trials using the model, approach and practice I developed presented clear evidence that in an environment in which a client's cultural identity/background was represented and respected the therapeutic process became more effective. The participants felt a sense of security with a practice that acknowledged their cultural duality giving them the freedom to explore and express themselves more accurately. Now twenty-two years on, revisiting that 1997 article that reported on the then deficit statistics relating to Māori taiohi/youth wellbeing and mortality, what had changed? The current available statistics that relate to Māori taiohi/youth wellbeing and mortality indicates a culture in crisis. With a slight reduction during 2012/2014, Māori taiohi/youth suicide and self-harm rates are once again at epidemic levels (Ministry of Health, 2018). Herein lays this research purpose, the quest I disclosed to the Lord Mayor of Auckland all those years ago finally becomes realised and eventually mobilised.

To further locate and define myself in this body of research, I am non-Māori, my ancestors are of Celtic and Gaelic heritage, both Welsh and Irish entwined. Now with dual nationality, here in Aotearoa/New Zealand I experience life through a hybrid lens, a mother of a Māori child immersed in other cultural ways of life quite different to that of my own upbringing. Occupying a diverse cultural space in between, I could relate to many Māori of mixed 'other' origins living in urbanisation. Buffeting about between two worlds trying to fit in somewhere, being misunderstood by some and embraced by others. This space can become full of potential, with rich bicultural/multicultural experiences, memories, behaviours, stories, beliefs, a third space of cultural diversities and a place for movement and change (Webber, 2008). From this perspective, it can easily be seen how arts fits well within this third space as a tool for safely liberating emotions and modifying cognitive patterns, exploring diverse experiences, and enhancing wellbeing through creative expressive communication. This highlights the further potentialities of a culturally responsiveness group Arts therapy-based

intervention programme, where the 'space' itself as well as the resources are conducive to cultural identity. This along with culturally appropriate wellbeing models and reflexive arts therapist can offer opportunities, that validate and enable acceptance of feelings and emotions. fostering life enhancing experiences in a safe creative space.

A further duality is my role in this research. I am both the person making an inquiry into the benefits of group Arts therapy-based programme for Māori taiohi/youth wellbeing together with being the developer and facilitator of the Toi Ora programme. This research investigates an original idea venturing into the world of Arts therapy as a tool to enhance wellbeing and development among Māori taiohi/youth within an education training to industries tertiary educational environment in Te Tai Tokerau. The Practice-Based Evidence (PBE) research approach taken during the programme's facilitation maintained the participants as central focus, enabling the Arts therapy process, through interactions with the participants and their expressive visual artifacts and accompanying narratives to be witnessed. Often, the investment of emotional energy that reflected and represented their diverse experiences became visible. Emotional discharge through creative expression using visual multi-media, technical poetry, rap music and graffiti/street arts, serve as concrete evidence, alongside the usual evidence-based practice ways of producing and presenting in qualitative studies. A further reason for adopting the PBE approach, during, the facilitation of the Toi Ora programme, meant the participants actively contributed to its development. Enabling the participants to direct the type of modality used in each session with their interests and needs. For these reasons, the PBE approach, was an appropriate approach to take, offering the participants an opportunity to determine the programmes content, making it meaningful to them was vital to their engagement. Adapting to respond to the interests and needs of the participants, also provided evidence that demonstrates how the practice was relatable and fostered the process which supported and worked towards the session's and programme's desired outcomes. PBE can

provide a means of gathering data that, cumulatively and singly, demonstrate the effectiveness of the Arts therapy process.

This dual role required in-depth analyses of how I view myself, my practice, the participants, and the Arts therapy process, to reach desired outcomes. In many ways my mixed cultural background, traumatic youthful experiences and current situation offers the position of both an insider and an outsider carrying out research, to which there are advantages of being both. It is my commitment to the aim of creating and contributing an accessible solution for the betterment of Māori/taiohi/youth wellbeing and development that I proceed with this research. As an insider with full commitment to this aim provides an assurance that best ethical practices are maintained, and the participants wellbeing is central focus throughout the second phase of the research process. Adding to this as an academic who is loyal to the codes of research practices the research ethics of Te Whare Wānanga o Awanuiārangi serve as a principled benchmark of transparency in this research study.

Tuhinga whakarāpopoto -Abstract

It is well documented in the most recent and previously available statistics the Māori taiohi/youth are at higher risk of poor outcomes than that of the general youth population. Over the past four years there has been multiply inquiries conducted by both government departments and NGO youth development providers that highlight the urgent need for reform and restructure to many of the practices and approaches offered by the support services available to youth in Aotearoa/New Zealand.

The findings from many of the inquiries reveal several key issues that impede the effectiveness of the support services available to Māori taiohi/youth development. Accessibility to the support services, appropriateness both culturally and contextually of the responses and approaches used, together with a deep entrenchment of neo-colonialist theory and hegemonic attitudes all contribute to the breakdowns and ineffectiveness of many of the support services available. This research aimed to explore and present an example of how one solution can contribute to the many needed to make support services more responsive and effective with Māori taiohi/youth at risk of poor outcomes.

This research presents a two-phase empirical approach which aimed to discover the benefits of an open studio closed group arts therapy-based programme as a component on an existing tertiary educational training course for Māori taiohi/youth at risk of poor outcomes. The research has an indigenising agenda with the principles of Te Tiriti o Waitangi/The Treaty of Waitangi, Protection, Partnership and Participation firmly underpinning the research design and approach. Research methods from both Kaupapa Māori and Māori centred approaches, together with compatibly appropriate Western research methods such as narrative inquiry, ethnography and autoethnography were applied during both phases.

During the first phase a research advisory group was assembled. Through an ethnographic narrative inquiry approach cultural knowledge and other data that reflected each advisory group members area of expertise guided, advised, and supported the further development of both the research process and approach to the Toi Ora programme. One key outcome of this initial phase was the development of a conceptual framework that supported the Toi Ora programme to fit and function effectively within the structure of the existing course of study. The key concepts demonstrate how they foster the therapeutic relationship and provide guidance of the therapeutic process and progress. Additionally, the conceptual framework served as an assessment method and analytical tool.

The second phase saw the facilitation of the multi modal culturally responsive eight-week Toi Ora programme in a community-based education training to industries facility in Whangārei Aotearoa New Zealand. Titled '*Toi Ora Taiohi Ora Hauora /Arts for Youth Wellbeing programme* (2018) it was designed to align with the weekly scheduled learning goals and desired learning outcomes of the existing education training course. The Practice-Based Evidence approach adopted during the programme's facilitation enabled barriers to wellbeing and learning to be identified and allowed the participants to be co-constructors with many of their interests and/or needs to be incorporated into the weekly experiential Arts therapy-based exercises. Data from a pre-programme questionnaire that the eleven consenting Māori taiohi/youth participants were invited to complete, together with observational data gathered throughout the programmes weekly sessions provides a localised understanding of what places Māori taiohi/youth at risk of poor outcomes.

Findings from the weekly Arts therapy-based exercises demonstrate a variety of benefits such a programme offered. They include a safe creative space with an opportunity to explore and express or externalise any internal issues. For some participants it was the first time they had

self-disclosed some of their traumatic past experiences, while for others the Arts therapy-based exercises became a vehicle to process some of the challenging experiences they currently faced. There is compelling evidence that the Arts therapy process enabled some of the participants to shift their perception of themselves and their past experiences, presenting them with an effective strategy to navigate the stereotyping and discrimination they frequently experienced. Finally, the programme promoted pro-social development, with the acceptance of each other's street gang loyalties, understanding and empathy for one another emerging.

Several recommendations were made. However, one significant suggestion would be for all support services, education, and training facilities available to Māori taiohi/youth at risk of poor outcomes adopt a trauma-informed approach to practice as a benchmark. Further scope for this type of programme that would assist Māori to self-determine the way in which they interact with then support service and vice versa. Further opportunities could be the facilitation of the Toi Ora programme as part of a broader marae-based service or in other educational/wellbeing settings. Ultimately, this research presents an example of how a group Arts therapy-based programme can be used as a destigmatising intervention strategy to support the wellbeing and development of Māori taiohi/youth as they strive to realise and reach their full potential.

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Karakia o te mahi tēnei ~ Blessing of the work

E te Atua, whakawātea te noa i a mātou

Whakawātea te hau otaota i runga i a mātou

Whakawātea te taurekarekatanga i a mātou

Kia marangai mai ai mātou ki runga

E te Ariki, e Hehu Karaiti

Ko tōu mānawa ora ko to mātou mānawa mate

Ka tuku atu i to mātou mānawa mate ki a koe

Homai to mānawa ora

Kia maranga mau ai mātou ki runga i tōu aranga

Kororia

(Rev. Taite, 2009 personal communication)

This karakia aims to clear the way of unseen obstacles during the research process. This

karakia pertains to Hohourongo.

Matapuna~Prologue

“Art is our one true global language. It knows no nation, it favours no race, and it acknowledges no class. It speaks to our need to reveal, heal, and transform. It transcends our ordinary lives and lets us imagine what is possible. It creates a dialogue between individuals and communication between communities. it allows us to see and listen to each other.”

Richard Kamler (Simon & Schuster, 2012, p13)

This quote from Kamler, offers a glimpse into the potential the Arts has in actively contributing and enhancing people’s wellbeing. The words capture the characteristics of the Arts, illuminating its liberating, equalising, unifying and transformative qualities. Thus, indicating that the Arts can provide a vehicle for all people to explore themselves, and their experiences. Therefore, presenting an opportunity for them to communicate their own narrative in many different creative ways. With an emphasis on the creative process rather than the aesthetic outcome, the arts through its ambiguous noncommittal capacity offers a safe powerful tool that enables both a person’s cultural identity and self-identity to be reconnoitred. In doing so it opens new pathways breaking down barriers to learning, wellbeing and understanding ourselves, each other, and the communities we live in.

Whakataukī are metaphors that transmit or bring alive values, ethics, or aspirations they are a means to reverberate ancient ancestral wisdom. They can act as a way of conceiving the world, provoking critical thinking, allowing the receiver of the whakataukī to consider an alternative way of thinking and being (Ministry of Education, Te-Whāriki -whakataukī 2016). Sir Hirini Moko Mead describes whakataukī more eloquently.

Whakataukī constitute a communication with ancestors...their advice is as invaluable today as before...their use of metaphor and their economy become a beautiful legacy to pass on to generations yet unborn. In a sense it is a rare privilege to be able to reach out to the ancestors and touch their minds. In that sense, whakataukī embody respect and by gifting past knowledge forward, they are treasures that appreciate with time (Mead, cited in Alsop & Kupenga, 2016, p.15).

The descriptive words of both Mead and Kamler provide insight into the potentialities of merging whakataukī with the arts. The essences of whakataukī provoking exploration and reconnection with cultural identity, becomes a powerful way of tapping into the wisdom of the ancestors. The arts are a subtle yet potent means of self-expression. Whakataukī when applied as a directive to an Arts therapy exercise and session provides a theme and a tool to reconnect with hidden or buried cultural intrinsic traits. The arts combined with whakataukī become an influential mediator of change, offering the opportunity for these intrinsic culturally bonded traits to be revealed and mobilised once again

Kuputaka-Glossary

Toi-Art	Maioha-Appreciate	Tūraru-Risk
Hōtaka-Programme	Rito-Centre shoot of a plant	Ahurea-Culture
Rongoā-Medicine/Therapy	Whaimana-to be valid	Tātou-We, us (two or more)
Ngākau-Seat of affections	Oranga-Livelihood	Hākari-Celebrate/Feast
Whakaparahako-Patronise	Ētahi-Stand as one	Takepū-Applied principles
Whāriki-Woven mat	Whakataukī-Proverb	Pūrākau-Stories
Waiata-Song	Kōrero-Conversation	Rongoā-Medicine/Therapy
Māoritanga-Māori culture	Mātauranga-Learning	Tamariki-Children
Whānau-Family/Extended family	Taiohi-Youth	Rangātiratanga-Right to exercise authority
Poi inga-Unconditional love	Aroha-Love/Respect/Comfort	Wairuatanga-Spirituality
Hauora-Wellbeing	Hinengaro-Mind/Consciousness	Tinana body/Physical
Wairua/Spirit	Whakapapa/ lay flat	Taonga/treasure
Maia/Courage	Atawhai/Compassion	Ngākau Tapatahi/Integrity
Whakahautanga/Self-mastery	Whakapono/Belief	Rangahau/Research
Māhaki/Humble	Kaumatua/Male Elder	Whāngai/Adopt
Hiringa/Energy	Kaitiakitanga/Guardianship	Mana taurite/Equal status
Mahitahi/Collaboration	Haumarutanga/Safe/Unhindered	Koha/Offering
Tā moko/traditional tattoo	Turangatira/Presence	Ngākau Mohio/Understanding
Hipi/Sheep	Māramatanga/Perspective	Tūmanako/Hope
Tangihanga/Funeral	Whakapono/Belief	Matapaki/Discussion

Ngā Whakamārama o ngā Tikanga ~ Definitions of Terms

Arts therapy

Art therapy is a form of psychotherapy that uses art media as its primary mode of expression and communication. Within this context, art is not used as diagnostic tool but as a medium to address emotional issues which may be confusing and distressing (The British Association of Arts therapy).

Expressive Arts therapy

Expressive Arts therapy combines psychology and the creative process to promote emotional growth and healing. This multi-arts, or intermodal, approach to psychotherapy and counselling uses our inborn desire to create—be it music, theatre, poetry, dance, or other artistic form—as a therapeutic tool to help initiate change. The difference between expressive Arts therapy and Arts therapy is that expressive Arts therapy draws from a variety of art forms, while art therapy tends to be based on one particular art form (Psychology Today)

Studio-Based or Open Studio based Arts therapy

The open studio model has enhanced the field's theoretical, philosophical, and practical grounding in artistic practice, and raised awareness of the importance of the social context as an aspect of health. An open studio approach is not one unified method of working, but rather an array of diverse practices that place art and social engagement at their core. While this approach raises unique ethical challenges, it also positions the field of art therapy to more effectively engage with and challenge the social forces that shape the lives of those who make use of our services (Moon, 2015, p.112).

Creative Arts therapy

The planned and creative use of art, dance movement, drama, or music to accomplish individualised clinical goals by a qualified Creative Arts Therapist (Irish Association of Creative Arts Therapists)

The approach to the Toi Ora programme developed for this research derives from all key strands of the Arts therapy discipline. Thus, enabling an eclectic approach to evolve which responded to the needs and interests of the participants, together with the specifics of community-based education and training environment and the existing course of study. The definition of terms provides a brief international overview of each strand which are explore in more depth in a later chapter to present the variant forms of the same key strands of Arts therapy

CHAPTER 1: Whakatuwheratanga ~ Introduction.

Papamuri ~ Background

This doctoral research presents a twofold empirical research process which essentially aimed to explore the benefits of a culturally responsive or bicultural group Arts therapy-based programme for Māori taiohi/youth identified as ‘at risk’ of poor outcomes. The group Arts therapy-based programme titled ‘*Toi Ora Taiohi Ora Hauora-Arts for Youth Wellbeing programme*’ (2018) was developed as an eight-week open studio closed group Toi Ora programme. A closed group meant that it was designed for a specific group of student/participants who made a commitment to come to the programme on a weekly basis, with specific experientials as directives based on whakataukī/proverbs. The programme was integrated as a component onto an existing foundational tertiary level Health and Fitness course at the Regent Training Centre in Whangārei, Te Tai Tokerau. The Health and Fitness course was a pilot course, which combined Te Whare Tapa Wha wellbeing model and physical education as a platform to facilitate NZCA level one and two literacy and numeracy learning at the centre. Although open to all aged students the Regent Training Centre courses generally attract taiohi/ youth aged between 16 to 24 years old, with around 70 % of those students Māori.

Integrated into the third term the Toi Ora programme aimed to support the students to engage more effectively in the learning process, through the facilitation of specific Arts therapy-based exercises that aligned to the Health and Fitness course’s lesson plan activities and key learning outcomes. The Toi Ora programme offered the opportunity for any barriers to learning and wellbeing to be identified, explored and strategies to overcome them sought. The Practice-based Evidence (PBE) approach adopted in Arts therapy practice during the

programme enabled the participants to influence and direct the types of modalities and exercises applied in many of the Arts therapy-based sessions. Thus, the interventions were meaningful to them, in turn this was central to maintaining their engagement in the programme. The practice-based evidence approach, together with the more commonly used evidence-based practice approach to Arts therapy research and practice produced a clear view of the current realities face by taiohi/youth. Both approaches offered an opportunity for the challenges that sometimes present themselves daily in the lives of the participants to be considered and when appropriate incorporated into the Arts therapy-based exercise and session. These approaches subsequently enabled valuable strategies that enhanced student/participant engagement and wellbeing to become evidenced.

The multiple issues relating to Māori taiohi/youth wellbeing, education, and employment which the New Zealand 2013 census data statistics (stats.govt.nz) revealed gave an indication of the multifaceted and appropriate innovative responses needed to generate change within this area of social development. The multiple inquiries that followed the 2013 census revelations, investigated many of the identified areas of inequality seeking to find ways to decrease the disparities between Māori taiohi/youth wellbeing and that of the general youth population. A common theme to emerge from many of the inquiries was to prioritise the development of a seamlessness among the youth support services. It was hoped that by finding ways to unify the support services and community networks an increase in accessibility to the right support for taiohi/youth would occur. All the inquiries and subsequent reports made recommendations that further research is urgently needed to find solutions that enhance Māori taiohi wellbeing, increase engagement in education and training with barriers addressed creating an unobstructed pathway to employment. It became obvious there was no singular 'quick' fix with many underlying issues demanding attention first. Essentially, a paradigm shift was needed for solutions to be appropriately responsive to Māori

taiohi/youth needs and interests for them to be effective.

This doctoral research aimed to move forward with a decolonising, Indigenising agenda. The principles of social justice in relation to cultural appropriation highlighted the key characteristics of the coloniser's strategies, with issues of power-dynamics, privilege, respect, stereotyping, commodification and oppression, the ugly remnants of the colonisers discourse, still visible in many pockets of today's society. Therefore, the social justice approach to research influenced the research design and process added a further perspective on the equity and fairness dimensions of this research.

As an Indigenous tauwiwi or outsider research student, awareness of this country's cultural, political, and economic past was needed, and viewing Māori wellbeing and development from their perspective was essential. What do tangata whenua consider is an appropriate approach to take to restore and maintain wellbeing, what constitutes wellbeing from their perspective and how does this fit within contemporary times? A non-judgemental bias free approach was needed when listening to their voices, to discover what and where the disparities begin to emerge. A review of the current statistical data available positions Māori poorly, with their voices of experience to support these deficits, against the current approaches to health/wellbeing and education which are deemed appropriate for Māori, incongruencies were identified. To discover what and where the changes are needed an unbiased view underpinned by Māori centred/person-centred humanistic and social justice values enabled dominate culture's attitudes that exist among mainstream services and treatments to be recognized and challenged.

Caution was exercised with the literature being reviewed specifically that which related to Māori wellbeing and development, from what or who's perspective was it written. Careful deliberation of the approach taken to this doctoral research and the group Arts therapy-based programme developed for this research was done in consultation and collaboration

with both the Māori and Pākehā participatory research advisors in both phases of this research. Finally, this research study abided by ethics set out by the doctoral research committee at Te Whare Wānanga o Awanuiārangi

Being motivated by social justice and cultural appropriation meant that the principles of social justice were infused into research actions with intention. This became especially significant in my dual role as an Indigenous tauīwi research academic and arts therapist interacting with participants in a community not situated within the same opportunity structure as mine. transparency became an integral component (Lyons, Bike, Flores & Ojeda, 2013).

Te Pou o Te Whakaaro Nui is a national centre of evidenced-based workforce development for the mental health, addiction, and disability sectors in New Zealand. In their report published in March 2015, entitled '*Taiohi (youth) Māori workforce participation and health; Experiences and statistics*', the relationship between Māori taiohi/youth workforce participation and mental health was the central focus. Te Kotahi Research Institute, in collaboration with Te Runanga o Kirikiroa and the National Institute of Demographic and Economic Analysis (Te Pou o te Whakaaro Nui, 2015) led the research. Collectively the findings contributed to a contextualised evidence-based understanding of the connections between Māori taiohi/youth, education, workforce participation, and mental health and well-being. The report's conclusion highlighted some key themes that offer insight into Māori taiohi experiences and aspirations on their journeys from education through to work force participation.

The recommendations generated in the report provide a starting point and direction for further investigation into what is needed to improve their experiences, creating a stronger sense of hope for themselves and their whānau, encouraging them to reach their full potential. The report firmly acknowledges that, "Māori achievement of their aspirations is intrinsically

connected to their health and wellbeing and having a secure cultural identity of ‘being Māori’ is a foundation for this” (Kotahi Research Institute, Te Runanga o Kirikiroa and the National Institute of Demographic and Economic Analysis, Te Pou o te Whakaaro Nui, 2015, p 14). A strong positive connection between employment and well-being was emphasised, and that the relationship between unemployment and well-being are complex, revealing that many Māori taiohi are not accessing the protective benefits associated with employment and education.

Taiohi Māori are at further risk when they have unmet needs related to a mental health and/or substance abuse, which is commonly first present in this age group (Baxter, 2008). When taiohi Māori have unmet needs that disrupt their pathways through education and employment, the potential cumulative negative impacts are significant”

(Kotahi Research Institute, Te Runanga o Kirikiroa and the National Institute of Demographic and Economic Analysis, Te Pou o te Whakaaro Nui, 2015, p 14).

The research conducted acknowledges the efforts currently being made by the government that aim to develop new and reformed initiatives to support and ensure Māori taiohi with mental health problems have access to more contemporary and appropriate support and treatment programmes. However, considering the research findings, the report makes recommendations for robust policy reform, that challenge the dominate policy frameworks to accommodate the complex transitions faced by Māori taiohi to engage in education, employment, or training. The recommendations offered the government an informed opportunity to support further research into developing solutions. Approaches that respond in appropriate and culturally meaningful ways to meet the needs of Māori taiohi/youth are required. In summary the key findings of that research urge for further in-depth research between the major players in the mental health/well-being, education, and employment sectors, to further reduce the gaps where the service sectors intersect. And by doing so create seamless transitions and continuity with service provision, knowledge, and practice (Te Pou o te Whakaaro Nui, 2015).

A more recent report published by the Government Inquiry into Mental Health and Addiction He Ara Oranga (He Ara Oranga 2018). The inquiry panel members included Professor Ron Paterson (Chair), Sir Mason Durie, Dr Barbara Disley, Dean Rangihuna, Dr Jemaima Tiatia-Seath, and Josiah Tualamali'I who reviewed the current services following calls for a transformation in the response to mental health and addiction problems. Although not solely aimed at Māori, the report again identified Māori at higher risk of poor mental health and wellbeing than that of the general population. The inquiry identified a key contributing factor to be societal inequity the report identifies that income inequality, child poverty, homelessness, unemployment, family violence and abuse are all contributing factors. Māori were identified as disadvantaged on all those measures, "this is incompatible with the promises in the Treaty of Waitangi." (He Ara Oranga, 2018, p. 66). Of interest to this research are the challenges to wellbeing and education faced by Māori taiohi/youth that the He Ara Oranga research enquiry revealed. The report findings and recommendations divulge evidence of the increasing common themes for Māori taiohi/youth to be the barriers between mental health and wellbeing, engagement in education and effective pathways into employment. With the barriers identified and removed equitable opportunities for a better quality of life would be enabled. The report acknowledges that;

Mental wellbeing affects the ability of young people to engage successfully in their academic learning and acquisition of social skills and as a contributing member of their school community. Young people with mental health challenges are less likely to complete their schooling (He Ara Oranga, 2018, p. 77).

The Ministry of Education has also noted a rise in deliberate self-harm, higher rates of suicide among teenagers and young adults, together with increased anxiety and other mental health symptoms among young people that are directly related to their educational performance and success in academic examinations. Further, the Ministry of Education place Māori taiohi compared with the overall youth student population with the highest "disparities in

educational engagement and achievement” (He Ara Oranga, 2018, p, 77.) which they consider contributory to inequities in life outcomes.

The ‘He Ara Oranga’ research inquiry adopts a narrative approach seeking to hear the voices of those with lived experiences of mental health problems. This included those affected by suicide and people who are involved in preventing suicide and responding to mental health problems. Questions that elicited their views on current preventative or the supportive approaches taken were posed. The invitation to share any suggestions and recommendations on what they thought needed to change was also presented.

A repeated theme that came through in the voices in the three participant focused groups was the call to concentrate on wellbeing and community solutions. And the need for people to be viewed holistically in context, rather than a labelled diagnosis and not judged in anyway based on their cultural background, education or socio-economic status became apparent. The voices also urged for community-based services that encouraged and supported restoration of wellbeing, using a mix of peer, cultural, clinical services and to also strengthen existing and increase non-government funded organisations (NGO).

These responses are indicative that current approaches fail to provide accessible services generally but even more those that are culturally, and contextually appropriate. This service and treatment inaccessibility were deemed ‘cruel’ considering the encouragement given to those who seek help with their mental wellbeing. This gap in the services availability, led to many participants voicing the need for more co-ordinated and integrated service approaches. Finally, the need to target the underlying determinants enabling intervention to occur earlier, this was of principal importance at the critical transitional points in the lives of young people (He Ara Oranga, 2018).

Of significant relevance to this research were the voices of teachers, school counsellors and

students in the He Ara Oranga report. These collectively echoed the desperate helplessness they felt, and continue to feel, signalling the critical need to re-evaluate current approaches and practices.

School counsellors and teachers are overwhelmed by the number of students in distress. New Zealand's high rates of youth suicide are a national shame. Students and teachers highlighted the importance of learning about mental health as part of the health curriculum and helping young children develop resilience and learn how to regulate their emotions (He Ara Oranga, 2018, p 9.).

It was the voice of the teachers, school counsellors and students that resonated mostly. For it was this observation of the potentialities of merging education and health and wellbeing I first considered while teaching in a bilingual education setting several years earlier. Integrating the five core dimensions of emotional intelligence (self-awareness, emotional control, self-motivation, empathy, and relationship skills) into my teaching practice became an observable benefit. By implementing role play scenarios through drama and puppetry, together with relaxation techniques as I work with tamariki provided them an opportunity to develop skills to support their transition from kohungahunga to kura. This approach observably enhanced their ability to communicate through expanding their vocabulary to include more emotionally descriptive words that supported them to be understood and to understand others better. Thus, increasing their interpersonal skill, self-awareness and self-control which fostered the development of social relationships. Evidence based outcomes, included the tamariki were more engaged, contributing with confidence to group activities, boosted their self-esteem, became more confident embracing change motivating them to explore new learning environments.

There are five key questions to this research, that give rise to further questions which will assist in gathering the information required. These questions have been informed by the identified gaps and recommendations provided in the systematic literature review, semi-

structured interviews and other qualitative methods presented to the consenting participants of this research.

1.1. Te Tirohanga Rangahau~Research Overview

What are the benefits of incorporating a culturally responsive group Toi Ora programme as a component on an existing Health and Fitness course for students identified as 'at risk' of poor outcomes enrolled at a tertiary education training centre in Aotearoa/New Zealand?

What places the Māori taiohi/youth participants at risk of poor outcomes? How can a group Toi Ora programme reduce the risk factors and increase Māori taiohi/youth wellbeing?

How can the Māori world view be infused with Western philosophies to develop an appropriate approach for a group Arts therapy-based programme for Māori taiohi/youth and expand the field of Arts therapy in Aotearoa/New Zealand?

How can a group Arts therapy-based programme 'fit' into a community based educational environ?

What is the scope for an Arts therapy-based programme for wellbeing in other areas of the community?

An outline of the research process presents two clear separate phases within this research, with each phase requiring variations to the research approach. During the first phase of the research process I was solely the researcher, while during the second phase I became both the researcher and the facilitator of the Toi Ora programme. Driven by a transparent intend to support the wellbeing of the participants as they applied themselves to the Health and Fitness course this dual function fostered the development of the relationship between

myself and the participants during the sessions, However, awareness of biases is needed. The necessity to be alert to how they may play themselves out in each role is, and how the biases could affect the research process is vital. Tensions between a therapeutic educative practice and research process are sometimes unavoidable. These can be, “minimised by a highly collaborative approach which encouraged negotiation and pragmatic problem solving” (Rickson, 2010, p.8). From a researcher therapist perspective, it was beneficial to adopt professional practice strategies that enabled an awareness of the contextual influences in practice. Making connections between theory and practice became an ongoing feature and self-evaluation together with supervision, contributed to the practice development during the facilitation of the ‘Toi Ora programme.

The first phase of the research process saw the development of an independent research advisory group (RAG). An immigrant to Aotearoa/New Zealand my cultural identity is indigenous a blend of Gaelic and Celtic heritage. Consequently, I am an Indigenous tauīwi exploring a bicultural idea in Aotearoa/New Zealand. For this reason, it was fundamental that the research design and approach was developed in consultation and collaboration with tangata whenua. This enabled any cultural knowledge being researched to be represented authentically and respectfully. Therefore, it was necessary to establish collaborative relationships with appropriate Māori, and to listen and be guided by them. Further, of equal importance was to seek advice and recommendations from those with clinical and professional practice experience and knowledge within key areas this research ventured.

This research was driven by ethnographic, autoethnographic and narrative inquiry (Ellis, Adams, & Bochner 2011, Hayden, Browne & Van der Reit, 2017). These approaches enabled the participants during the first phase to share their knowledge, experiences, and recommendations. And during the second phase adopting these approaches allowed the

participants voices to be heard and incorporated into the development and facilitation of the Toi Ora programme. Elements of autoethnography offered a reflexive means to consciously embed myself as the researcher and the programme's facilitator in the theory and practice with autobiographic excerpts that explain my interest in the phenomenon being investigated and intervention implemented. Collectively these approaches enabled all voices to be shared and incorporated into the development of the research design and contribute to the development and delivery of the group Toi Ora programme.

Various participant's narratives captured either through visual or verbal data gathering methods are added at several points throughout this research. The gathered data throughout both phases was applied at specific areas of this research to illuminate the current gaps in research, service, and practice approaches. Further it offered support and extension to the effective aspects of current research, service and practice approaches identified during the literature review. Both the visual and verbal narrative data gathered throughout both phases of this research are also used in the findings and discussion chapters. Finally, correlated data from an observational tool used during the weekly sessions of the Toi Ora programme together with the thematical analysis are presented in the results chapter.

A brief introduction of the individuals who were invited to participate in the RAG based on their area of expertise, offers insight into their position and areas in which their expertise influenced both the research design and approach to this study. Rawiri Henare kaumātua of Ngātikahu ki Whangaroa who agreed to participate and encouraged the research from its conception. The role Rawiri accepted was to oversee the cultural knowledge and content. Together with an invitation to share the wisdom of age and the lived experiences that taught him about life. Further tangata whenua advisory roles were held by Dr Sylvia van Altvorst (Ngātikahu) a practicing clinical forensic psychiatrist at Northland District Health board,

John Henare (Ngātikahu) ex-NZDF and training manager for a training provider that specialises in civil infrastructure, Maaka McKinney (Ngāti Kahu) ex-NZDF and first responder (Ambulance, Fire and Coast Guard in Te Tai Tokerau) and finally Irene Shortland (Ngāti Hine) practising contemporary whakairo artist. All members of the tangata whenua contingent, identified themselves as being of Māori/European descent.

There were a further three RAG members who identified themselves as of European/New Zealand descent. Lynda Brown whose Arts therapy clinical thesis research focused on Arts therapy practice in an educational setting, using storytelling and visual arts to explore the development of self-awareness among a group of multicultural school aged students in Christchurch (2010). Jane Arlidge the programmes/course developer and Jennifer Andrews general manager both from the Regent Training Centre. The final member of the RAG was myself, a qualified arts therapist and teacher, I identify as being of Welsh/Irish descent. Although I was born and raised in multicultural London, England in a culturally blended family entrenched in Irish Catholicism and Welsh language and cultural ways.

Immigrating to Aotearoa/New Zealand as a young adult searching for a better life, I have now lived here for more years than I have in London. Trained as teacher, I have taught in Whangārei for over fifteen years in a diverse range of educational settings, including bilingual and traditional mainstream environments. I became immersed in te ao Māori following the birth of my tamāhine, whose Māori ancestral heritage has firm roots in the Hokianga. My interest in biculturalism grew throughout my teacher training course of study and became a valuable perspective in my role as a mother of a child with dual cultural heritage. The more immersed I got the logic of both te reo Māori and Tikanga resonated. The concepts of te ao Māori are I saw as suffice to sustain the people, the natural environments and everything in it. The oral traditions, the atua, the art of communication without a written language fascinated me. Māori authors of children's books such as Patricia Grace, James

Waerea and Warren Pohatu helped me in my new mothering role and teaching career in Aotearoa/New Zealand. I began to learn more about te ao Māori through exposure to toi mahi while pursuing a bachelor's degree in Applied Visual Arts in 2006. arts history in Aotearoa introduced me to some of the great Māori artists including June Northcroft-Grant, Ralph Hotere an ex-Oruaiti school student, Darcy Nicholas, and Robyn Kahukiwa to name a few. The images below are ones that intrigued and inspired me to explore Arts therapy through a Māori lens.

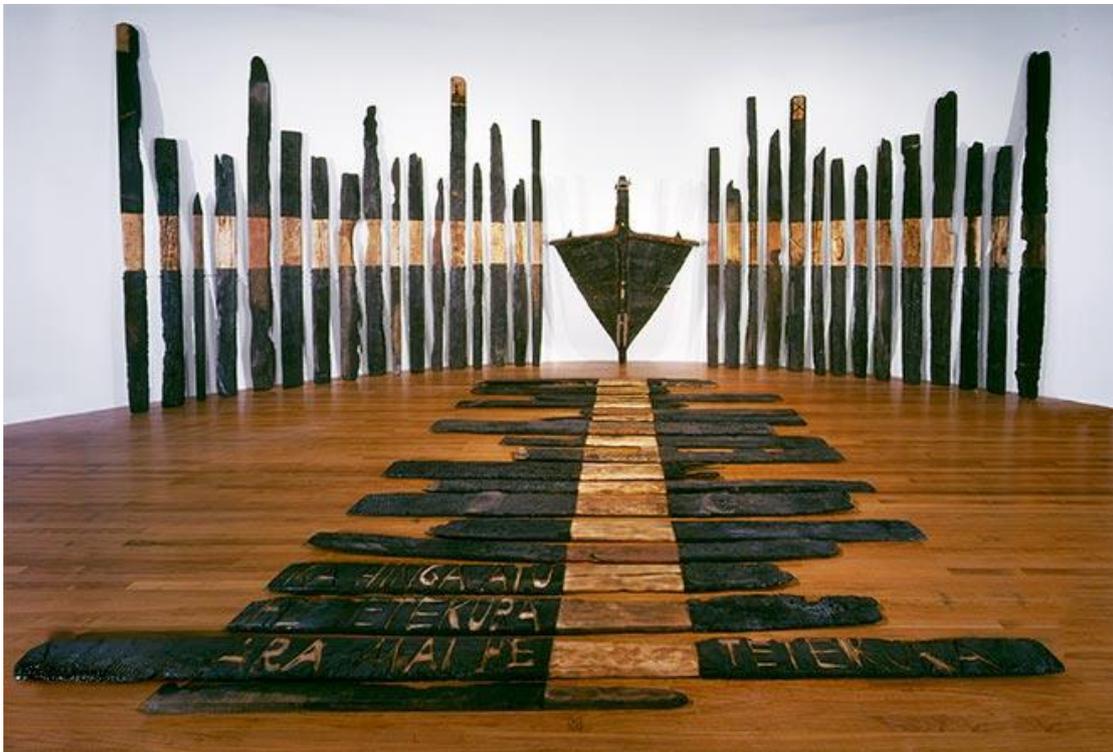


Figure 2 Ralph Hotere 'Black Phoenix' 1984 (teara.govt.nz)



Figure 3 Kaitiaki Guardian II by June Northcroft Grant (Spirit Wrestler Gallery)



Figure 4 'Hinemitama' Robin Kahukiwa 1980 (nzhistory.govt.nz)



Figure 5 'Ancestral Spirits' Darcy Nicholas QSO (www.darcynicholas.co.nz)

In previous research (Meek 2010) I developed and effectively clinically trialled a bicultural model and practice approach to Arts therapy Combining transpersonal psychology with concepts of te ao Māori purposely avoiding the more common mainstream cognitive behavioural therapy (CBT) approach to address mental health and wellbeing with clients of mixed Māori descent. Combining concepts of te ao Māori with Jung's transpersonal approach positioned a person's spiritual dimension at the forefront of the holistic wellbeing approach I developed, which proved effective enabling people of mixed Māori heritage to access all dimension of their wellbeing (Meek 2010). This doctoral research explored and further developed this culturally collaborative concept, which aimed to offer one possible solution for enhancing taiohi/youth wellbeing through integrating an Arts therapy-based programme within an education curriculum and environment.

Collectively, consultations with RAG members during the first phase played an integral role informing the direction, design and approach the research took. The RAG contributions

inextricably linked to both phases of the research process, with the advice and recommendations made adding further depth, influencing the direction and approach taken to developing the culturally responsive group Toi Ora programme. Through this guidance and advice from the RAG, together with an in-depth review of specific literature that focused on the key themes this research explores, the gaps that were identified, and made recommendations to reduce the gaps.

The aim of the initial research phase was to develop a holistically informed research design and approach, for the purpose of developing and implementing a culturally responsive group Arts therapy-based programme that would appropriate as a component on the existing Health and Fitness course for Māori taiohi/youth at risk of poor outcomes. Essentially this research aimed to mobilise a solution-based approach, to add to the many others needed in addressing the multifaceted complexities that create barriers to learning and wellbeing for Māori taiohi/youth.

During the initial consultation with Rariwi Henare, it was agreed that a narrative inquiry approach would enable the research process to reflect and respond to the bicultural nature of this research. The research approach evolved as an eclectic one, with its framework based on the principles of the Tiriti o Waitangi/Treaty of Waitangi, Partnership, Participation and Protection.

In a research context, to ignore the reality of inter-cultural difference is to live with outdated notions of scientific investigation. It is also likely to hamper the conduct of research and limit the capacity of research to improve human development (Hudson et al., 2003, p. 24).

Into this framework were woven decolonisation research processes drawing from the core dimensions of the Kaupapa Māori theory approach to research, and key themes of the Māori-centred research approach (Smith, 1999). Western approaches that complement and consider, Indigenous theories, were also included, ensuring equitable opportunities were

maintained throughout the research process (Hunt, 2013). As mentioned previously, both narrative inquiry and ethnographic along with the auto-ethnographic approach are evident throughout the research process, playing a significance role as analytical tools and data collecting method. All methods adopted were compatible with the decolonising indigenising research paradigm and the Arts therapy discipline. These are the structural underpinnings of the research framework and correspond with the approach taken to the Arts therapy-based practice in the second phase. Bridging the gap between Indigenous and Western research approaches can present challenges. The research methods must be congruent with indigenous cultural traditions and values and be accountable in both the cultural community and mainstream arenas. Furthermore “indigenous methodologies must be sophisticated and scholarly to convince academia that they are of equal scope and breadth as established Western ways of research” (Kahakalau, 2004, cited in Dickson, 2018, p.20).

The Arts therapy discipline faces a similar challenge as the profession strives towards the same recognition other approaches to psychotherapy. “Historically, art therapy has struggled to clearly define itself as a profession while simultaneously embracing the range of perspectives and knowledge that contribute to clinical practices” (Bucciarelli, 2013, p.151). Bucciarelli (2013) suggests that a shift in the conceptualization of Arts therapy from interdisciplinary to transdisciplinary, would enable the art therapy profession to gain more clarity and open further opportunities for arts therapist to practice in a wider range of settings. Through the transdisciplinary lens, research methods must be capable of embracing, diversity be flexible and innovative, “while offering a sense of autonomy, inclusion, and collaboration for the field” (Bucciarelli, 2013, p.151)

Adopting the right type of research tools to generate data that is robust enough to demonstrate clearly the effectiveness and benefits of Arts therapy is critical for the Arts therapy discipline

to gain recognition among the more commonly used psychotherapy approaches and define itself clearly setting it apart from merely an art making process. The key components are the psychotherapeutic relationship and process, and the creation of artist expressions. It is the “dynamic, integrative approach to treatment that capitalizes on the expressive component of art making as a central factor in supporting health and well-being” (Malchiodi, 2018, p.1) that sets the discipline apart from other approaches and art education approaches.

The second phase of the research process presents a case study approach. This approach was adopted to allow the richness and rawness of the participant’s experiences to be revealed and recorded over a set period. The case study approach was also used to illustrate the stance taken by this research enabling the voices of the participants to be heard, which also acted as an analytical tool through which the findings of this research thesis were viewed.

At the beginning of the second phase, in consultation with Jane Arlidge and Jennifer Andrews it was established where the Toi Ora programme could slot into the weekly Health and Fitness course schedule. During this consultation valuable contextual information relating to the background and approach to learning at the Regent Training Centre was discussed. This information enabled the Toi Ora programme to be seamlessly merged. For many of the students at the Regent Training Centre the courses offer programmes with an alternative approach to learning, the emphasis is on supported learning through practice and patience. A key aim of the training courses is to support students to succeed, who through no fault of their own, have ‘failed’ in traditional/mainstream learning environments which were not responsive to their needs or relevant to their interests (Regent Training Centre Information, rtc.co.nz 2018).

Many of the students came or come from diverse family/whānau backgrounds, dysfunctional home environments and delinquent social involvement. Often the students have returned to

foundational levels of learning following disrupted or previous negative experiences in traditional or mainstream educational environments. Some have experienced long periods of time unemployed, incarcerated, been emotionally/mentally unwell, or parenting their young tamariki/children. All fit well within the government's definition of youth at risk of poor outcomes. For most, either their current situations or adverse past experiences have created a variety of issues that impede and produce barriers to both their well-being and ability to apply themselves to learning.

The primary focus of the learning courses at the Regent Training Centre is to help create options for the students through education, support, and mentoring. The courses available facilitate learning opportunities relevant to the needs and interests of the students, they are developed collaboratively with the various industries, the trainees, students, and education provider, and are designed to serve as a pathway onto higher education and/or employment. The courses offer programmes in trades and industries, 'work ready' training, and intense literacy and numeracy (rtc.co.nz 2018).

The Health and Fitness course was being piloted in 2018, using physical exercise and Te Whare Tapa Wha wellbeing model as a platform to deliver level one NZCA literacy and numeracy. This new initiative was taken in response to observations made at the Regent Training Centre that indicated some of the students may have mental health and well-being issues, which were creating further barriers to their learning process. The low percentage of students that completed the courses, together with the level of engagement with the course work itself, were key indicators that there were underlying factors that inhibited their ability to apply themselves.

The Regent Training Centre introduced the Health and Fitness course as a rolling programme at the beginning of 2018, it was delivered over twenty weeks and available to 16 to 24-year-

old candidates. The objective of delivering it as a rolling programme was to enable students to enrol at any stage, and not be disadvantaged in anyway by their late course embarkment, instead they are able to continue on the next twenty-week course allowing them to complete the coursework at the start of the course they missed.

In the 21st Century, arts therapists play an integral role in education systems, either employed as part of mental health services or appointed as part of the educational institutes teaching team in many counties. Internationally there are several examples of how Arts therapy programmes and/or standalone Arts therapy practice has been merged into educational settings, with schools and educational institutes identifying the need for a therapeutic resource (Adoni-Kroyanker, Regev, Snir, Orkibi, & Shakarov, 2018). Often educational environments become a place of refuge, offering stability for students in times of adversity (Shemps, 2008). This, together with the recognition that educational curricula can be a basis or framework to which, an Arts therapy programme can be woven, has fostered the growth of such programmes overseas. It is encouraging to see recognition for the value and benefits Arts therapy has to offer, evidently becoming a valuable strategy in systems that aim to be an accessible network supporting education, wellbeing, and development of young people.

This research explored how an open studio closed group Arts therapy-based programme could be merged into an existing tertiary foundational course to enhance the holistic wellbeing, and support engagement of students. The eclectic research approach paved the way forward highlighting the benefits and areas of improving the integration of Arts therapy-based programmes into educational settings. By utilising existing frameworks and standards to act as the foundation for an Arts therapy programme, makes an effective integrative approach (Vivian, 2013; Kõiv; Hannus & Kaudne, 2017).

However, the integration of such a programme and the role of the arts therapist, how the Arts

therapy programme compliments the existing course and how it can engage Māori taiohi/youth needed careful thought. The communal educational environment changes and defines the therapeutic approach and practice taken given the therapeutic environment is not an individual client/therapist situation in the secure confines of a therapy room, it became part of a larger community with dynamic diversity. Firm boundaries and a transparent ethical approach to practice, ensured a culture specific practice occurred, with the participants wellbeing the central focus. Every Arts therapy programme and approach to practice needs to reflect the needs, interests, and context of its participants, students, clients, or communities. This suggests both the environment and the target population any Arts therapy practice aims to serve needs to consider these factors in the approach to practice it takes.

To further enmesh and strengthen the integration of the Toi Ora programme in the education and training environment a practice-based evidence (PBE) approach was adopted, informing, and guiding the Arts therapy process, and practice as it progressed. With the Evidence-Based Practice (EBP) an approach that conscientiously uses existing research of current best evidence to make decisions regarding the care of clients. The EBP approach prompted the data gathering processes during each session of the programme. Both approaches can produce rigorous evidence (Holmqvisti, Philips & Barkham, 2013). The PBE approach aimed to bridge the gap between research and practice, while maintaining the student/participant and their wellbeing in central focus. This approach is consistent with the holistic view taken to wellbeing. The EBP approach often uses standards to determine which treatment or educational approach to take (Cook, Smith & Tankersley 2012). Therefore, EBP has been useful to the Arts therapy discipline, enabling researchers and practitioners to demonstrate evidence of effective good practice, offering validation and reassurance to potential clients, whilst being able to demonstrate financial accountability (Gilroy, 2006). The arts intervention process is the mechanism that enables

narrative disclosure, while the product from the process, can serve as visual concrete evidence to support other qualitative data generated during the process (Meek, 2010).

A key purpose of this research was to make Arts therapy-based interventions more accessible to Māori taiohi/youth. Intentionally it aimed to offer an appropriate solution to support the wellbeing and development of Māori taiohi/youth in an education and training environment. A fundamental part of the solution's formula was an appropriate conceptual framework. The theoretical conceptualizations and a framework to effectively mobilise the selected key concepts was developed. The key concepts that foster wellbeing were drawn from te ao Māori, which presented the opportunity for the participants to connect or reconnect with concepts that related to their cultural identity during the Arts therapy-based process in each session. The conceptual framework fused together the learning outcomes of the existing education course with the aims of the group art therapy-based programme, enabling an indigenised working model to emerge.

Serving as a platform, the conceptual framework permitted the facilitation of the process, guiding both my dual role as a researcher and therapist while simultaneously demonstrating how the therapeutic process is supportive and responsive to the needs and interests of the target population whilst meeting goals of the Health and Fitness course participants. This enabled the Toi Ora programme to be an operational component on an existing education and training tertiary course. The conceptual framework had to have the capacity to merge approaches of the Arts therapy discipline with education, Indigenous paradigms with appropriate Western approaches, traditional ways with contemporary realities and customary with adversity.

Finally, the conceptual framework had to consider the environment in which the Toi Ora programme was being delivered. Unlike the safe, undisturbed environs of a private practice Arts therapy room, there were the added complexities that came with the communal

educational setting to deliberate. This was achieved in consultation with the Regent Training Centre's research advisory group members and incorporated into the design of the conceptual framework, making its capacity to be flexible and robust to fit and function within the education and training curriculum and environment.

An overview of the research purpose, design and process has been provided, together with a brief insight into the background and target population this research aimed to serve. Through this initial presentation of information, it is hoped the local and wider audiences this research aims to reach have gained some clarity of the research journey that unfolds during following chapter.

1.2 Te Whakahiato Tuhinga Tohu-Thesis Outline

The following chapters present the key structural components of this qualitative research. The literature review is a systematic survey of the most relevant recent and current scholarly literature that relates to the specifics of this research. Narrative data gathered during the multiple semi-structured interviews and consultations with the RAG members in the first phase of this research contributed to the literature review process, adding specifics from their area of expertise. The literature review is set out thematically, the first theme aimed to review the current deficit situation faced by many Māori taiohi/youth. What responses and recommendations are made by key stakeholders to improve the services, processes, and interventions available, and what new initiatives are developing?

The second theme focuses on the different types of Arts therapy and arts intervention programmes with indigenous populations, together with a brief review of how the arts play an integral role in indigenous people's wellbeing. The third theme examines Arts therapy approaches with youth at risk of poor outcomes and seeks to determine a definition of what

‘at risk’ means in the context of Aotearoa/New Zealand. The final themes explore arts as an intervention in educational settings and arts in education in Aotearoa/New Zealand.

The third chapter presents the methodologies providing insight into the background and rationale of the research design and providing validation to the approach taken together with the different methods used in both phases of the research process. A fuller introduction of the research advisory group members and demographic breakdown of the participants of the Toi Ora programme and recruitment process are divulged. The programmes design and data gathering tools and methods used during the programme’s facilitation are provided. A detailed example of a session plan, and brief excerpts of the modalities and exercises that evolved as the programme progressed. Also, in this chapter the development of the conceptual framework is presented, along with the design, approach and practices of the Toi Ora programme are presented is provided.

Chapters 4 and 5 delivers the results and findings from the implementation of the Toi Ora programme in a case study format. The findings are analysed and evidence presenting transparent details that verify the benefits of the programme, highlight the limitations of this research and endorsements for the programme’s future applications are shared.

Chapter 6 concentrates on a robust discussion about the findings from the research in which all the participants’ voices contributed to and the information presented in the Literature Review chapter. The final Chapter draws this research to a conclusion, with recommendations for further areas of research needed that this research has revealed and provoked.

CHAPTER 2: Tuhinga Arotake - Literature Review

2.0 Kaupapa Arotake Tuhituhi - Literature Review Themes

Due to the complexities of this research topic and diversity of the potential audiences this research aimed to attract, the literature review has been thematically categorized into key domains with further sub-themes in each. The critical discussion is an organised guide which considers both past and present literature related to the identified dominating themes. It positions the researcher and members of the research advisory group and participants within the academic conversation. Furthermore, it presents clear summaries of themes from which terminologies are extracted and gathered. Other themes are interrogated to generate a robust discussion that aimed to expand on existing supporting theory and ideas. Questioning other literature to stimulate informed oppositional thought that highlights and challenges the ineffective approaches and interventions, offering avenues to further explore Arts therapy-based programmes as a solution for supporting the wellbeing and development of Māori taiohi/youth at risk of poor outcomes. Finally, some of the primary data gathered during the first phase that the Māori contingent of research advisory group shared in their respective areas of expertise has been woven into some of the literature review themes adding a localised element.

2.1. Kaupapa Kotahi / Theme One.

Te Whakamārama me nga Urupare ki nga Hiahia Korekore-Recognition and Responses to Unmet Needs

The two reports Te Pou o te Whakaaro Nui (2015) and He Ara Oranga (2018) briefly reviewed in the previous chapter are now revised in-depth. Common themes in the recommendations of these two initial reports related to the recognition and understanding of the urgency to conduct further evidence-based practice research around Māori

taiohi/youth wellbeing. Both reports drew attention to the need development of solutions that are appropriate in meeting the needs of Māori/taiohi Youth. Further, supporting their wellbeing and development with interventions that are accessible and meaningful with an emphasis on bridging the gaps between service providers was made.

It was the March 2015 report published by Te Pou o Te Whakaaro Nui titled Taiohi/Youth that initially sparked an interest in the target population and began to steer the inquiry direction of this doctoral research. The inquiry led by Te Kotahi Research Institute, in collaboration with Te Runanga o Kirikiroa and the National Institute of Demographic and Economic Analysis produced the reports data. The inquiry set out to identify key gaps in knowledge and evidence regarding this relationship between Māori taiohi workforce participation and health (2015, p. 1). It attempted to identify the multiple associated risk factors that result in Māori taiohi/youth experiencing mental health issues and disengagement in education and training programmes.

In the Taiohi/Youth report youth were defined as being between the ages of 15 and 24 years. It presented evidence of gaps in services and the challenges and barriers Māori taiohi/youth face on their pathway to wellbeing, education, and employment (Taiohi, Te Pou o Te Whakaaro Nui, 2015). The Te Kotahi Research Institute inquiry adopted a narrative approach, interviewing six focus groups of Māori taiohi/youth participants. Of the six focus groups two identified as accessing mental health services or were unemployed, the other focus groups were either employed, on a training programme or pursuing further education. While the focus groups who identified as being employed, studying or in training, disclosed their journey had not been easy they acknowledged that the support and encouragement from their whānau/families, and the education and support services, had kept them focused during this transitional stage of life. Expressing without this they would have had difficulty setting goals and working towards them. Adding, that provision of time to seek opportunities and try

various jobs or pursue different areas of study helped them to find their passion. Most of the participants in these focus groups commented on the lack of accessibility to appropriate support services. It was encouraging to discover that all participants in these focus groups expressed they had hope for the future.

For the Māori taiohi/youth in the two focus groups who were either unemployed or accessing addiction services there were further challenging complexities (2015, pp. 3 & 6). Many reported there was no expectation or encouragement from their whānau to pursue ongoing study or employment. The Māori taiohi/youth unemployed or accessing addictions services found it difficult to stay focused on education and training programmes often missing school or training course classes to be with their friends taking drugs and becoming lost in this behaviour. Further, it was revealed that participants in these two focus groups had difficulty forming and maintaining healthy relationships. Despite understanding the pathway forward to employment many were challenged moving forward by previous negative experiences in either education, training or employment which created some of the barriers. Many participants expressed a deep-seated fear of failure and a sense of shame which often led to their disengagement.

Central to the recommendations presented in the Taiohi Māori report (2015. p. 10) was the need to develop, robust pathways to support access to appropriate, employment, education, and mental health and additions services. This was identified to be a key factor in reducing the risk of unmet health/wellbeing needs among Māori taiohi/youth which would impact significantly on Māori in the future. One valuable point raised in this report related to the attention and review of the ways in which taiohi/youth enter and access the services. This aspect of the transitioning into treatments played a significant role in determining Māori taiohi/youth engagement in treatment programmes or services (2015, p. 9). The appropriateness of the service regarding meeting the student/client needs or interests, whether in education,

employment, or mental health is crucial, as it further fostered Māori taiohi/youth engagement.

The second report touched on in the previous chapter was the 2018 'He Ara Oranga' report. This report was yielded from the mental health inquiry which was driven by public concerns and calls for change with current services and their approaches. The demand for a new direction which placed emphasis "*on more prevention and early intervention, expanded access to services, more treatment options, treatment closer to home, whānau- and community-based responses and cross-government action*" (He Ara Oranga, 2018, p. 5) was evident. The inquiry was a general one, however, a key area of focus was its potential to address the major gaps in service provision, knowledge, and practice, particularly where these sectors intersect. In the report's section that concentrated on youth wellbeing and development, a higher deficit representation of Māori taiohi/youth was clearly identified (He Ara Oranga, 2018).

The concern communicated in the voices of the key stakeholders in this area of the inquiry, gives an indication of the urgency to seek solutions that are appropriate for youth. Student participant's voices spoke of the need for guidance on mental health issues including advice on self-care and how to look after friends emotional/mental wellbeing (He Ara Oranga, 2018). Dr Sylvia van Altvorst, member of the RAG could relate to these issues raised by students. Sylvia commented; "*many of my clients are unaware of the services available to support them. With our at risk taiohi sometimes it can be as simple as providing them with basic sanitary items, so they can maintain self-care, which reduces the bullying they may face at school.*".

In the He Ara Oranga report (2018) school counsellors and teachers expressed their feelings of being overwhelmed by the number of students presenting with emotional/mental distress.

They also spoke of the possible links between the complexities of the student's issues, and their problem behaviours in the classroom. Whānau/families expressed their fears relating to bullying and drug and alcohol abuse, which has been linked to the high rate of youth suicide. Maaka a RAG member commented, that in his role of as emergency first responder in Te Tai Tokerau, he had witnessed many tragic outcomes, of youth risk taking behaviours. Many of the fatalities among the youth population, Maaka could link to risk taking behaviours or poor protective factors. Maaka acknowledges that risk taking behaviours are often a normal part of teenage life, however with the lack of good role models, solid whānau structure and aroha, the risk-taking behaviours were elevated.

Further parental concerns expressed in the He Ara Oranga report (2018) centred on the misuse of the internet, accessing pornography or harmful sexual images. The increased use of social media has been identified as heightening the rates of bullying and inhibiting the development of social skills. Dr Silvia van Altvorst, agreed, *“the increased use of social media, has heightened the rates of young people presenting with psychosocial disorders. For both the victims and perpetrators social media can be platform for further abuse or for the abuser and tool to antagonise”*.

The He Ara Oranga report (2018) revealed higher levels of mental distress among tamariki/children and taiohi/youth which resulted in various forms of self-harm including eating disorders all of which can be devastating and life-threatening. The report urged, that; *“As a nation it is imperative that we increase our awareness and understanding of childhood trauma and its bio-psycho-social impact as a critical factor in determining child and family functioning and dysfunction”* (He Ara Oranga, 2018, p. 49).

One of the key findings from the inquiry published in the report in relation to the Māori population was a consistent pattern of high mental health needs yet low use of services. This

is thought to be partly due to accessibility of the services available. Barriers were identified as coming from both internal factors such as concerns about attitudes of clinicians, confidentiality or privacy and the appropriateness of approaches the services provide. While external concerns included costs of treatments, lack of knowledge about the services available and the physical location of services (He Ara Oranga, 2018.).

In view of this inquiry and subsequent He Ara Oranga report, it became clear one potential solution would be to include an appropriate programme that promoted mental health and wellbeing as a component on an existing course of education, training or rehabilitation programmes for taiohi/youth. The combination of education and therapeutic arts-based interventions formed the praxis of this doctoral research. How could such a programme coexist in a communal educational/training setting, what would be the benefits and/or limitations? These were the questions I asked myself during the development of the Toi Ora programme. This research aimed to offer an appropriate solution presenting one option that could connect wellbeing with education through an Arts therapy-based intervention for the identified target population. The setting's existing curriculum framework and educational approaches provide an initial framework to which the intervention can be merged. The programmes ability to align with NZCA level requirements, together with the commitment to best practices all needed to be part of facilitating such a programme.

In 2016 the Minister of Education acknowledging that to generate change and achieve real results increasing better outcomes for youth in Te Tai Tokerau/Northland introduced Kainga Ora the new Place-Based Initiative (2016). This new initiative took a social investment approach which worked collaboratively to support local services to co-design community responses to identify at risk populations. It further encouraged the emergence of social service agencies, looking towards local government agencies, NGOs, iwi, and community leaders to provide integrated responses. The aim to continue to build on approaches that are

working effectively to reduce the risk of poor outcomes for the identified youth and their whānau/ families (Kainga Ora, 2016). Thus, supporting the long-term aim of the initiative to strengthen the communities in Te Tai Tokerau/Northland enabling them to become self-sustaining.

The 2017 progress report of the Northland Place Based initiative, revealed that much of the progress to date, had been around developing a co-designed community action plan. Seeking to find ways of enabling services to be integrated and support the target population in ways which could be incorporated into everyday service provider practices. Kainga Ora aimed to be a single focal point, for NGO's to find support and encouragement, it served as an access point for services coordination. While this initiative is a step in the right direction in creating a 'seamless' service, there is little focus on exploring the effectiveness and appropriateness of the types of treatment and approaches the services offer the target population. While it is of significant value to seek ways in-which to connect services, it is also important to review the appropriateness and effectiveness of the approaches to treatments, interventions, and support offered by the existing services.

Two further research inquiries led by Manaakitia a Tatou Tamariki/Children's Commissioner present a series of reports. The first inquiry conducted in 2018, a few months prior to the field research component of this doctoral research produced a series of six reports collectively entitled 'Education Matter's to Me (2018). In the research inquiry carried out in 2018 by Manaakitia a Tatou Tamariki/Children's Commissioner produced a series of six reports in the 'Education Matter's to Me' series based on six key insight themes (Office of the Children's Commissioner and New Zealand School Trustee Association, 2018). The research took a narrative inquiry approach which sought to discover the needs and lived experiences of tamariki/children and taiohi/youth had in education. The inquiry aimed to ensure for the 'first' time the voices of students were included and contributed to the

development of National Education and Learning Priorities report due to be published later in 2018. Through hearing their voices of experience, the ‘Education Matters to Me’ inquiry was able to divulge in a series of six themed reports that focused on what was working well and how things could be better in education.

The position the inquiry took was informed by previous engagements with tamariki/children and taiohi/youth that had generated some of the well documented challenges in the current education system. From this foundation the enquiry was able to focus further engagements with the tamariki/children and taiohi/youth on six key areas. The main themes identified in the findings of each key area are published in six themed reports. The narrative inquiry approach generated rich data directly from the voices of the participants/students. This together with the narrative analysis provided invaluable information that contributed, meaningfully to the direction this doctoral research.

Although all key insight themed reports published have significance to this doctoral research the first key insight report titled, *He manu kai Mātauranga: He tirohanga Māori/Experiences of tamariki and rangatahi Māori* (Manaakitia a Tatou Tamariki/Children’s Commissioner, 2018) concentrates on the target population. The main themes identified in this key insight report are;

1. Tōku reo, tōku ohoho: *To understand me, understand my world and te reo Māori*
2. Tuhuratia te ao i te rangimārie: *I want to feel comfortable and safe to explore my culture.*
3. He kaikiri Māori, he whakaparahako ētahi o te kura *People at school are racist towards me and judge me because I’m Māori*
4. Whakatungia te tangata, ka tu hoki te whānau *Supporting my whānau is important for my achievement*
5. He oranga ngākau te hākari kai, *Kai helps me feel comfortable and connected*

(Education Matters to Me, 2018, p. 8).

The five other areas that present key insight reports that the inquiry produced are titled; Emotional Wellbeing, Transitions, Engagement, 'If I were boss'-Improving Our Education and Progress and Achievement. The second report in the series of six reports, focused on the key area of Emotional Wellbeing. The main themes identified in this report included, the need to feel accepted, having solid peer relationships, respect equity from teachers towards students, and acknowledgment of how educational spaces can impact on different learning dispositions. Students needed reassurance that their concerns and experiences with 'bullying' would be effectively responded to, they would be kept safe and that their social needs were met.

The third report in the series of six reports identified themes relating to student Engagement. Collectively the voices of the participants called for educators to view each student individually and acknowledge and respond to different learning dispositions. Engage on their terms, which means meeting them where they are and working from there. Students spoke about the quality of the educator/student relationship, a need for respect, and to be treated as an equal, and support to realise and reach their full potential. A common theme in this report that also appears in the first report was the recognition and need for trustworthy peer relationships.

The key area focussed on in the fourth report in the series of six reports related to improving education. By posing questions that aim to gain insight into how and what students would change to improve their experience. A common theme revealed in the student voices was to change how classes are facilitated. Also, it was identified that many of the educational environments needed enhancing and learning needed to be fun and made more meaningful. Support with preparation for the future was also a main theme in this report. Finally, a theme found in the previous report, which was to stop bullying was also a key insight theme in

this report.

Progress and Achievement was the key focus area of the fifth report in the series of reports. Themes from the student voices included, wanting to make whānau/family proud, support with identifying and achieving education/learning goals, the recognition of existing strengths, an understanding of how the physical environment can impact on learning, with the identification that the confines of a classroom is not ideal for all learners. Two themes of commonality with those in preceding reports include the importance and value of healthy peer and student/educator relationships, along with a call to end bullying.

The sixth and final report in the series focused on the key area of transitions. The common theme found in this area of the inquiry, highlighted that when tamariki/children and taiohi/youth know and understand what is going on, they were able to approach transitions in educational environments more confidently. The student's narratives identified further themes to be relating to effective orientation processes in new educational environments. They needed to know there was support available when they faced change or when things went wrong. And reassurance that they were being listened to, that their voices were being heard and valued. Actively listening to students needs and ideas, was a common theme found in many of the other reports as was the significance of supportive relationships (Manaakitia a Tātou Tamariki/Children's Commissioner, 2018). From the specific questions that aimed to explore and discover more about the student's experiences in education, the narrative data generated and analysed, offered valuable information that influenced the approach taken facilitating the Toi Ora programme.

The second research inquiry reviewed was carried out by Manaakitia a Tātou Tamariki/Children's Commissioner and Oranga Tamariki in 2019 which produced a report

titled 'What makes a good life'. The in-depth inquiry adopted a narrative style of approach, with over 400 tamariki/children and taiohi/youth participating in face to face interviews, and a further 5,500 tamariki/children and taiohi/youth completing a survey. Questions were posed that aimed to elicit what a good life is and what did they consider to be the main areas to focus on to improve tamariki/children taiohi/youth wellbeing.

From the many voices presented in the 2019 'What Makes a Good Life significant insights were identified about what constituted for wellbeing and what fostered it and are listed below.

1. ***Change is needed:*** Almost everyone who shared their opinions indicated that change was needed for all tamariki/children and taiohi/youth to experience a good life
2. ***Family and whānau are crucial:*** Whānau/family wellness and involvement were considered a key contributing factor to a good life for many of those interviewed.
3. ***Providing the basics is important, but not enough on its own:*** Tamariki/children and taiohi/youth indicated that more than the minimum standard of living was needed. They felt being accepted, valued, and respected was more important for them to feel good and enjoy life.
4. ***Children and young people have valuable insight:*** Actively listening to tamariki/children and taiohi/youth's views regularly and meaningfully was indicated as the best way to respond to their needs, wants and aspirations. The need for services to focus on more than what services are needed, but to also focus on the approaches the services take. The support systems and solutions need to be accessible and appropriate, accepting tamariki/children and taiohi/youth for who they are and respect their critical relationships and support the people they care about to also be well (Manaakitia a Tātou Tamariki/Children's Commissioner and Oranga Tamariki in 2019).

John Henare RAG member commented on this aspect of training and education. John is the

training centre manager for a local training for industries provider in Te Tai Tokerau. The training centre was recently (2019) awarded a portion of the Provisional Growth Fund to further develop their innovative approach to training in civil infrastructure. John commented on the approach he takes interviewing prospective training candidates. His approach aims to gain an understanding of the candidates preferred learning style to cater for their specific learning style and/or disposition. John explained a high percentage of the prospective candidates are Māori. From a kaitiakitanga perspective John poses questions relating to the prospective candidate's wellbeing and self-awareness in relation to safety, as specialist equipment and heavy machinery is used daily throughout the training programme. There is an underlying expectation in this type of industry all team members are responsible for theirs and each other's safety, and teamwork is desirable, John uses the concept of whakawhānaungatanga to break down barriers and form effective relationships with the students. A further strategy John uses to engage the community is to present the training programmes and specialist equipment in high schools across Te Tai Tokerau to youth during career pathways events. John commented, "*the rangitahi really enjoy the hands-on experience, testing out their skills on the simulators, it gives them a good idea of the sort of training and approaches taken on the programmes, and gives them some insight into a career in the industry.*" John added, "*the rangitahi usually have lots of questions, I focus on the individual and give them honest feedback with realistic insight into a career in the civil construction industry which I believe enables them to make their own choices.*" John believes his relatable realistic approach makes the high school students feel at ease, which he says encourages them to open up and talk about what they want, sometimes John finds himself with a student who has decided on an alternative career path such the NZ army or a trade, which he also encourages them to pursue as he realises his role is not to influence their ideas merely to show them other options.

Active listening, non-judgemental observations and transparency are all major features throughout this doctoral research. As the aim was to generate meaningful new knowledge that attempts to respond to voices of the participants in the 'Education Matters to Me' report series and those of the taiohi/youth participants who so munificently contributed to this research. For it is through listening to their voices of lived experiences that educational environments can be better developed to respond effectively to the barriers to learning and wellbeing that many of the students faced enabling them to realise and reach their full potential.

Both inquiries led by Manaakitia a Tātou Tamariki/Children's Commissioner, and Johns input proved valuable to this area of the doctoral research. The first inquiry offered an informed thematic direction the second generated points of reference, comparisons, and correlations during the data analysis process. Together with an opportunity to discuss the differentiation of smaller scale localised research inquiries to that of larger scale research inquiries. John's input supported the development of the approach taken in an educational training to industries environment.

Another two inquiries reviewed relevant to this literature review theme were conducted by the Ministry of Education (MOE) Education Matters. The first inquiry in 2017. The first inquiry titled '*Retention of students in senior secondary schools*' published a document which serves as an indicator. It gives a percentage break down of youth retention rates and highlights the differences that remain between male and female, and Māori and non-Māori. The percentage indicators position Māori taiohi/youth poorly, revealing, schools continue to stand-down, suspend, and exclude more Māori students than any other ethnic group. Male students are more than three times likely to receive a stand-down, suspension, or exclusion, and over four times more likely to be expelled than females (MOE, Education Counts, 2017). This highlights an urgent need to develop appropriate solutions that foster

engagement and increase retention in educational settings and to review attitudes towards this target population.

The second and final inquiry reviewed led by MOE Education Matters is the 2019 publication titled *'Not just about NEETs: A Rapid Review of Evidence on What Works for Youth at Risk of Limited.' Employment*. This review conducted by the MOE with collaborative support from Ministry of Business, Innovation and Employment, set out, "to determine how to improve interventions for young people who are likely to experience poorer than average employment over their lifetime" (MOE, 2019, p. 1). In the review's recommendations attention is drawn to the intergenerational factors that affect employability. It stated, "young people may not be able to overcome intergenerational disadvantage without intervention that focuses on developing, compensating for, or otherwise responding to these disadvantages" (MOE, 2019, p. 21).

A key point made in the recommendations of this rapid review report was to consider, "using indicators or assessments of individual motivation status or attitude, as a basis for classifying different risk subgroups" and for matching different responses to them (MOE, 2019, p. 22). It was suggested that a motivation status could be assessed and estimated in relation to goals that relate to rapidity of finding employment or further training programmes. This recommendation adds that, "the potential effects of sanctions for different target groups is also relevant to the issue of matching responses to current motivation status, or as triggers of change to motivation status (positive or negative)" (Martins & Grubb, 2002, cited in MOE, 2019, p. 21).

Both MOE 'Education Counts' publications highlight the need to focus specifically on Māori taiohi/youth wellbeing and development, as they are defined at the highest risk of failing to successfully complete foundational levels of education. Failure at this stage of education and training becomes an indicator to future employment success. Both Education Counts

inquiries were conducted within the past three years, their findings and recommendations are considered a good representation of the current position of Māori taiohi/youth and their needs to succeed. They act as a guide or points of reference in some areas of this doctoral research, which aimed to respond to the future directions indicated in both the MOE Education Matters reviews.

The final publication reviewed within this literature review theme was produced by the New Zealand Youth Mentoring Network in 2019. The publication entitled '*Guide to Effective and Safe Practice in Youth Mentoring in Aotearoa New Zealand*' 2nd Ed. This resource is a comprehensible practical article guide developed for five key audience categories which are;

1. Mentoring programme providers,
2. Youth development programme providers who incorporate mentoring as part of their wider youth development work.
3. Social service agencies that deliver mentoring services to the young people they work with.
4. Mentoring programmes in schools.
5. Government agencies and other funding agencies (New Zealand Youth Mentoring Network, 2019),

This resource made useful information accessible, supporting both the facilitation of the Toi Ora programme, and ideas for the programme's future direction and scope of application. Theoretical underpinnings based on the Positive Youth Development (PYD) approach, contributed, influencing, and informing the approach taken when developing trusting relationships with the Māori taiohi/youth participants in the doctoral research. The PYD approach is based on the hypothesis that youth need support to develop rather than being

defined and managed by their problems. This approach among others informed the electric approach developed and applied to the Toi Ora programme. Again, this resource like all the other inquiries and reports reviewed in this literature review theme stress the key to positive development is to ensure all youth can access resources that, are meaningful and appropriate in promoting their wellbeing and development (Youth Mentoring, 2016).

Collectively this literature review theme assisted with the definition of the target population, highlighting the key features that identify youth at risk of poor outcomes which became evident among the voices of experience shared by participants in this doctoral research. However, it was observed during the literature reviewed and later during the facilitation of the Toi Ora programme, that despite of all the adversities taiohi/youth faced there was a strong sense of hope for their futures.

2.2. Kaupapa e Rua - Theme Two.

Ko te rongorau toi ko te tirohanga whānui - Arts therapy a brief overview

The Arts therapy discipline is a relatively fledgling therapy discipline, with around eight decades of evolution. A hybrid therapy approach underpinned primarily by the arts and psychology. Drawing on the characteristics from each arena offering a unique therapeutic entity. However, the entwining of the arts and wellbeing is no new phenomenon. It seems clear that this pairing is as old as human society itself, having occurred repeatedly throughout history across place and time among all cultures (Malchiodi, 1998). Many cultures have been aware of the healing possibilities and wellbeing potentials engaging in creative activity can offer, whether as an individual, group, and cultural or community. Visions and dreams, masks and symbols, storytelling, drama, dance, music, and art objects vested with mystical powers were all part of the shaman's or healer's tools (McNiff, 2004). Across cultures all forms of

the arts played their part in daily lives, celebrations, and life cycle rituals. Creativity is identified as an innate human tendency, so much so it has been argued that, like speech and other fundamental human activities, this activity could be used to define our species (Dissanayake, 1992).

Creativity is an intrinsic aspect of human nature, throughout history humans have “endeavoured to understand and express themselves in relationship to the social and natural environment and in relationship to the self” (Halprin, 2003, p. 36). Primitive prehistoric markings are considered a symbolic language that precedes the written word. A language that offered expression, communication, and acknowledgment of all aspects of life, gives an indication that creativity is inherent to all people. Case and Dalley (2004) acknowledge and support this view of art history, they state that, “the impact of these primitive marks is important in the understanding of how art is used as a means of communication” (Case & Dalley, 2004, p. 69). Other episodes in human history provide examples of how humans have used art as a conduit for becoming more whole. The Greek philosopher Plato framed his practice of the arts within his search for truth and meaning (Halprin, 2003). Therefore, highlighting the potentialities of creativity has as a tool for non-verbal communication, and/or a non-threatening creative expression supporting the recovery, restoration, and maintenance of wellbeing (Stevens, 1986).

Internationally the early art therapy practitioners came from professional backgrounds such as education, psychiatry, and the arts (Case & Dalley, 2004). In the UK two influential innovators were Herbert Read (1942 cited in Rubin, 2009) and Adrian Hill (1941 cited in Rubin, 2009). Read, came from an educational background, and viewed the arts as playing a vital role in developing the whole personality. Elaborating on the socio-cultural aspect of arts/creative education, advancing the global notion of the cohesion that underpins the

principles of fostering a balanced personality through arts education. Read, argued the system of authoritarian education, sort to mould individuals into a model character predetermined by a society which maintains individuals disintegrated, and fragmented. Understanding the psychological benefits of spontaneous expressive art for children, Read advocated for a freer approach to arts education (Rubin, 1989).

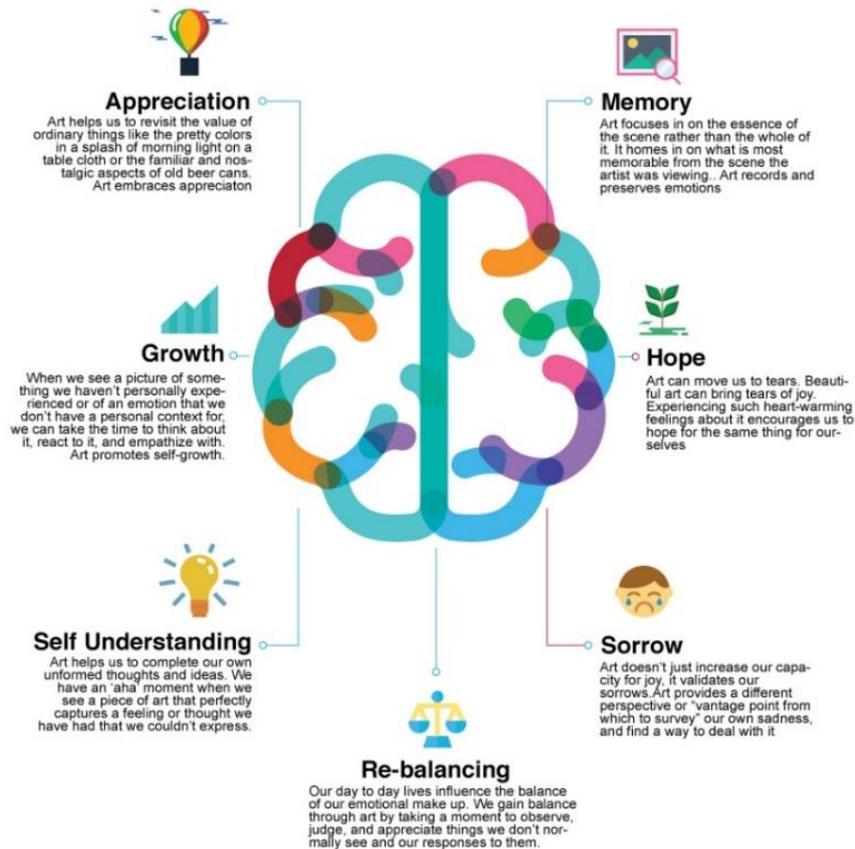
Hill a trained artist, saw art as therapy in the medical sector. For Hill, the value of Arts therapy laid in completely engrossing the mind and hands, which he considered aided the release of creative energy. This he suggested enabled a person to build up strength to combat illness (Edwards, 2004). “The two strands of art therapy developed in parallel, one in an educational setting, developing out of enlightened art teaching (Case & Dalley, 2004, p. 3) and the other in hospitals during the aftermath of World War two, helping solders to recover from the effects of traumatic experiences and physical illness. Initially these British early arts therapists were influenced by the child-centred approach to education, advocating the notion of that art has healing qualities. It was Hill in 1942 that is acknowledged as being the first person to coin the term art therapy to describe the therapeutic application of art making, while working with hospitalized patients’ recovering from tuberculosis (Edwards, 2004).

The practice of art as therapy was at this time considered an occupational therapy. In 1946 the first research was conducted at Netherne Hospital in the United Kingdom. The study sought to discover the benefits and usefulness Arts therapy had with mental health patients and wartime casualties, the hospital later became the Britain’s national centre for Arts therapy (Ostwoska, 2015). The diagram below draws out the multiple benefits of Arts as therapy.

Art As Therapy

How art helps us grow and evolve in our understanding of ourselves, each other, and the world we live in?

Based on the book *Art as Therapy*, Alain De Botton and John Armstrong identify seven functions of art



Art is not a handicraft, it is the transmission of feeling the artist has experienced - Leo Tolstoy

Figure 6, Art AS Therapy Diagram www.theartistinme.com

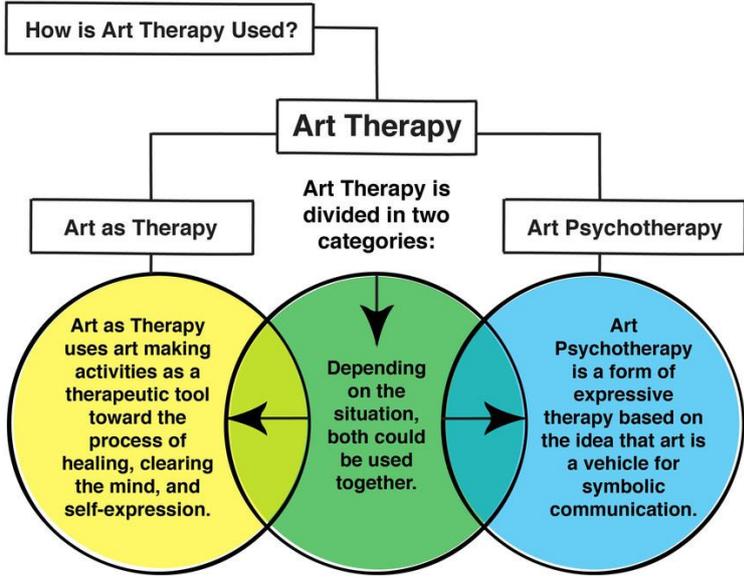
Around this time, an experimental centre for psychotherapy through the arts was established by a Jungian psychotherapist who provided treatment and informal training in Arts therapy (Waller, 1992, cited in Gilroy & Hanna 1998, p. 259). As the profession evolved a divide developed between those who considered art therapy as occupational therapy and those who viewed it as part of Jungian psychotherapy. Throughout the 1940's and 1950's Arts therapy

continued to develop within the separate professions. However, in the interest of establishing art therapy as a discrete profession a professional association was formed in 1964 under which art therapists from all sectors, such as health and education could join, thus establishing a single professional identity (Gilroy & Hanna, 1998).

As the Arts therapy profession advanced, both art history and the history of psychiatry have influenced the development of different approaches to art therapy practice. Gilroy & Hanna (1998) also highlight the important contribution made by psychiatrists who were interested in the artwork of their patients as an analytical tool (Linnell, 2006). It is claimed that the diagnostic attitude towards imagery stemmed from the eighteenth-century neoclassicism and 'moral treatment' regimes, which held 'the 'rational' belief that a person's states of mind could be read from a painting or drawing. The depiction of feeling in art was formalised and enabled the painter and the audience to remain uninvolved. By contrast the nineteenth-century romantics embraced a positive conception of the imagination and valued the artistic representation of inner experience. This attitude related to a belief in the natural healing capacities of art (Case & Dalley, 2004, p. 3).

Elsewhere the Arts therapy discipline began to develop in those post WW2 years. Edith Kramer (1916-2014), a pioneer in the United States, viewed art making as inherently therapeutic to which she added the principles of psychoanalytic theory. Kramer (1958) viewed art making as a process which supported the development of the ego, fostered the growth of identity and promoted maturation, which she considered to be the principal benefits of using art therapeutically (Moon, 2005). Kramer emphasized the value of creating integrated finished works of art, because this offered the client an opportunity to integrate the freed emotions (Rubin, 2001). Hence this approach became known as the integrated approach to art therapy (Wadeson, 2002).

Arts as therapy is also referred to as ‘studio-based’ (Moon, 2002) art therapy and art psychotherapy is frequently termed clinical art therapy, these are considered the two main streams through which art therapy has evolved (Linnell, 2006). The Arts therapy studio-based approach offering the best approach to adopt for the Toi Ora programme. The Arts therapy-based programme needed to appropriate a communal education setting; the Arts therapy model adopted was the community-based Arts therapy one. However, the ethos of the research itself were negotiated into this pilot Arts therapy-based project. The diagram below provides a visual explanation of how the different strands and categories of Arts therapy can interchange depending on the context it is being practiced.



Project by: Cathy Malchiodi & www.joshkale.com ©2015

Figure 7, Art Therapy (Malchiodi, 2015)

However, different disciplines within the arts, strives to define themselves into further therapy categories, such as Music therapy, Drama therapy or Dance and Movement therapies. The individual therapy has the capacity to lend themselves to each other. The empirical application would ultimately be determined by the individual therapist and the client

population they are working with (Wadeson, 2002). Some art therapists opt to analyse or interpret the art object while others do not.

Here in Aotearoa/New Zealand, the Arts therapy profession was established far later than in other countries. However, as in Britain the benefits of the arts outside of the aesthetic qualities in educational practices were realised by pioneering educationalist theorist Elwyn Richardson. Richardson's innovative pedagogy (1958) which he developed and experimented with at Oruaiti School from 1949 to 1962. Richardson's experiment which Rawiri RAG kaumātua was part of undoubtedly contributed to the advancement of progressive education and educational reforms in the first half of the twentieth century in Aotearoa/New Zealand (MacDonald, 2010). Central to Richardson's philosophy was his use of the natural environment and local community and its resources to create an integrated programme of art and science, which spanned all curricula subjects. His child-centred approach encouraged students to work together exploring and experimenting with real life problems and scenarios using the arts which was often organised into themes. Thus, making learning meaningful and fostering the students understanding of working theories of this world (MacDonald, 2010).

Coming from an early childhood education background, I immediately made correlations between the experiences that Rawiri spoke about during my initial interview with him of his education at Oruaiti school and the approach to learning Richardson facilitated. Like the early childhood curriculum Te Whāriki, Richardson's approach fostered active exploration, approach to learning and teaching that is embedded in Te Whāriki. A further aspect of Richardson's child centred approach that resonated with some of approaches that informed the approach developed for the Toi Ora programme included, humanistic, client centred, and Māori centred approaches.

Arts Access Aotearoa a charitable trust founded in 1995, can be considered the first organisation to introduce arts AS therapy into Aotearoa/New Zealand. With funding from Creative New Zealand, central to the purpose of Art Access Aotearoa, is working in “partnership to increase access to the arts for people in Aotearoa who experience barriers to participation” (artsaccess.org.nz), initially the organisations focus was on disabled people and those with mental health issues. However. this has grown immensely over the years to include work that involves, arts access activities and events to wider community via five programme themes.

The themes include:

- Access, Inclusion and Participation
- Community Engagement
- Advocacy and Profile
- Information Centre
- Prison Arts

(Arts Access.org.nz, 2018)

This healthy growth has been contributed to by the recognition of practitioners from the various professions including, arts, education along with health and wellbeing sectors. Collectively, the practitioner’s insights along with the manifold of skill sets they pooled, has led to formally trained artists working in corrections facilities, and qualified social workers adopting an arts-based approach at a mental health rehabilitation centre here in Te Tai Tokerau/Northland (Arts Access.org.nz 2018).

Whitecliffe College of Arts and Design were first to introduce a formal qualification in Arts therapy in 2001. The Arts therapy master’s degree programme offered both clinical and

studio Arts therapy. The MA Arts therapy programme was in its fledgling stages, offering an eclectic approach to Arts therapy and inclusive of all the international key approaches to Arts therapy. Assignments explored and experimented with the different modalities including, music therapy, dramatherapy, dance and movement therapy, painting, drawing and multimedia, with a variety of international approaches to Arts therapy practices were reviewed. The programme's modules investigated the key strands and components of Arts therapy including, psychology or arts in therapy, creative studio-based arts as therapy, education and Arts therapy, professional practice, social and cultural approaches to Arts therapy and research methods. The social aspects of Arts therapy were viewed in context of Aotearoa/New Zealand, however not specifically through a bicultural or Māori lens. The final module, presented a research elective, depending on which strand of Arts therapy was selected. The studio based elective focused on Arts as therapy and the clinical elective focused on the psychotherapy/psychoanalytical approach to art in therapy.

I embarked on the master's degree programme at Whitecliffe in 2007 along with four others, the third student intake since the programme began in 2000. My MA student colleagues came from a range of professional backgrounds including mental health, social work, music and arts education, the arts, education, counselling, palliative care, and natural medicines sectors. Many of whom embarked on the master's degree were seeking to extend on their existing knowledge base, in their area of expertise, exploring Arts therapy tools to enhance their professional practice. A small percentage went on to be solely arts therapist, others pursued additional qualifications in the play therapy or other recognised psychotherapies. The Arts therapy discipline was at that time, a fledgling discipline here in Aotearoa/New Zealand, still finding its niche in government services, striving for recognition and alignment to mainstream psychotherapies.

The students from the class of 2010 master's degree programme at Whitecliffe undoubtedly contributed to the establishment of the discipline in this country all presenting robust clinical and non-clinical research of Arts therapy practice and approaches in their area of expertise. The focus of my clinical MA research thesis was considered pioneering, as it was the first clinical Arts therapy research that effectively combined concepts of te ao Māori with a Western psychoanalysis philosophy in clinical practice. My thesis titled, *An Exploration of Jungian Archetypes and Legends and Myths of Ngāpuhi in Combination with Sand Tray and Symbol Work* (Meek, 2010), applied decolonizing approaches (Smith, 1998) to both the research design and therapeutic approach and practice. The findings revealed that the bicultural model, approach, and practice developed offered an indigenising approach to research in Arts therapy and offered a benchmark effective bicultural practice model and approach. One of my MA student colleagues Lynda Brown who also successfully completed the clinical elective research thesis (2009), her work focused on Arts therapy in education. Lynda has now contributed to this doctoral research in the capacity of an advisory group member, sharing her advice on group Arts therapy with school aged children.

Whitecliffe College of Arts and Design has enabled the Arts therapy profession to develop here in Aotearoa/New Zealand. Its clinical elective geared up to parallel other psychotherapy genres. As the discipline has become more recognised here, there are now contracts for arts therapists to work within ACC and Work and Income government departments, dealing with sensitive claims. Amanda Levey the programme leader of the Arts therapy programme at Whitecliffe College of Arts and Design recently spoke about Arts therapy as a growing industry here in Aotearoa/New Zealand. Levey an Australian, who trained as dance and movement therapist in the USA, brought this American approach to the Arts therapy programme at Whitecliffe. Levey (2017) endorses the masters Arts therapy programme offered at Whitecliffe because it is specific to New Zealanders. However, it questionable if

the programme reflected the essence of this bicultural nation, given the limited support they could offer a student investigating te ao Māori at that time. In the 2017 article published by Big Idea, Levey comments on how the industry's growth has now led to its recognition of the discipline and that it is, now on par with other psychotherapies. Levey promotes the Arts therapy profession as a lucrative industry to be involved with and encourages those considering it as a career choice to opt for the master's degree programme at Whitecliffe (The Big Idea, 2017). While I understand the desire to define the Arts therapy discipline and drive to gain equal recognition among other psychotherapy approaches, this exclusiveness pushes accessibility out of reach financially for clients and deters professionals trained in similar fields, such as psychology, counselling, education or youth work to adapt their existing professional practice to include the arts as a therapeutic approach.

Not driven by huge financial gain, yet my intent remains the same to extend the knowledge base of Arts therapy approaches and practices in Aotearoa/New Zealand. My aim with this doctoral research is to improve the wellbeing and development of those Māori taiohi/youth in my local area by making Arts therapy-based intervention programmes more accessible to them in educational and training environments or community spaces. Encouraging those trained in related professions such as education, counselling, pastoral care, or social development support services to adopt the arts as an intervention tool within their professional practice, has been the drive behind both this doctoral research and my professional practice in education and arts as therapy.

There is a growing recognition of the values and wellbeing benefits, the arts have to offer. With arts-based community projects offering creative activities that provide supportive contribution to the local communities' wellbeing and development. In 2010, Creative New Zealand, published a report which present the findings of a survey that sought to understand the economic impact of arts and cultural organisations in the Wellington region. One key

finding which was encouraging in acknowledging the connection between engagement in the arts and wellbeing indicated by the forty arts and cultural organisations that contributed to the research survey. The collective voices of the participants shared identified core values of Arts in the community, it states,

It is generally appreciated that the Arts and Culture sector contributes many intrinsic values to the community. Arts and Culture provides a social infrastructure, creates connections, and experiences, and attracts visitors to a city. At its very best level, the arts also foster originality and vitality, support diversity, and provide a source of inspiration that provokes innovative thinking (Angus & Associates, 2010, p. 3).

A significant piece of research was conducted here in Aotearoa/New Zealand by Pegasus Health Charitable Ltd in 2014 by Bidwell. This research aimed to provide a brief outline of theories that underpin the benefit health and wellbeing of the arts and discusses the outcomes from arts-based health promotion programmes over the last ten years, both here and internationally. This research provided evidence of the effects and benefits of arts-based intervention in hospitals and out-patients programmes, signalling increased funding for further research and programmes development. Presented in the report amid other nations progress in this area of health care approaches, Aotearoa/New Zealand was identified as a slightly populated nation, with small amounts of funding given to DHB's to progress with research and programme development. Considering the recent suicide statistics and mental health issues reported last year (mentalhealth.org.nz, 2018, p. 7.) identifies Aotearoa/New Zealand as a nation with the highest deficit statistics in nearly every area of social development and mental health in the developed world (OECD). This small amount of funding allocated to improve services, needs to better reflect the wellbeing needs of the nation's population.

Today's government Wellbeing budget (30th May 2019) announcement is encouraging, with funding going into mental health, this is in the wake of the recent mental health inquiry He Oranga (2018). The much-needed bulk funding of \$1.9 billion package which sets out the

distribution of this fiscal offer, in a package deal over the next five years within a cross section of services including health, education, corrections, justice and housing. Proactive solutions that involve multidisciplinary teams of support is evidently needed, how they fit, and function together is central to the level of their effectiveness.

2.3. Kaupapa e Toru - Theme Three.

Toi rongoa me nga ahurea whaimana - Arts therapy with Indigenous cultures

Internationally there are a few examples of evidence-based or practice-based evidence research studies and practices in Arts therapy with indigenous peoples in colonised countries. The Aboriginal Healing Foundation (AHF) in Canada, Archibald, et.al (2012) is one example in which expressive arts were incorporated into existing well-being and mental health care programmes with Canadian indigenous people. The foundation's research work undertaken in 2012 visibly confirms the potentialities and benefits of Arts therapy as a tool to safely address individual, historic and intergenerational trauma and its subsequent impact on both an individual and culture. For many indigenous people, traditional arts, culture, and spirituality are intrinsic to maintaining and/or regaining an equilibrium and balanced life. From this perspective, there is no separation among the arts, culture, and wellbeing because they are inextricably woven in the fabric of life (Archibald, et al, 2012). Findings from other research on this topic supports the idea that historic trauma and structural violence generated by acculturation, found that the only way to address the recovery needs of indigenous people is to create culturally appropriate avenues for producing change in existing distorted belief systems and memory structures. Thus, allowing the opportunity to regain their collective strength (Wesley-Esquimaux & Smolewski, 2004 cited in Archibald & Dewar, 2010).

The AHF evidence-based research project used a multimodal arts therapeutic intervention approach with indigenous peoples, these included, visual arts, drama, music dance, movement, and storytelling. Findings from this study presented compelling evidence that creative expressive arts, culture, and healing/wellbeing are clearly interlinked. All participants, clients and therapists were offered a survey in which, questions were presented about the arts being incorporated in the services existing well-being and mental health programmes. The survey summarises the data revealing that the arts as a means of expression goes beyond personal resistance, language, and cultural barriers. The creative expressive arts activities enabled a symbolic way of communication that brought more depth, personal and cultural relevance to the healing process contributing significantly to reinstatement of wellbeing. It was noted that “an integration of the healing transformative experience in a much comprehensive manner is attained when cultural symbols and spiritual aspects are included in the process” (Archibald & Dewar, 2010, p. 14).

The target population of my 2010 clinical Arts therapy research thesis were Māori with mixed cultural identity, the research aim focused on the impact of intergenerational acculturation and their experiences of mixed cultural heritage. Webber (2008) describes this state of cultural duality as “he tangata awarua or hybridity” (Webber, 2008, p.21), this description draws attention to how complex cultural identity is for many people of mixed Māori and Pākehā descent. It also highlights that the reality for many people of mixed Māori and Pākehā descent is the struggle they face in attempting to identify themselves, unite and find sanctuary in either Māori or Pākehā societies (Webber, 2008). It is vital that psychotherapeutic approaches that are designed to accommodate an individual’s mixed cultural identity entuse a dual approach to professional practices as this has often recognised as an unmet need that would augment the therapeutic process. My 2010 research explored the use of Jungian archetypes and legends and myths of Ngāpuhi in combination with sand

tray and symbol work. Several correlations are visible in the findings of my 2010 clinical research and that of the AHF and Archibald and Dewar 2010 research. The Arts therapy modality developed in my 2010 research was inspired by the research of Cherrington (2000) who explored, the use of Māori pūrākau/mythology in clinical settings as a Māori focused mental health intervention. Discovering the benefits, Cherrington continued to advocate for its continued use in Māori psychology she writes,

In essence, our tupuna have left us stories, waiata, and whakataukī that provide us with teachings of perspectives on times long ago. Within contemporary society, we need to make some meaning of these stories and incorporate them into contemporary lives in a meaningful and productive way (Cherrington, 2000, p. 120).

Durie (1985) adds to this, pointing out that the way in which Māori express emotions is often seen in the use of the arts, including, song, chanting, kapa haka, and engagement in traditional crafts such weaving, and carving in which emotional narratives are vested, which Durie considers highly therapeutic processes (Durie, 1985).

The therapeutic approach in my 2010 clinical Arts therapy research was informed by the writings of Māori Marsden, regarding Māori philosophy, theology and the Māori world view and that of Carl Jung's theories and philosophies relating to psychology (O'Connor, 1985; Walker, 2002). The research was an explorative investigation into essentially two cultural perspectives, to discover whether the two belief systems and knowledge could be fused together to create a powerful psychotherapeutic bicultural approach to Arts therapy. In collaboration and consultation with a Māori research group members, parallels and similarities emerged allowing archetypal objects/artefacts/symbols founded in the myths and legends from both cultural world views were developed (Meek, 2010). Jung's view of the dimensions of human existence and wellbeing can be associated to those held by Māori. Like Māori, central to Jung's analytical psychology approach to therapy is the concept of balance

(O'Connor, 1985; Walker, 2002). A fundamental dimension to wellbeing from both perspectives is wairua or spirituality. Jung insists that life has a spiritual purpose, one which well exceeds material goals. Jung believed our spiritual dimension can lead to the discovering and fulfilment of our innate potential (Walker 2002). In te ao Māori our taha wairua/spiritual dimension holds values and beliefs which determine our daily existence, provide us with meaning and purpose in life, defines our identity and heightens our self-awareness (Durie, 2006; Royal, 2003; Ripikoi, 2015). This confirms that, it is essential to consider and incorporate the spiritual/wairua dimension and experiences when viewing a person's wellbeing in Arts therapy (Meek, 2010).

This is particularly relevant when considering combining Western approaches with indigenous world views as it can significantly determine the effectiveness of any intervention. RAG member Dr Sylvia van Altvorst (2019) discussed the wairua dimension in her professional practice. She explained, "*As a Māori clinician, I experience wairuatanga, making connections with Māori clients during the assessment process through wairua, this is something difficult to document and explain within the constraints of a Western paradigm.*" My 2010 research resonates with Dr Sylvia van Altvorst perspective on the capacity to connect and/or see the wairua dimension of someone you are working with. During the individual one on one clinical trials conducted in 2010 it was revealed that by offering an Arts therapy modality underpinned by a dual cultural perspective enabled cultural barriers to be identified. By offering clients, the opportunity to explore their cultural duality, enabled them to explore and express themselves holistically optimising their potential to attain a balanced wellbeing. The presences of wairuatanga/spirituality was evident during the participants individual clinical Arts therapy sessions. However, it became particularly visible in the sand tray symbolic therapy process undertaken in a therapy session with the

kaua/Māori elder participant, that had experienced an oppressive cultural assimilative discourse growing up in the 1950's in Te Tai Tokerau (Meek, 2010).

One fundamental difference between my 2010 clinical Arts therapy research and that of the previously discussed AFH research project, was the community-based approach taken. The AFH research project highlighted that given the freedom of choice, both the facilitators and clients of the community-based support service programmes would undoubtedly include expressive arts activities or exercises in the programmes. The 'freedom of choice' became a key feature with both the development of and during the facilitation of the Toi Ora programme. Freedom of choice instils the concept of rangātiratanga, fostering this aspect enabled all participants to express themselves according to their own experiences, values, philosophies, and aspirations (Baker, 2016).

It was hoped the findings of the AHF evidence-based research project would be of interest and offer support to other indigenous communities and organizations engaged in well-being and mental health treatments and approaches to therapy, which it has with this Indigenous inquiry. A further aim of the AFH evidence-based research, was to raise awareness of the use and benefits of Arts therapy as an intervention with indigenous people for policy makers, funding bodies, programme managers, healers, counsellors, artists, governments, and academia (Archibald & Dewar, 2010). This aspect of their research resonates, with the purpose of this doctoral research, with the key aim of improving the accessibility and understanding of the benefits Arts therapy has to offer Māori taiohi/youth wellbeing in an educational setting.

With current interest and drive by the government here to create seamless support services, one necessity would be for multidisciplinary or transdisciplinary teams to find ways to more effectively work together. Solutions designed to support at risk Māori taiohi/youth need to

focus on how an appropriate intervention can fit into existing service frameworks that taiohi/youth are involved with, such as an education curriculum, youth justice, and rehabilitation frameworks. Lynda Brown one of this research's advisory group members confirms this in her 2010 clinical Arts therapy research. Lynda's research sought to support the development of developing a child's understanding and growth of the concept of self with a group of school aged children from both Aotearoa/New Zealand and students from international diverse cultural backgrounds. Using a narrative therapy approach and visual arts in a mainstream educational setting, Lynda found the educational environment provided additional support in the form of attendance consistency, contextual information and communication with other educational staff and families of the children, which enriched the therapeutic process. This provides an example of how another professional discipline can coexist in an educational environment, with the curriculum framework offering a basis to plan the Arts therapy sessions around.

In any multisystemic service or environment to support the development and effectiveness of an interdisciplinary team would be the various professional disciplines ability to be flexible, together with their willingness to mesh the services they offer, perhaps by adopting alternative approaches to their area of expertise, specific approach and function. For example, guidance counsellors implementing arts-therapy based interventions, arts teachers combining the arts in health and wellbeing projects, or teachers, applying Arts therapy-based strategies into their practice to modify challenging behaviours in the classrooms. Or as this research demonstrates an arts therapist facilitating therapeutic arts-based interventions as a component on an existing educational course. Educational curriculums are by far the most feasible frameworks to merge an Arts therapy-based programme which focuses on youth wellbeing programme into (Schellhorn, 2017).

A good example of an interdisciplinary cross-cultural perspective to Arts therapy is found in the research of Mulitalo-Lauta and Menon (2006). Both researchers are New Zealand born Samoan, Mulitalo a lecturer in the School of Social and Cultural Studies at Massey University, Menon a graduate assistant researcher in the School of Psychology also at Massey University. Their research parallels much of my 2010 research which explored the culturally appropriateness of therapeutic approaches and interventions here in Aotearoa/New Zealand. In their research the pair challenge the entrenchment of Euro-American theories and approaches practices that dominate the discipline of psychology here. They observed that,

For individuals of the dominant majority culture, knowledge of – or even a willingness to explore – other cultural perspectives seem rare. At the same time, advocates of Euro- American psychotherapy appear surprised to find that their treatment strategies are often not effective with clients from minority populations (Mulitalo-Lauta & Menon, 2006, p. 24).

They point out that frequently, psychologists blame the ineffectiveness of therapies on the inadequacy of the client to match the therapeutic approach. Debasing the importance of ancestral history, and the cultures' indigenous patterns or belief systems, that govern their way of living and their perspective of wellbeing, considering no influence to the therapeutic process. By denying or being ignorant to a client's cultural identity automatically compromises the effectiveness of the therapeutic process and ironically impedes on the client's wellbeing, leaving them little alternative options than for them to fit into the dominant culture's paradigm. Bishop and Glynn (1999) confirm this stating that "*denial of access to one's culture has negative consequences to one's self esteem and self-confidence* (Bishop & Glynn, 1999, p. 10.).

This dominant cultural approach and practice is observed frequently in the mental health sectors. Dr Sylvia van Altvorst RAG member agreed, she finds there are sometimes challenges as a Māori clinical psychiatrist working with Māori clients in a mainstream mental

health service here in Te Tai Tokerau/Northland. The challenges, come in the way of assessment tools, processes, and/or treatments and programmes approaches. Dr Sylvia van Altvorst's professional practice approach is grounded by the client-centred approach. This naturally shifts to Māori-centred when working with Māori clients. The two approaches are similar in that the client is the central focus. However, cultural etiquettes can be restricted among the mainstream service processes. For example, the allocated timeframes for client appointments, Dr Sylvia van Altvorst, said that, *with Māori clients, it can sometimes take longer than the thirty-minute time slot provided for their assessment. Often with Māori clients I find that they sometimes, feel shame or are cautious about coming and using the mental health services. I like to be able to hear a client's narrative as this provides valuable contextual information to the assessment process*".

Clearly, the half hour timeframe, controls the assessment process, comprising the quality of information shared, impeding on the ability to pair a client's needs with an appropriate treatment plan. This cultural restriction or limitation is echoed by Mead (2016) work, which observes, how, te ao Māori/Māori world view is enveloped by non-Māori concepts, making it difficult to maintain traditional Māori tikanga (Mead, 2016).

Neither of the previously mentioned Samoan academic researchers are qualified arts therapists. However, experts in areas of sociology and psychology, together in the context of their cultural identity consider the therapeutic qualities of the arts. They agreed Pacifica peoples like all indigenous cultures the arts play an integral role in the wellbeing and sustenance of the culture. For the Samoan population arts works as an intrinsic part in traditional and cultural activities, cultural ceremonies, rituals, and cultural functions. The engagement in the arts is existential and natural, *delivering oratories, reciting poetry, chanting, praying, metaphors and similes, and participation in real life drama are all arts within their own right*" (Mulitalo-Lauta & Menon, 2006, p. 23).

The pair of academics also discuss the word, 'therapy' through the same minority cultural Pacifica lens. They point out that unlike the Western paradigm which largely concentrates on trying to change a person's cognitive function through 'talk-based' therapeutic approaches which aim to modify how they feel. Pacific Islanders consider therapy as a spiritual restorative approach to wellbeing, which brings harmony, reparation, and a sense of understanding to the minds of those affected by trauma of life's crises. Taking this perspective to the therapeutic approach to interventions, would enable composure to be gained, through a process that creates a sense of forgiveness and acceptance. A further point to make regarding the word 'therapy' in relation to the Toi Ora programme. Is that, the word therapy was purposely absent from the programmes title, a strategy used to avoid stigmatisation, the participants expressed caution agreeing that the word 'therapy' inferred they were mentally unwell, when in fact the Toi Ora programme was designed to support their wellbeing by building on existing strengths.

Mulitalo-Lauta and Menon (2006) noted that using an arts-based approach in therapeutic interventions benefited the Pacific population on two levels. Initially, it was noticed that the creative process enabled individuals to reconnect with their cultural identities. Then while working in groups, engaging in creative culturally bound rituals and ceremonies a sense of wellbeing among the individuals was notable, this fostered a sense of cultural communal wellbeing. This aspect of the culturally based arts intervention group work was also observed during the first session of the Toi Ora programme. The session was designed to foster whakawhānauangatanga among the group. The aim of the session was to provide an opportunity for social skills to develop among the participants. Also, the group Arts therapy-based modality and culturally responsive resources used offered the chance for a rapport to develop between the participants and myself. The Arts therapy-based modality also acted as

an assessment tool providing insight of both the group dynamic and made available an opportunity for the participants to connect with their cultural identity.

In recent research and practice by Mahi a Atua, DM Kopua, MA Kopua and Bracken (2019) the use of traditional Māori customs in combination with the arts to create an approach to address emotional distress and mental health difficulties with Māori clients. Their approach is used in the context of whānau/family and community. They argue that, “The highly individualized idiom of psychiatry fails to capture the ways in which whole communities are struggling and can serve to obscure the social, cultural, and economic dynamics that lead to such suffering” (Kupua, Kupua & Bracken, cited in Troeger, 2019). Now expanding on their approach, they describe it as a

process whereby Māori creation stories, or pūrākau, are explored and used to provide a set of words, ideas, images, and narratives that can help provide a matrix through which communal family, and individual challenges can be met without recourse to a ‘psychologized’ and ‘psychiatrized’ vocabulary (cited Kupua, Kupua & Bracken, 2019, cited in Troeger, 2019)

This aspect to provide a therapeutic intervention process that chooses to avoid the clinical terminologies was adopted with the Toi Ora programme with even the use of the term clinical avoided.

Mulitalo-Lauta and Menon, (2006), like many other Indigenous practitioners, philosophers or theorists highlight another key point which resonates with this research. Firstly, for therapists including psychologists, arts, therapist, psychotherapists, even educationalists that are from the dominant culture working with minority Indigenous cultures they need to be aware of the “invisibility of "whiteness" and ethnocentric monoculturalism” (Sue, 2004 p. 767), which he advised, was detrimental not only for people of colour, but white people as well (Sue, 2004). This stresses the importance that for therapists working with any culture different to theirs, an awareness of the transference of their own cultural beliefs and values

onto the therapeutic process or intervention approach is needed. By maintaining a client-centred, Māori-centred, or child-centred approach a contextualised holistic view of a person can be attained. Further, through these humanist styles of approach an understanding of a person's cultural identity can also be gained. Miller (2009) supports this, "I have argued that the non-judgemental, client-centred practices in the tradition of existential-humanistic thought are respectful of cultural diversity, personal values, beliefs and commitments. They are emancipatory in intent and inclusive of non-Western knowledge" (Miller, 2009, p. 424).

One further point of value which is echoed throughout indigenous cultures is the acknowledgment, that creativity is a normal part of life. Therefore, adopting the arts as a tool to reinstate and maintain wellbeing would be a natural authentic approach to take. Any therapeutic intervention approach facilitated either by a psychologist, educationalist, arts therapist, counsellor, and other support services personal with indigenous communities needs to consider the involvement of the arts.

One final significant point to raise, is the effectiveness of any intervention which aims to combine Western approaches with Indigenous world views on wellbeing must be mindful and provide for the spiritual dimension of Indigenous peoples, firstly. Their concluding comments urged for more research is needed into appropriate therapeutic approaches and interventions with Indigenous people (Mulitalo-Lauta & Menon, 2006).

In Australia as the Arts therapy grows, a significant piece of research is in the context of Aboriginal health and education. The research conducted by a Ph.D. psychology student Judith Christian Miller, aimed to identify the benefits, and establish the use of expressive Arts therapy within Australian Aboriginal communities. Miller (2009) recognised the critical need for effective mental health and wellbeing services, focusing on emotional and social wellbeing Miller adopts a creative inquiry approach to her experiential arts-based healing

practice in Aboriginal contexts. Consistent with my 2010 clinical Arts therapy research, at the time of Miller's 2009 research inquiry there was no research available that supported the development of an arts-based therapeutic approach to learning, resilience and wellbeing that appropriated the needs of Aboriginal people. Likewise, with my 2010 clinical Arts therapy research and this research, Miller's research is grounded in expressive Arts therapy and the constructivist, narrative-based psychotherapies in combination with Indigenous world views, presenting an approach that is open to ways of knowing that go beyond orthodox methods (Miller, 2009; Meek 2010).

As awareness of the qualities and benefits of Arts therapy grows, the possibilities of recipient scope are realised. The capacity of arts-based intervention programmes to reach many areas of social development at community and individual levels, deserves further research and development. For such programmes to become a regular feature offered in mental health/wellbeing and educational environments, services providers, practitioners, service programme developers and funding providers need to understand, realise, and appreciate the health/wellbeing and educational benefits of such programmes has for all its recipients. For Indigenous populations, a community-based approach is a particularly appropriate approach for reinstating and maintaining wellbeing as their cultural structure is based on communal/family wellbeing. This approach combined with an activity that is as naturally expressive as verbalisation if not more, creativity is as intrinsic to as breathing or procreating. Therefore, the arts have the capacity to effectively communicate our experiences and intergenerational knowledge, wisdom, experiences from ancestral origins. With mounting evidence indicating the effectiveness of Arts therapy-based community interventions in marginalised Indigenous communities, it is hoped that this doctoral research encourages professionals working in services to adopt or be open to involvement with Arts therapy-based interventions.

2.4 Kaupapa e whā - Theme Four.

Ko te rongoā toi me nga taiohi taketake kei te tūraru, he aha te mea e 'mate mo nga hua kino? Arts therapy with Indigenous youth at risk, what places them at 'at risk of poor outcomes?'

Both here in Aotearoa/New Zealand and overseas it is well documented that adolescence is one of the most challenging transitional life phases (Curtis, 2015; Sawyer, Azzopardi, Wickremarathne & Patton, 2018; Grant, 2017). With added stressors that threaten wellbeing, the risk-taking behaviours common in adolescence can intensify, sometimes this can be fatal. The term 'at risk' has been debated with no real consistent definition. It has been considered as a stigmatising label for certain groups. Regardless of this it is a term widely used as a helpful definition for service providers and programme criteria's, serving as a reference point which offers clear communication between providers, funders, policy makers, and professionals about what 'at risk' means (Moore, 2006).

However, there are still issues surrounding the term 'at risk' raising questions such as who are at risk, why are they at risk, what are they at risk of and what are the protective factors? What and how can data on 'at risk' youth be used, is a qualitative measure of 'at risk needed? In relation to who is at risk Moore (2006) questions further the context in which the term 'at risk' is viewed. Moore (2006) suggests there are three approaches to view 'at risk'. with a variance in protective factors all children and youth are at risk in some way.

However, children and youth can be considered at higher risk of poor life outcomes for instance if they have a disability/illness, and/or have experience trauma, or have low self-esteem caused by abuse or neglect. The second approach contends that is it the environments that youth or children grow up and develop in a home that places them at risk. Poverty, parents who are mentally unwell, have substance abuse issues, limited education or criminal

involvement are some of the factors that could comprise a child or youth wellbeing and development.

Thirdly the communities in which the youth are immersed play a role, for example low-socio economic neighbourhoods, or the culture of an educational setting and pressure of academic achievement. These factors are all worth considering, as they can influence the risk of poor life outcomes for all children and youth (Moore, 2006).

In the context of Aotearoa/New Zealand these questions can be answered with more clarity following the development of an 'at risk' indicator tool developed in 2017 referred to as 'Insights'. This online interactive tool was developed by the New Zealand governments Treasury; Insights allows users to visualise integrated government quantitative data at an incredibly detailed level in charts, diagrams, and other visual data measuring tools. Drawing information from a range of public sector agencies presenting in a user-friendly format with visual mapping tools, it can provide information relevant to the risk factors here in Aotearoa/New Zealand. The Treasury is committed to supporting the development of better living standards together with a more prosperous, inclusive Aotearoa/New Zealand. Through analysis of the integrated data the aim to gain an understanding of social development issues is offered.

The data can inform policies and services with more accurate information to progressively develop social and economic outcomes for everyone in Aotearoa/New Zealand (treasury.govt.co.nz). However, with a disclaimer that states, "While care has been taken to ensure the statistics are reliable, they are not official statistics, and should be treated with caution" (treasury.govt.co.nz). Therefore, it is questionable how realistically accurate the data presented is. The use of the term 'at risk' in this research, observes the data presented in the Treasury's Insights tool. However, the term 'at risk' and what places taiohi/youth 'at

risk' in the context of Te Tai Tokerau is defined further by members of the RAG, by narratives of lived experiences of the Toi Ora programme participants, and specific literature that reflects some of the dimensions of 'at risk' relevant to this research's target population. This includes factors such as cultural degradation, lack of culturally appropriate approaches, institutionalised racism, services and current practices and the impact and transmission of intergenerational trauma.

RAG member, Maaka discusses his experiences, which provides one example of how intergenerational trauma can be transmitted. Maaka spoke about the absence or inappropriate role models in many whānau/families, making no judgement on them as Maaka acknowledges that the absent or unable role models are often suffering themselves, from mental illness, addictions, or work commitments. In his role as an emergency first responder in Te Tai Tokerau, Maaka has witnessed, fatal car crashes, suicides/attempts, drug overdoses and other tragic incidences involving taiohi/youth. He observes the ripple effect of the trauma, both the direct and indirect impact of the high levels of trauma can impact on the whole community in some way. Experiencing, witnessing, or hearing of another suicide, fatal car crash or tragic episode of whānau/family violence, Maaka says, "*resonates throughout whānau/families of the taiohi/youth, himself as a first responder and his colleagues, other frontline professionals that work taiohi/youth and the wider community.*" The ripple effect of suicide in a community is a well-documented phenomenon the World Health Organisation summarises this, "*In addition to the impact on individuals who attempt and die from suicide, the powerful ripple effect that suicide has on families, friends, communities and countries is far-reaching*" (World Health Organisation, 2014, p. 73).

In a recent 2017 New Zealand government discussion paper on youth suicide highlights that there is more to taiohi/youth suicide than solely mental health issues, given existing

knowledge effective preventative approaches need to also focus on primary prevention with attention to early life education and experiences. Preventative approaches need to foster resilience and support the development of self-control skills in early and primary school years, as these are both effective coping proficiencies needed to respond to exposure to emotional stresses. The discussion paper encourages the promotion of mental health awareness in secondary schools. This coupled with appropriate adult and peer support systems for children and youth experiencing mental distress and bolstered with prompt access to appropriate support services, aimed to ensure early therapeutic interventions are effective. The discussion paper acknowledges that the contemporary realities youth face present, a multitude of different interests and stressors that have led to the decline of once effective youth community activities and supports such as sports, church and youth groups (Gluckman, 2017).

The lifestyles, environments, and limiting choices many taiohi/youths are faced with often influence their decision making and actions. When the milieu of someone's experiences is or has been traumatic or one of basic needs deprivation, especially during childhood their ability to establish healthy behaviour patterns and self-care can impede on their wellbeing, learning and development. International research (Infurna, Rivers, Reich & Zautra, 2015) informs us that frequently for children growing up in households among families where there are chronic conditions of high stress, adverse daily deprivations of basic needs, unpredictable volatile situations and/or exposure to singular or multiple traumas their experience is one of chaos and distress. Family relationships can be inconsistent and/or conflicted, driving children to operate in a crisis coping mode.

Research shows that adults who grew up with the effects of intergenerational trauma together with urban poverty tended to have numerous psychosocial issues. These include difficulty

with emotional regulation, limited impulse control which led to aggressive behaviour, decreases in social competence, and problems with interpersonal relationships, which diminished their parental functioning (Cunningham et al., 2018; Bezo, 2017).

It was often found that within parent-child attachment relationships, trust related issues and poor self-esteem often stemmed from their parent's withdrawal caused either by mental health issues, stressors relating to prior or current family issues or alcohol and addictions. The theme of re-enactment of abandonment, and betrayal during a parent's own childhood experience was also a common finding. Parents who had experienced chronic impoverishment, or trauma, were less likely to show their child warmth, had limited understanding of child development and needs, and signs of child neglect evident (Kaiser, 2018). Generally, their parenting strategies were reactive, often resorting to harsh corporal punishment as an approach to discipline, through which the anger, shame, anxiety, and guilt of their experiences are transmitted (Kahane-Nissenbaum, 2011; Madden et al., 2015).

Aside from the most known Post-Traumatic Stress Disorder (PTSD) there are many other diagnosis's that can be linked with trauma or contextual deprivation. However, there are many subclinical symptoms or consequences of trauma and/or impoverished deprivation that fall outside of diagnostic criteria which can create significant functional impairment and require intervention treatments (Pai, Sirus & North, 2017.). These symptoms and behaviours without appropriate psychosocial interventions can comprise a child's learning and development which may lead to depressive and anxiety disorders increasing their vulnerability as they move on to the next developmental stage, adolescence (Cherewick et al., 2015).

Both internationally and here in Aotearoa/New Zealand there is growing body of research which links the effects of colonisation to the transmission of intergenerational trauma among

indigenous populations (Quinn, 2007; Meek, 2010; Brokenleg, 2012; Pihama, 2014; Wirihana & C. Smith, 2014; Nikora et al., 2014). The United Nations (UN) acknowledge, that for Indigenous youth there are added stressors that relate to acculturation processes which can be directly related to the high rates of suicide and self-harm among all indigenous communities (UN, 2007). The UN recognises, that indigenous youth may face further challenges including;

- Lack of culturally appropriate education in their own languages
- Illiteracy and drop-out rates
- Discrimination
- Forced relocation and loss of land
- Environmental pollution
- Unemployment
- Incarceration and lack of legal protection
- Armed conflict
- Massive migration towards the cities
- Traffic and sexual exploitation
- Lack of healthcare services
- Malnutrition
- HIV/AIDS
- Suicide and self-harm (United Nations, 2007)

Considering this the experiences and situations many Māori taiohi/youth face together with the general Māori population many of the UN's bulleted points are relevant. The UN

Declaration on the rights of indigenous peoples explicitly states and agrees to extra attention being needed to the rights of youth, among other identified vulnerable groups within indigenous communities (UN, 2007).

In the context of Aotearoa/New Zealand there is now a solid body of research that indicates the, “psychological and social changes arising from the acculturation process are a direct result of colonisation and are frequently associated with negative outcomes for Māori” (Sam & Berry, 2006, p. 265). Thomas and Johnson (2007) also commented on the psychological effects of acculturation. They state that, “acculturation speaks to the psychological process of an individual negotiating cross-cultural contact and cultural duality. This involves self-esteem, personal identity, general mental health and attitudes towards oneself and one’s cultural group” (Thomas & Johnson, 2007, p. 29).

Some of these negative outcomes were referred to by the Associate Minister of Māori Affairs, Tarianna Turia in 2000 nearly two decades ago, which I based my 2010 MA clinical research upon. Turia (2002) postulated an added diagnosis that more accurately defined the post-colonial condition experience by Māori. She writes “Post-Colonisation Traumatic Stress Disorder as being rife in the Māori community and linked to self-image, family violence and victimisation through personal institutional and cultural racism” (Sam & Berry 2006, p. 266). As Turia’s diagnostic terminology highlights the visibility of traumatic responses among Māori communities. Therefore, support services available to the target audience would benefit from understanding a trauma-informed approach to be more effective.

A recent key finding from a Ministerial inquiry in 2013, which focused on the determinants of wellbeing for Māori tamariki/taiohi, found there was an inextricable link between children and youth’s wellbeing and the wellbeing of their whānau (Māori Affairs Committee, 2013, p. 5). The report that came from this ministerial inquiry emphasised how Māori well-being

would be enhanced when humanistic based approaches such as whānau-centred/Māori centred are practiced. Whānau involvement in the education and wellbeing of their tamariki/children and taiohi/youth, plays an integral role.

From my nearly two decades of teaching in a cross section of educational environments, I have witnessed many of our tamariki/taiohi thrive, when they know they are surrounded by a supportive whānau and aroha/love. Many whānau of the students I have taught over the years, did not necessarily have material wealth, most were positioned in a low-socio economic bracket. Yet, for those tamariki/taiohi who knew their whānau were there for them, had a good sense of belonging, regardless if their whānau spoke te reo Māori or practice tikanga Māori, they could feel the aroha and support surrounding them. Rawiri the kaumātua of the RAG group, agreed, he felt the most important factor missing in lives of many of the tamariki/taiohi today was aroha. Rawiri, commented; *“aroha is something I always gave my tamaiti, that doesn't mean he wasn't disciplined, when he did something wrong I disciplined him in such a way that he learnt from his wrong doing, he always knew he was loved unconditionally and that nurtured his development, just like my father did with me and my brothers and sisters, we always knew we were loved no matter what we did. I notice many tamariki/taiohi grow up among large extended whānau, and that gives them a sense of belonging but lack aroha I'm sure they must grow up with low-esteem, and lack self-confidence, that would affect how they developed friendships and interact with people”*.

Rawiri's comments are consistent with recent research (Wirihana & Smith, 2014; Dale, 2017) which discusses Māori traditional child rearing approaches. Pre-colonial contact Māori cared for their tamariki/children, protecting, and nurturing their development with love and support. Traditional pedagogies that that focused on close relationships between tamariki/taiohi and whānau based on trust and respect were nurtured, ensuring the health, wellbeing, and survival of tamariki/taiohi and the community were typical among Māori.

The transitional developmental stages were transformational via a range of rites of passage and aimed to equip the whānau and hapū with members who could protect and enhance the interests of the community. Key concepts such as Pūkengatanga, which involved an elder would take a young person under their care and taught them directly, mentoring and feeding them with cultural knowledge. The tamiti/taiohi functioning as a link between generations ensuing the survival of critical knowledge that connects people, places, and the natural world (Stirling, 1993). Whare Wānanga were formal structures established to pass on specialist skills and knowledge, participants were often selected based on their natural talents, interests, and skill sets for example, diplomatic skills, cultivation, physical aptitude, carving or oral capacity (Royal, 1992). Urungatanga is a further concept based on education through exposure. In this approach formal instruction were given but the learning through exposure to a situation with the expectation to solve problems. (Hemara, 2000). Rawiri Taonui's research (2010) on pre-colonial Māori parenting clearly shows the differences. "I saw no quarrelling while I was there. They are kind to their women and children. I never observed either with a mark of violence upon them, nor did I ever see a child struck. (Marsden cited Elder, 1932, p. 128). It was contact with the colonisers that interrupted and broke down these caring life enhancing practices with physical punishment practices to reinforce discipline (Wirihana & Smith, 2014).

Additionally, from experiences throughout my fifteen-year teaching career in Te Tai Tokerau, I often observed that for Māori tamariki/children and taiohi/youth who lack a solid whānau structure, with key whānau members absent or whose parents are dealing with mental health or addiction problems, the attachment was either broken or tainted. In this short timeframe I witnessed the impact of intergenerational trauma being passed down from parents to child. Parents and whānau are their children's role models, and when those caring

for the children are ‘damaged’ themselves, this often plays out in their caregiving role. Trust becomes distorted and trauma unexpressed and unresolved, can fester, impeding on wellbeing and permeating the wellbeing of those around them.

For Māori, the hurt felt from the colonisers abrupt assimilation strategies is still experienced daily. Traces of hegemonic racism and stereotyping are evident in the overrepresentation of Māori in deficit social development and health statistics. This provides a firm indication that approaches, and practices are not culturally appropriate, nor do they factor in the effects of intergenerational trauma, making them ineffective for Māori. Wirihana and Smith (2014) agree that it is important to acknowledge and address intergenerational trauma in the recovery and reinstatement of well-being process for Māori.

Findings from longitudinal studies conducted by the Children’s Commissioner on Solutions to Child Poverty (2012) here in Aotearoa/New Zealand, along with other national and international research make clear links between the impact of negative childhood experiences and poor outcomes later in life, such as whānau/family dysfunction, mental health and wellbeing issues, with firm evidence that shows negative childhood experiences have long lasting negative effects in multiple life domains. Adding, that tamariki/taiohi Māori are more at risk of this than those of the general population, growing up in household that experience severe poverty many receiving benefits or existing on low incomes which can prevent them participating fully in many aspects of society. This constitutes to social exclusion and can impede on Māori taiohi reaching their full potential, this includes the Māori world (Expert Advisory Group on Solutions to Child Poverty, 2012).

Egan-Bitran (2010) acknowledges that social exclusion has a far-reaching detrimental emotional impact. Further research conducted by the Mental Health Foundation (2017) here in Aotearoa/New Zealand focused on social inclusion and exclusion and the stigma, discrimination and the impact it has on mental distress for those who experience exclusion

(Gordon, Davey, Waa, Tiatia & Waaka, 2017). The five researchers who conducted the research inquiry point out that while the research was not solely aimed at Māori most of the research participants were Māori or Pacifica. Therefore, the narrative's shared by the participants is largely a reflection of Māori and Pacifica people's experiences of exclusion in society. The research explored the many dimensions of social exclusion including cultural, religious, gender, educational, mental health, and economic. A key concerning finding from this research was, the "pervasiveness of social exclusion experienced by youth" (Gordon et al., 2017, p. 56).

The cultural dimension of the Mental Health Foundation (2017) research revealed that colonisation, racial discrimination, and cultural disconnection compound social exclusion, and identified Māori experience the highest levels of discrimination. The impact and effects of this discrimination was recognized as a key driver of the above average disability and ill health rates generally for Māori (Bloomfield, 2017). This indicates that such disparities further compound social exclusion, by adding further barriers to the experience for Māori. The research found a, "key aspect of this is the social exclusion that has resulted from past and continued colonisation, racial discrimination, and disconnection from tikanga Māori, whānau, iwi and hapū, leading to feelings of being 'caught between two worlds' (Gordon et al., 2017, p. 57).

This forced dual existence creates further complexities making social inclusion more problematic for Māori than those of the general population. This highlights that for approaches and solutions to effectively reduce the social exclusion faced by Māori it is imperative that the principles of protection, partnership, and participation, as expressed in legislation evolving from in Te Tiriti o Waitangi are consistently and transparently upheld

The Mental Health Foundation's research revealed that the Māori participants thought that reconnecting with whānau, hapū, iwi and tikanga, could support the development of a pathway to inclusion. "This is consistent with Russell's (née Pere) work where it was found that cultural identity is an important factor in the mental health recovery process (Pere, 2006, cited in Gordon et al., 2017, p. 57).

In light of the current (2019) inquiry into the Oranga Tamariki 'uplifting' of Māori tamariki, which has been described as brutal and dehumanising, it becomes evident how the inappropriate practices and approaches of government led agencies have had a significant contribution in breaking down whānau, hapū, iwi and concepts of te ao Māori that are essentially to maintaining Māori wellbeing. At a recent hui, (12/7/2019) Māori launched an inquiry in to the Oranga Tamariki processes and practices of up lifting tamariki. Labour MP Willie Jackson, in his role as chair of Ngā Whare Watea Marae, spoke. "He agreed with others, including Whānau Ora creator Dame Tariana Turia, that Oranga Tamariki has a problem with institutional racism. He asked "How do we know that? Because Māori have been ignored for many years. There's plenty of evidence Māori have been separated and not included in the process." (Dan Satherley Newshub reporter, 17/7/19).

The most recent legislation changes to the Children, Young Persons, and Their Families/Oranga Tamariki Act 1989, which are claimed to be 'ground-breaking' by Geraldine Moss in her forward in My Kete (Oranga Tamariki, 2019 p. 2). The My Kete (2019) publication shares the government's vision for children and young people, "New Zealand is the best place in the world for children and young people: Including children and young people are safe a nurtured in their families, whānau and homes" (My Kete, 2019, p. 3). There is no te reo Māori translation unfortunately. The publication states that the central focus is to make changes for children and young people "who are at significant risk of harm now and into the future as a consequence of their family environment, and/or own complex

needs, who have offended or may offend in the future” (My Kete, 2019, p. 4). The new 7AA section of the Oranga Tamariki Act 1989 outlines the responsibilities Oranga Tamariki take to improve lives and outcomes for tamariki Māori and their whānau, with an emphasis on annual progress reports to achieve this outcome. Given the magnitude of the mistakes and trauma among tamariki and whānau generated from inappropriate past approaches, processes and services that have recently been exposed a suggestion for a more regular progress reports could be considered.

The new 7AA section of the Oranga Tamariki Act stresses several approaches that Oranga Tamariki will do differently now. It states that Oranga Tamariki will “acknowledge the Treaty rights of Māori to partner with us to actively protect tamariki Māori and our use of Māori cultural concepts and practice” (My Kete, 2019, p. 5). Why are they only now agreeing to make this acknowledgement? There are four key changes signify ‘new’ and specific requirements under the 7AA section that, “requires us to not only honour existing Treaty of Waitangi obligations but also: Have regard to mana tamariki, whakapapa and whānaungatanga in all policies, practices and services” (My Kete, 2019, p. 5) is one of four key changes that are bullet-pointed. Considering the review of this publication there is some confusion, why has mana, whakapapa, and whānaungatanga, the essences of wellbeing for tamariki/taiohi Māori not underpinned the policies, practices, and services before now? This sanction’s the problem identified by Turia (2019) that, Oranga Tamariki has a problem with institutional racism (cited in Came, McCreanor, Manson & Kerri, 2019).

Another report published this year is He Waka Roimata (2019) which presents the findings from the Te Uepū Hāpai i te Ora inquiry which aimed to transform the Criminal Justice System. Of interest to this research is the areas of the system that Māori taiohi are frequently involved. In the He Waka Roimata report (2019) many expressed their concern, that “if

rangatahi are criminalised early, it is inevitable they will be drawn to gangs because of the perceived solidarity the gangs offer” (He Waka Roimata, 2019, p. 60).

A key theme found during the Te Uepū Hāpai i te Ora inquiry and shared in He Waka Roimata report revealed that many people felt that the current criminal justice system was more focused on punishment and overlooked the need to further develop preventative strategies and, rehabilitation processes. This punishment focused approach was considered by many to have little benefit, in fact some believed it had a contradictory effect (He Waka Roimata, 2019).

The issue of racism and stereotyping was raised in the narratives in the He Waka Roimata report.

“A consistent message throughout our conversations has been that racism is embedded in every part of the criminal justice system. We heard that the system often treats Māori, and Māori ways, as inferior and that individuals acting within the system hold active biases against Māori_consciously and unconsciously” (He Waka Roimata, 2019, p. 25).

Some of the narratives shared in the report indicated that they thought racism had a commonplace in the neo-colonial practices that were found to exist in the criminal justice system. Some thought that this aimed to marginalise Māori, and were knowingly designed to breakdown cultural identity, conspiring to maintain Māori in the criminal justice system (He Waka Roimata, 2019).

From the data gathered during Te Uepū Hāpai i te Ora – Safe and Effective Justice Advisory Group inquiry a story unfolds that tells us that:

“at every point in their lives, and over generations, Māori experience disadvantage that increases the risk they will come into contact with the criminal justice system. Poorer physical and mental health, education, housing, and employment outcomes significantly reduce their ability to participate in and contribute meaningfully to their whānau, communities and wider society. Combined with high rates of removal of their tamariki into state care and

protection, leading many to describe Oranga Tamariki as a 'gateway into the criminal justice system (He Waka Roimata 2019, p. 23).

In many ways this provides one answer to the question what places youth at risk here in Aotearoa/New Zealand? Consistent multisystemic failure, with services, approaches and practices 'riddled' with hegemonic racism and stereotyping. It also indicates that services, approaches, and practices are inappropriate and not designed to consider the Māori world view and contemporary challenges. This highlights that the principles of Te Tiriti o Waitangi which are written and referred to in all the ministerial departments, documents and services are undermined and not upheld, instead consistently disregarded. Therefore, confirming the tokenism identified in many other areas of government policies, services, and practices.

Internationally there are a few examples of Arts therapy with Indigenous at-risk youth. The Indigenous Healing Arts Alliance (IHAA) in American, is a non-profit organization which focuses on the prevention and early intervention, with Native American at-risk youth using Arts therapy programmes in the trauma treatment. Firmly established the Arts therapy programmes are federal funded, the programmes purposefully focus on indigenous American communities, both those located on reserves and in urbanised indigenous community groups. The programmes mission statement highlights their aim to help "Native American youth heal through therapeutic arts; restoring and empowering Indigenous youth to improve their lives and their Nation" (Indigenous Healing Arts Alliance, 2019).

With evidence and experience of the highly effective use of Arts therapy as an intervention with at risk Indigenous youth IHAA provides training to mental health professionals in schools, social service, and behavioural health agencies both on and off reservations. The training aims to educate and train mental health professionals, school counsellors and teachers in the highly effective art therapy and neurodevelopmental art therapy trauma treatment for Native youth. Through a collaborative process with mental health, social

service, and education agencies supports them to implement art therapy programmes. Through consultation Arts therapy programmes have become an adjunct curriculum component within education and mental health programmes on reservations nationwide. This process enabled the programmes to be accessible and meet the needs and interests of the youth (IHHA, 2019)

Research which focused on healing the effects intergenerational trauma with Aboriginal Canadian youth, discovered the most effective Western interventions included, family therapy, Arts therapy, narrative therapy, group therapy, and attachment theory approaches. Traditional aboriginal interventions were “sharing circles, sweats, ceremonies, fasting, Métis wailers, and traditional teachings” (Quinn, 2019, p. 75).

Alternative approaches to interventions which were also found to be effective, include meditation, acupuncture, and energy release work. This indicates a variety of interventions to choose from offered flexibility to meet the specific needs of the youth (Quinn, 2019). A notable point of Quinn’s (2019) research is that there was no psychotropic medication used as an intervention. Archibald and Dewar (2010) research sets out to build an evidence base of the use of creative arts in cultural healing. Gathering evidence from arts therapist working First Nation, Inuit, and Métis healing programs throughout Canada (Archibald & Dewar, 2010, p. 1).

While research collected evidence on all ages, attention to the evidence from the approaches, practices and outcomes for the youth is a key focus. Arts therapist Jill Goodacre found that when working in an Inuit community she discovered that youth who usually shied away from engaging in organised activities became engaged when, hip-hop, break dancing, artistic graffiti, and music was introduced to the programme. Another arts therapist Jakob Gearheard, who worked at the Ilisaqsivik Wellness Centre in Clyde River, Nunavut, shared some

observations of the effects the creative Arts therapy programmes had on the youth. Fewer problems were noted, including a reduction of criminal behaviour and activities, by the local judge which he attributed to the programme. Mental health professionals noticed a decrease in suicide ideation among the youth who participate in hip-hop and break dancing. When the programme became more established staff were trained to facilitate regular group arts activities, it was observed that the youth began to watch out for each other, encouraging one another to engage with the activities (Archibald & Dewar 2010).

To conclude this aspect of this literature review theme, the two main points to emerge, is firstly the effectiveness of arts-based programmes and art therapies with indigenous youth at risk. Secondly the need for further application and research into Arts therapy as an intervention with at risk indigenous youth here in Aotearoa/New Zealand.

2.5. Kaupapa e rima - Theme five

Toi rongoa mo te mātauranga, Toi hei taputapu mo te oranga, te ako me te whanaketanga/Arts therapy in education, Arts as a tool for wellbeing, learning and development.

Following the completion of my teacher training in 2005 here in Aotearoa/New Zealand I embarked on a career teaching in kindergarten and early childcare education. The bicultural curriculum Te Whāriki an aspirational document, grounded in Westernised socio-cultural theory which enabled concepts of te ao Māori to coexist, promoting te reo Māori as a relevant living language, purposefully endorsing tikanga Māori in a practical user-friendly manner (Education Review Office, 2013). An educational model which makes the dual cultural aspect effortlessly interchange, enhancing both student and teacher learning experiences regardless of anyone's cultural/bicultural background (MOE, 2017) I remember being amazed by the logic of tikanga Māori and the various ways of transmitting and accumulating knowledge. It presents a vision for the individual child focusing on their developmental

skills, attitudes, learning dispositions, and ability to develop working theories required to be school ready and to be competent, confident, resilient lifelong learners (MOE, 2017).

Te Whāriki is based on holistic learning and places the child at the central focus (MOE, 1996). Supporting the learner to engage with an environment that fosters exploration of the many levels of learning including home, whānau/family, wider community and the values and beliefs of this nation's cultural duality. Programme planning and learning activities are based on the interests and needs of the tamariki/children (The Education Review Office, 2013). The arts are recognised as playing an integral role in the wellbeing, learning and development of tamariki/children. Acting as a tool through which they can communicate, experiment, explore and start to understand many working theories of the world (Terreni, 2016)

The *Kei Tua o te Pae/Assessment for Learning: Early Childhood Exemplars* (Ministry of Education 2007) is a series of books which serve as a best practice guide, supporting the implementation of Te Whāriki helping early childhood teachers continue to improve the quality of their teaching. Of the series of books, one is dedicated solely to the arts. Book 19 titled *The Arts Ngā Toi* focuses on the learning opportunities available through creativity and the arts, the aim to demonstrate how the arts in the early childhood curriculum sets a firm foundation, offering a means or a way to link the two education sectors to create a seamless approach to learning and development. The *Kei Tua o te Pae/Assessment for Learning: Ngā Toi/Arts* states that:

“The 2007 New Zealand school curriculum identifies four disciplines of the arts. These are: dance, drama, music – sound arts, and visual arts. The curriculum reminds us that: The arts are powerful forms of expression that recognise, value, and contribute to the unique bicultural and multicultural character of Aotearoa New Zealand, enriching the lives of all New Zealanders. The arts have their own distinct languages that use both verbal and non-verbal conventions, mediated by selected processes and

technologies. Through movement, sound, and image, the arts transform people's creative ideas into expressive works that communicate layered meanings. Arts education explores, challenges, affirms, and celebrates unique artistic expressions of self, community, and culture. It embraces toi Māori, valuing the forms and practices of customary and contemporary Māori performing, musical, and visual arts" (MOE, 2007, p. 2).

As a qualified arts therapist and educationalist this resonates well with me. Instantly it demonstrates the usefulness of the arts in learning and development. It also highlights its value as a form of emotive expression, in despite of any language psychosocial barriers, or self-identity issues, the arts allow for a connection to be made between our emotions and our physical being, a somatic type of expression. Clearing the way for our strengths and identity to continue developing. The somatic approach to therapy presents a holistic grounded method connecting the mind and body. By combining psychotherapy with the arts, a powerful therapeutic approach emerges. Useful for working with people who experience anxiety, grief, have difficulties with addiction, socialisation skills, anger management and issues relating to trauma. The latter, I found particularly useful when working with people who were dealing with the symptoms of intergenerational trauma (Meek, 2010).

The Arts therapy approach taken needs to respond to the client's needs, beliefs, and values, and include their cultural identity. Whether the cultural background of someone is genetic or an adopted one, the way in which people behaviour is often influenced by those around them. It is important both as an arts therapist and teacher to aware of what cultural values and beliefs influence professional practices. The ability to remain neutral and avoid personal beliefs and values to seep into their attitudes and practices towards the client/student, impede on the clients or students. From a therapy perspective an awareness of the projection of transference and countertransference's between the client and therapist. This awareness also limits stereotyping, assumptions and avoids judgements. From an educationalist's

perspective the ability to remain non-judgemental and neutral with the students' needs and interests guiding the teaching practice and learning process, allows students to self-determine their learning journey (Meek, 2010).

While studying for my teaching qualification, I found it difficult to understand why some of the Pākehā student teachers had an apparent phobia or had no desire to study te ao Māori assignments that Te Rito Maioha the training provider presented. The student teachers argued, "*where is te reo Māori going to get our children, what value does it have?*" they assumed it was of no value in contemporary Aotearoa/New Zealand. After completing a teaching contract in Amsterdam teaching English as a fourth language to eight-year-old Dutch children, I realised bilingualism and multilingualism elevated a child's learning and development increasing both their cognitive and linguistic abilities significantly. Therefore, teachers need to embrace a bicultural or multicultural perspective, as this enables inclusive teaching practices to be fostered. The cohesive way the in which Te Whāriki presents concepts of te ao Māori and appropriate Western theory allows them to effectively live side by side. The vision of Te Whāriki is, "for tamariki/children to become "competent and confident learners and communicators, healthy in mind, body and spirit, secure in their sense of belonging and in the knowledge that they make a valued contribution to society" (MOE, 1996, p. 9) would be easily achieved. Fifteen years on from embarking on my teaching career here in Te Tai Tokerau, the tamariki myself and other teachers would have taught are now today's youth. With the current overrepresentation of Māori taiohi in nearly all deficit statistics, this points to failures in the education and support services available to Māori taiohi. Given the robust bicultural framework and straightforward uncomplicated way in which Te Whāriki enables a bicultural practice to be delivered the failure is not in the framework but in the attitudes of the teachers delivering it. From my experience teaching in Te Tai Tokerau it is the attitudes and commitment to delivering an authentic transparent

version of principles of Te Whāriki that need strengthening among educators. Twenty years on from the first publication of Te Whāriki a revised version was published in in 2017, it states,

Te Whāriki expresses our vision that all children grow up in New Zealand as competent and confident learners, strong in their identity, language, and culture. It emphasises our bicultural foundation, our multicultural present and the shared future we are creating. It encourages all children to learn in their own ways, supported by adults who know them well and have their best interests at heart. (MOE, 2017, p. 2).

The vision shared is admirable and one that every educator needs to have. Unfortunately, racism and stereotyping are still the key features that hinder this vision preventing it from being fully realised. . .

2.6 Kaupapa ono / Theme Six

Mātauranga Māori / Māori Knowledge

In my fifteen-year teaching career I have often spoken up advocating for the Māori tamariki and whānau in my care, this was frequently met with unprofessional subtle bullying from leadership. I lost count of the amount of times I have heard pākehā teaching professionals say things like, “*Why do we have to use te reo Māori, where is that language going to get the children, hardly anyone speaks it?*” Or “*the Māori language is difficult to learn, and my Kiwi accent makes it hard to pronounce the words correctly*” Both poor excuses not to embrace te reo Māori particularly from a teaching/learning perspective. This seemingly ignorant attitude was a stark contrast to the openness to multilinguistic education I had previous experienced while teaching in Holland. I struggled to understand why many teaching professionals did not consider that by teaching children two languages offers an opportunity to double both a child’s cognitive and linguistic capacities regardless of which two language are applied. Over my years teaching it has become apparent there is much

tokenism, hegemony is a deeply ingrained in the attitudes and practices of many teaching professionals and Ministerial departments. My relentless stand against racism and stereotyping, and consistent advocacy to deliver a bicultural teaching practice has challenged many I was taught alongside. There is an absolute lack of commitment to ‘upskilling’ for teachers to deliver an authentic effective bicultural practice. It is going to take unequivocal determination to rid this country of its deeply entrenched hegemonic beliefs and attitudes in mainstream education and other mainstream services. To this point, I empathise with Māori.

During my teacher training traditional Māori child rearing practices, were briefly explored which I wanted to expand on, I was also interested to know first-hand how the historic assimilative education strategies have filtered down through the generations and what impact they have had on Māori. Preparing for my first hui/meeting with Rawiri Henare the kaumātua of this research advisory group, my inquiry focused on exploring how the colonial education systems and approaches have impacted on Māori cultural identity. And to learn more about the traditional ways Māori educated their tamariki. I compiled questions for the semi-structured hui/interview with Rawiri based on what I had come to understand during my teaching career of the disturbances and disruption to traditional ways of passing down cultural knowledge colonisation has had. I was also seeking to discover when did Māori taiohi/youth suicides first began to emerge in Māori communities. Further, when did the term ‘at risk’ of poor outcomes start applying to Māori taiohi/youth, what were considered the risk and protective factors in comparison to current ‘at risk’ of poor outcomes indicators, was there any differences? How had the colonisers strategies impacted on Māori was the underlying question?

The hui/interview took place in the kāuta situated on Rawiri’s whānau land in Waimahana, a small remote coastal bay in the far north home to Rawiri and his hapū. With my questions that aimed to elicit and make connections between at risk Māori taiohi/youth, cultural

identity loss and institutionalised racism. I posed my first question which invited Rawiri to talk about his schooling experiences during the fifties and 1960's. Rawiri chuckled as he cast his mind back to those days. This was an unexpected response, Rawiri explained, *“My first years of schooling were at a small catholic convent school in Waitaruki, me and my brother Michael didn't like it there, the nuns were strict and the school work boring, we couldn't wait to get out of there”*. Rawiri and his brother Michael convinced their parents to send them to the local primary state school in the small village of Oruaiti Rawiri said his, *“love for learning really began there at that school”*. Rawiri explained:

“the school was considered alternative to the rest of the state education at that time, the way the children were being taught there back then was a bit of an experiment allowed by Department of Education. The school had a new principle by the name of Elwyn Richardson a pākehā fella, he was a good one. The way Richardson taught us made learning interesting and meaningful we could make connections between what we discovered and what he taught us. We learnt about the things that were interesting and relevant to us, we learnt from the world around us. The outdoor environment, the beach and bush as well as the school itself were our classroom. Of course, we were all naturally curious as kids, Richardson fostered that encouraging us to explore our own interests and the environment creatively and we would make new discoveries every day. Elwyn created his own school programme, he made learning exciting, and let us include our whānau life in the process. Richardson really believed in us kids and he encouraged us all to see our own potential.”

Rawiri kindly shared some photo's he had kept from those days, which presented visually the variety of learning environments with students enthused and engaged in the creative learning processes.



Figure 8 Rawiri centre sitting smiling, his brother standing to the right.

I asked Rawiri about the use of te reo Māori and other cultural dimensions in the classroom.

Rawiri commented:

“Richardson was a good principal he didn’t mind us talking Māori in the school yard or on the playing field, he only preferred that English was spoken in the class room, so everyone could understand each other, us Māori kids didn’t mind, we spoke it all the time at home, speaking English in the class meant we learnt that to. Richardson was a different sort of teacher, concerned more about our wellbeing, interests and learning from that rather than just teaching us things repeatedly until we learnt it, that was boring. In fact I was told that when Richardson first came to the school he found the old principals cane, that was used on the kids who were being naughty, naughty would have included speaking te reo Māori, that was the kind of punishment they used back then for speaking it. When Richardson found the cane in the old principles draw he broke it up into small pieces, that was something that was different at Oruaiti school, Elwyn let us learn through exploring and discovering from our own mistakes, achievements and collectively as a class, punishment was usually only in the form of constructive conversation with Richardson, he never used that pākehā corporal punishment approach in my days.”

During the interview Rawiri went into his home returning with his hands clutching a pile of books, documents folders, new paper clippings, photos, and rolled up art works tucked under his arms. Rawiri laid out everything he had gathered on the table in the kāuta. Three books documenting Richardson’s educational philosophy and the educational experiment at Oruaiti primary school which Rawiri and his brother were part of in the 1960’s. The Early World written by Richardson and published by New Zealand Council of Educational Research, who describe the publication as:

important not only as a brilliant demonstration of the creative capacities of all children but also in its profound implications as to the nature of the learning process. Elwyn Richardson and his small rural primary school at Oruaiti in Northland in the 1950s became an international symbol of progressive education in New Zealand with a child-centred approach to learning focusing on creative and environmental education. The experimental school featured an integrated curriculum, values education, inquiry learning, philosophy, te reo Māori and creative thinking (NZCER, Rangihau Mātauranga o Aotearoa, 2012)

Richardson published a further two books that accompany The Early World (2012), the first a detailed presentation of the Creative Processes in Language Arts Teaching (2003) and the second a compilation portfolio of some of the paintings and prints produced by the students at Oruaiti school. Rawiri laughed:

“My brother Michael was so good at printing, Richardson really like Michael’s work, he used one of his prints as the front cover illustration on one of the books, I think Richardson. Also chose his print because he was intrigued by Michael’s enthusiasm and engagement when he made it”

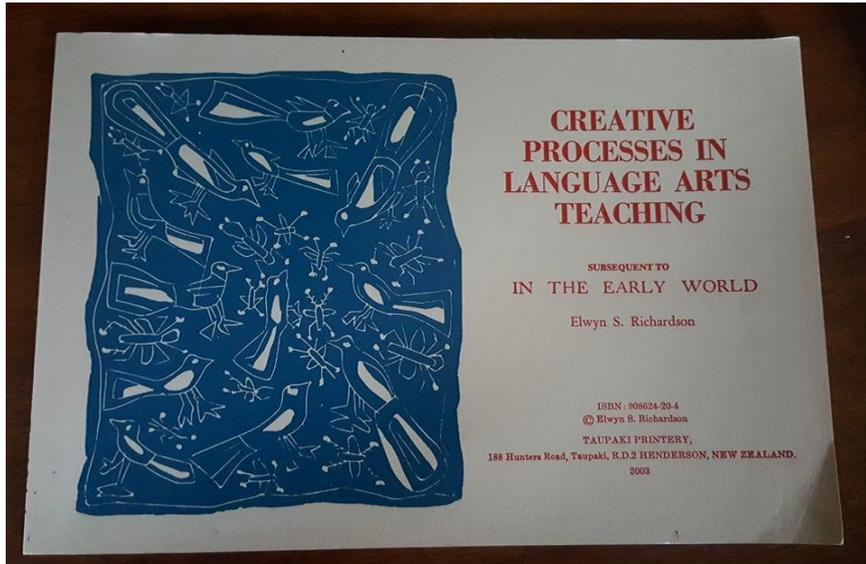


Figure 9 Creative Processes in Language Arts Teaching (1965)

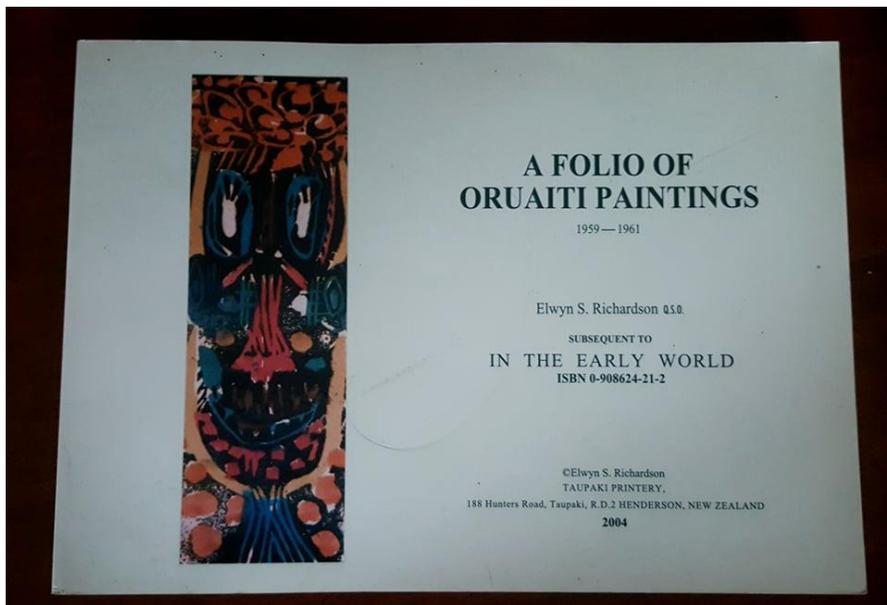


Figure 10 Rawiri's copy of the folio with many of his and Michael's art works inside.



Figure 11 Michael Henare's print "Fantails"

Next Rawiri placed a thick PhD research thesis master copy on the table, the academic work was completed by Margret MacDonald. In her 2010 doctoral work, Rawiri played a significant participatory role as an ex pupil of Richardson's during the Oruaiti educational experiment. MacDonald's research focused on Richardson's educational philosophy and later published a book based on her Ph.D. research. *Elwyn Richardson and the Early World of Creative Education in New Zealand* MacDonald published in 2016 which He Kupu described as a 'biographical narrative' (Hekupu.co.nz) of Richardson's life and interest in developing an integrative approach, based on the arts and sciences with a pedagogical strategies and attitudes that ensured, "that learning was relevant to children, child-centred" (hekupu.ac.nz). MacDonald also draws on the contribution Richardson made to the education reforms with his educational theory underpinned by "the socio-cultural context of children,

including their prior knowledge, families and environment” (He Kupu). This approach enables an inclusive learning environment to evolve, conducive to fostering the whole child embracing all their dimensions including their cultural identity.

Having studied and taught in the kindergarten/ early years education sector for many years here in Aotearoa/New Zealand, I could see several correlations between Richardson’s theory and the contemporary bicultural early childhood education curriculum Te Whāriki (MOE, 1996). The holistic approach that underpins the curriculum enables the child’s interests and needs to be the focal point with appropriate responses conducive to reflect and foster their needs and interests, makes learning relevant and meaningful. This together with assessment tools that consider the child’s age and stage of development, cultural identity, and whānau/family’s beliefs, values and aspirations foster the opportunity for them to reach their full potential as they learn and develop. Programme planning becomes driven by the child’s curiosity, and they are supportively encouraged to self-explore their environments, making their own discoveries, and finding their own strengths. This echoes Richardson’s approach to learning during his experiment with his integrative educational theory at Oruaiti. As I read through more of MacDonald’s work, many more aspects of Richardson’s inspirational educational theory began to resonate. The arts, education, learning and development, the adoption of holistic, child-centred approaches, are all key components in approaches to Arts therapy.

Returning to the hui with Rawiri. Rawiri carefully rested a framed, glass covered original print on the table, “*this is my brother Michael’s, we printed together, Michael loved doing printing and so did I and all of the other kids to*” Rawiri explained.

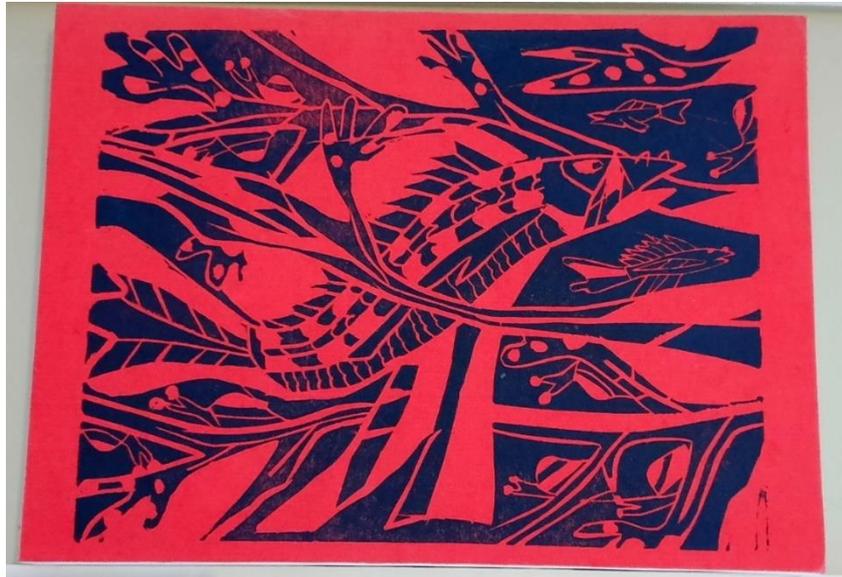


Figure 12 Michael Henare’s ‘fish’ print 1960

Rawiri added, “*this print I hang it in my whare it reminds me for my brother Michael passed away 2011 I have so many great memories of our school days together at Oruaiti school, I have my arts works to remind me.*”. Rawiri began to unroll the scrolls of paper, colourful prints began to cover the tables, photos of school projects, and recent newspaper clippings tucked carefully inside programme presentations and short published articles all relevant to Rawiri experiences during and after his years learning at Oruaiti school. All these items serving as evidence, confirming the numerous benefits and role art can play in education, and wellbeing for all New Zealanders.



Figure 13, Mustering the hipi Rawiri Henare

Rawiri said he thrived during his time at Oruaiti. His print in Figure 13 “Mustering the Hipi” visually sums up how the inclusiveness of a socio-culture approach effectively educates the whole child. Mustering the Hipi was one of Rawiri’s morning chores at home before he went off to school or when he returned home. Te reo Māori was the only language Rawiri said was used in his home/whānau environment. *“Richardson was okay when we added Māori kupu to our work that was never a problem”* Rawiri explained. Through the arts, and sociocultural approach Rawiri was able to include his home learning environments and experiences, ensuring the cultural ways of his whānau were protected and maintained, allowing Rawiri’s cultural identity to be undisturbed during his early learning experiences.

I continued to sort through all the books, art works, and documents Rawiri had generously shared with me. Photos of Rawiri and his fellow classmates in different learning environments exploring their interests, ideas and discovering their strengths and learning new skills.



Figure 14 Music and dance outside Rawiri centre playing large drum.

The hui with Rawiri continued throughout the afternoon, Rawiri's wife brought in hot kai as we sat in front of the big wood burning open fire inside the kāuta. Affianced, I listened as Rawiri shared memories of his school days, and life growing up in and around Waimahana bay with his whānau. It was nothing like the narratives of the urbanised Māori taiohi/youth I had come to know in Whangārei. Rawiri spoke about Margret MacDonald's research visits to Waimahana bay and Oruaiti school's ex-students from Richardson's experimental education years. *"It was awesome you know, Margret stayed with us on her visits, while she did some of her research, she loved it in the bay. Margret's research brought all my old school friends back together, she even arranged for Richardson's to returned to the school and meet us all again, not long before he died"*

As I continued browsing through all the material Rawiri had brought to the table I asked Rawiri, how he thought his education and learning experiences at Oruaiti school had served

him as he grew into a young man and moved forward in life? *“Oruaiti school was a primary school. I remember crying as my mother told me I had to leave Oruaiti and go to Taipa Area school, that was the nearest high school, it was a good school, but I loved my days learning at Oruaiti with Elwyn.”*

This passion for explorative experimental learning that Richardson’s fostered clearly has, had a long-lasting impact, looking around the papakāinga where Rawiri’s home was located practical creativity was visible everywhere. Situated in a rural coastal bay, the inroad a rugged twisty gravel track, separating the bay from the rest of the world, with no mains power or water, Rawiri uses solar power and water from an underground well in it back yard. Logic and imagination were evident ubiquitously as I looked around Rawiri’s self-build kāuta. Rawiri is also fluent in te reo Māori, speaking the dialect his grandparents and parents spoke at home, Rawiri is now the treasured kaumātua of Ngātikahu ki Whangaroa.

I commented on how different his education and lived experiences contrasted significantly to the Māori taiohi/youth I was working with, I shared some of the adverse situations in many of the narratives of the Māori tamariki, taiohi and whānau I had observed over the years teaching and working in Whangārei. Rawiri shook his head, I could sense the sadness he was feeling: *“Our tamariki lack aroha in their lives, they need to be able to learn about themselves and wisdom of their tupuna and be surrounded by aroha poi poi inga”* he commented.

I asked Rawiri were there any signs of poverty or bullying among his classmates at Oruaiti school. Rawiri laughed, *“we were all poor in them days, the pākehā kids came from hard working farming families, us Māori lived in and around the bay, we’d go fishing, our whare always had a big vegetable garden to. We always had food, and we would always share it if some of the other kids had none. The pākehā kids always had sweet home baking, I wasn’t used to that. One thing we never had much of was clothes, and I remember not liking some*

of the clothes we had to wear” he responded. He added “bullying did not really exist, we would have a laugh at each other’s mistakes or misfortunes, but we all got on with things knowing that we were there for each other”

I moved onto the subject of youth suicide, I asked Rawiri did he ever know of youth suicide during his own youth? Rawiri shook his head, *“No I never heard of anyone doing that when I was growing up, the first time I heard about that sort of thing, was when I returned to Waimahana in the mid 1980’s after I’d been away working in Rotorua for some years”*. Rawiri recalled a spate of youth suicides within his extended whānau about ten years earlier, he said he was lost for words hearing that news, he found it difficult to understand. I mentioned to Rawiri the current youth suicide statistics and percentage breakdown positioned Māori male taiohi at the highest risk (nzstatistics.co.nz). We discussed some of the things we thought might place them at higher risk. Rawiri thought that youth in general lacked two key things, aroha and whānau support. He believes his education and whānau life growing up had helped him become resilient, *“all us kids had chores around the papakāinga, sometimes it was tough, at school we learnt through exploring, Elwyn used to tell us when we were learning in the outside environments, in the bush or at the beach, that we have to leave the environment as we found it, if we picked up a rock in the rock pool to look underneath we had to put it back in the same place, that reinforced the way we did things at home to everything had its right place, we learnt respect for our environment through that. Elwyn encouraged us kids to experiment trying different ways to make and present our new discoveries, sometimes we wrote poems, made clay sculptures, or played music and danced.* This aspect of Rawiri’s schooling he said had served him well, learning how to creatively think about things, including problems which enabled his resilience to develop. *“There is always a way forward, you need to keep focused on your pathway”*.

The hui with Rawiri went on late into the evening as I shared my research ideas, which Rawiri fully supported, understanding how the arts can serve as a learning tool. Rawiri made the connections between the arts and wellbeing, as I explained the eclectic Arts therapy approach, I had developed for the Toi Ora programme.

While studying a Bachelor of Applied Arts degree in 2006, I began to realise the potential qualities and capacities the arts could offer wellbeing, learning and development. While on that BA course of study I met a Māori woman Irene Shortland, she had returned to education after forty years of working in low income jobs and raising four sons. Irene participated in my 2010 clinical masters research, in the capacity of a Māori research advisor, Irene agreed to take that same role again in this research. A key point raised by Irene relevant to this mātauranga, was the reconnection through arts and education to her taha Māori. Irene described some of the many aspects of becoming an urbanised Māori during the 1950's as challenging. Irene explained, she was about eight years old when she remembers her father coming home and telling the whole whānau they were to move from their papakāinga to an urbanised town. Te reo Māori was the only language spoken, Irene and her siblings rode bare back horses to school and the vast dense bush was their playground. Her father had secured a job in Whangārei and the whānau were to relocate. Irene and her siblings were enrolled in the mainstream schools in Whangārei, and her father told them all they were no longer allowed to speak te reo Māori, they were now living in the Pākehā world, so they had to live like a Pākehā.

This forced denial of Māoritanga, Irene found difficult, but had to accept as it seemed to be the urbanised societal discourse in Aotearoa during the 1950's. As a teenager she experienced peer hostilities and later as a young adult: *“As a young Māori woman, I always felt like I was being prejudged on that simple basis. I frequently came across hidden assumptions and stereotypical views of Māori during my early working and socialising experiences.* Irene

added, *“based on my experiences growing up and being educated in the 1950’s, it was drummed into us that Māori were inferior and our language and cultural ways were insignificant, I can understand how this cultural degradation has continued to be transmitted despite the recent decades of Māori reinstatement, the hegemonic attitudes are deeply ingrained. I fully understand how and why the statistics of teenage, depression, suicide and pregnancy are high among young Māori people, many of them are lost and confused about where they fit in. They are not only struggling with the usual teenage self-identity issues; they have the added confusion issues about their Māoritanga”*

This is also confirmed in Webber’s (2008) publication when she discusses the contemporary realities for Māori and how they are affected currently. It was these early confused feelings and incongruent experiences that led Irene to later retreat into Māoritanga which she explored while she embarked on a visual arts degree. Irene describes her journey into the arts as, a *“healing process, from both a cultural identity and self-esteem perspective.”*

Through the narratives shared by Rawiri and Irene, together with my experiences teaching through the bicultural curriculum Te Whāriki, and clinical Arts therapy research and practice, many commonalities began to emerge indicating the potentials and benefits of art therapy-based programme in education.

2.7 Kaupapa whitu/Theme Seven

Toi Whakāri i roto i te mātauranga - Arts therapy in Education

Arts therapy approaches and practices which are underpinned by knowledge of human developmental and psychological theories, which can be implemented in the full spectrum of models of assessment and treatment. This includes educational, psychodynamic, cognitive, transpersonal and other therapeutic means of exploring and integrating internal emotional conflicts, promoting self-awareness, developing social skills, managing or modifying

behaviour, problem solving, reducing anxiety, aiding reality orientation and increasing self-esteem (Case & Dalley, 2004; Rubin, 2006).

International literature informs us that Arts therapy has been found to be beneficial to youth, its uses in schools or educational settings with students who have difficulties with academic and/or social, and emotional functioning are recognized (Wengrower, 2001; Whipple, 2005; Ramirez, 2013; Como, 2019). However, internationally there are limited examples of existing Arts therapy programmes available in mainstream schools or other educational settings. Here in Aotearoa/New Zealand there are no examples of an Arts therapy programme that has been specifically developed and effectively integrated into an education curricula framework. Yet, many arts therapists believe that the school curriculum framework provides a foundation to which an Arts therapy programme could easily be merged (Regev, Green-Orlovich & Snir, 2015).

Randick and Dermer (2013) also note that, “Due to the sheer number of children and adolescents who attend public schools and the amount of time they spend in these systems, schools are uniquely positioned to intervene in their students’ academic, psychological, and social worlds” (Randick & Dermer 2013, p. 30). In her article titled ‘*Arts therapies in educational settings: an intercultural encounter*’, Wengrower (2001) presents a robust discussion about the role and definition of an arts therapist within educational settings. A key point raised by Wengrower (2001) myself other arts therapists who have worked in schools and other educational settings observed, is that many educators and professionals who work within the school or education environments remain sceptical about the viability of Arts therapy. Therapists who work in schools often contend with, experiences in which the uniqueness of their professional identity is debased, sometimes this is due to a lack of understanding about the discipline, and practices (Wengrower, 2001). Throughout her career as a movement therapist, clinical supervisor, and educational counsellor, Wengrower (2001)

has come to believe, that both therapists and schools could only benefit from a reconceptualization regarding the integration of one with the other. This needs to be done on two levels: conceptually arriving at a general understanding of the partnership between the therapists and educators; and practically focusing on the strategies and tactics involved in a successful partnership of this kind (Wengrower, 2001, p. 119).

This point raised by Wengrower (2001) is clearly a stumbling block not only in the form of professional definition but about dilution or diminishment of the disciplines' accountability regarding funding. Wengrower presents an invaluable table with emphasis on general and relative differences-comparison and contrast between the art therapy culture and the education culture. Viewed in this format clear differences and correlation are visible, which requires integration, Wengrower refers to this as "*the intercultural encounter*" (Wengrower, 2001, p. 112).

Since the arts therapist is often considered the outsider within the school or education environment both the arts therapist and educators need to be flexible without comprising the integrity of each other. Wengrower suggests that an honest open discussion "about and an examination of the desire to accept innovations and new ideas, to change and be changed, in order to ensure a fruitful collaboration on behalf of our mutual clients—the pupils" (Wengrower, 2001, p. 114) is required. To maximise and create an optimal effective means for both approaches to coexist Wengrower (2001) postulates an "intercultural dialogue" is necessary. The schools and educational environments would have to provide a safe space appropriate for the Arts therapy programme. Sharing information and decisions, regarding individual or groups of students would offer them optimal support. "The participation of therapists in staff meetings would result in a deeper understanding of the child on the part of both educational and therapeutic professionals" (Wengrower, 2001, p. 114).

Fourteen years on from Wengrower's 2001 research, Regev, Green-Orlovich & Snir (2015), in their research which sought to discover the arts therapist perspective about working in schools. The aim of their research was to support the development of a "new theoretical conceptualizations and models that are better suited to therapeutic work in the education system" (Regev et al., 2015, p. 1). Regev et al., (2015) learnt that the professional definition was still something some arts therapist must contend with. However, other key findings from their research indicate that progress has been made both in the clarification of an arts therapist role and recognition of the benefits and uses of Arts therapy in educational environments.

A general opinion among the arts therapist who shared their experiences indicates there is a positive global shift happening towards Arts therapy, arts-based therapy, expressive therapies as interventions within educational environments, the different environments enabled different approaches to be explored and experimented with. The benefits are now becoming evident as research that relates to practice and best outcomes is now becoming available. A key finding was that regardless of which strand of Arts therapy (clinical or non-clinical) there were benefits discovered and barriers revealed that can be overcome. Outlining their findings Regev, Green-Orlovich, and Snir (2015) in four key domains which they describe as areas that reflective of the reflect, "perceptions, perspectives and experiences of art therapists regarding their work and forms of integration in the school system" (Regev et al., 2015, p. 8).

The research presents in-depth details of both the benefits identified by art therapists working in the educational system, as well as the tensions that sometimes arise between the teaching professionals and arts therapist. One major benefit of integrating Arts therapy into the school system was identified as the availability of a therapeutic service within a larger system. The several advantages include, "the ability to work with important players in the child's life, which helps target the needs and goals of therapy accurately. Second, it provides a sense of

mutual responsibility, and finally, it helps alleviate the loneliness experienced by the art therapist” (Regev et al., 2015, p. 23).

With regards to the identified benefits Arts therapy offers the teachers and the students they were innumerable, this echoed in other literature research (Ramirez. 2013, Schellhorn, 2015, Gnezda, 2005). Arts therapist can provide teachers with strategies to cope with the difficulties that children sometimes encounter at school, such as bullying, or anxieties related to learning and external adversities such as family violence, or poverty. Essentially it offers teachers further insight by providing context to the students learning disposition, emotional state, and socialisation skills/abilities. The approach to the Arts therapy programme needs to be well thought out, to suit the environment and meet the needs of the students. With the addition of an Arts therapy programme in the school setting itself enables therapy to be more accessible. Many therapists commented that this of particularly important for those students from lower socioeconomic backgrounds and/or whose parents have difficulties playing an active role in the therapy process (Regev et al., 2015).

For optimal outcomes, it is well documented that parents play an integral role in their child’s education (McKinley, 2000; Sheriff, 2010; Sapungan, 2014). From the therapists perceptive they often found the schools often reported that parents often lead busy lives that restricted their input or were having difficulties themselves. Having Arts therapy available in the schools reduced the parent’s sense of responsibility and involvement, but it was then up to the arts therapist to work hard maintaining a connection with the parents and involve them in the therapeutic process. The arts therapists pointed out that tensions outside of the therapist educators working relationship tended to impede on the relationships developing further. For example, the differences between the therapeutic and educational approaches. Arts therapist’s often found the educational staff were poorly uninformed about art therapy and the therapeutic process, which sometimes generated, unrealistic expectations on the part of

the educational staff. From this unacquainted position teaching staff, often had a misconceived perception of Arts therapy approaches and practices which could present possible conflict of interests (Regev et al., 2015).

Some of the therapists that participated in the research commented on practical reasons that hindered the development of relationships with the teaching staff and the smooth integration of an Arts therapy programme in an educational system. These include time limits due to large workloads compromised a teacher's availability to attend cooperative meetings, this was another barrier that inhibited the development of a working relationship. The therapists saw that as an important missed opportunity for the teaching staff to gain more understanding of the Arts therapy approaches and practices. Also, for the arts therapist to share any identified problems being revealed by the students during the Arts therapy sessions. Unplanned interactions with teaching staff amid the school environment, or rushed phone calls in between lessons were considered inadequate and inappropriate, compromising confidentiality and Arts therapy ethos. It did nothing to further support the teaching staffs understanding of Arts therapy and how it can lend itself to education and wellbeing.

However, considering the tensions brought about by the complexities of integrating an Arts therapy programmes into an educational environment the benefits and advantages revealed indicate that coexistence is possible. A further difficulty that emerged from the findings of the arts therapist's perceptive data related to the fragmentation of Arts therapy practice hours within the school's daily educational programme, Where and how could the Arts therapy slot into the existing educational systems? The effectiveness of this aspect of the integration process reflects the commitment the school has to the implementation of an Arts therapy programme and highlighted the school's recognition of its importance. The overall, the findings from this in-depth research indicate that there is a gap between the full potential of art therapy (Regev et al., 2015).

To pilot her expressive Arts therapy programme, Gnezda (2015) developed an Arts therapy model suitable to be implemented in educational settings. Gnezda's designed her programme to target a specific population that included, "Typical teens, troubled teens, and homeless children" (Gnezda, 2015, p. 95). From her many years as a trained arts teacher, Gnezda (2015) often overserved her youth students illustrate aspects of their lives. Wanting to make sense of their artwork and address the strong emotions and disconcerting images that were often visible in many of her youth students work Gnezda (2015) studied clinical Arts therapy. Adopting the humanistic art therapy approach known as existential art therapy Gnezda (2015) provides two examples, "of art-therapy-style expressive arts interventions in two educational settings: a suburban high school and a centre for homeless and low-income children" (Gnezda, 2015, p. 92). The Arts therapy programme Gnezda (2015) facilitated in the high school, she referred to as 'arts intervention.' "The purpose was to provide expressive activities to students being restricted to what was then called "in-school suspension." These students were often repeat offenders with transgressions that ranged from frequent tardiness to insubordination to bullying" (Gnezda, 2015, p. 95). The aim of her arts intervention programme was to, "help students discover underlying issues and develop solutions" (Gzenda, 2015, p. 96). The benefits of the art intervention programme were extensive Gnezda summarises them, stating:

Many topics and emotional issues arose in Arts Intervention: bullying, relationships with parents, talents and interests, racial/ethnic/gender discrimination, need for academic help and learning style assessments, violence, philosophies of life, anger management, self-esteem, life dreams and goals, injustice, values, love, domestic abuse, reproductive choices/safe-sex, living mindfully, and other topics. In addition to interacting with students about these issues, I was prepared with (or sought out) educational materials to help students understand and deal with their underlying motivators and behavior responses to them. I also suggested interventions (when appropriate) and referred students to their guidance counsellors (Gzenda, 2015, p. 97).

In all the countries where Arts therapy, expressive Arts therapy and arts as therapy is acknowledged as being beneficial in educational and training environments there is a call for more research to further develop to enhance the programmes available and the continued development of more. For art therapy to coexist alongside education in a community of learners there are some specific core components that make it effective these include: the capacities of the interdisciplinary cooperation in the education environment.

The therapist's ability to connect and understand the context of their clients allows them to speak the language regardless of their psychological orientation; Through this connection a view of their inner world can be seen enabling the therapist an opportunity to encourage movement or growth within their client's psychic structures. Finding this common ground and suitable language in the therapeutic relationship with youth can be a challenge. The youthful language of adolescence often consists of street slang language, undeveloped formal language and it is important to consider language barriers based on a client's/therapist's cultural identities. This is when the arts can be particularly useful as they can peak a universal language which youth can embrace without the submission of their emerging individuation (Hass-Cohen, 1999). Linesch (1988) adds,

adolescence is a stage of development with unique difficulties that make psychotherapy very complex. Many of the struggles experienced by the adolescent involve conflicts of identity and self-expression. These conflicts can be made accessible for exploration through art productions in a way that they cannot through verbal expression" (p. ix). Because there is no pressure to perform or compete with others, children can express themselves safely through art therapy. Art therapy provides an alternate mode of communication to help children understand and communicate their feelings (Linesch, 1988, cited in Hass-Cohen, 1999).

At the International Conference on Education & Educational Psychology in 2017, Koiv, Hannus and Kaudne three academics from the University of Tartu Estonia presented a paper on their combined research. Focusing on youth wellbeing and academic engagement the investigation examined the application of arts-based multimodal intervention programmes in

different educational environments including youth justice settings, schools, and alternative education settings. From the sixteen weekly sessions of integrated group Arts therapy intervention in a mainstream school with students identified as being at risk of delinquency in Estonia the benefits became clear. Employing an array of data gathering methods and assessment tools enabled impressive robust data to be generated. The key findings from their research demonstrated that over the course of sixteen sessions, the group multimodal arts-based intervention improved wellbeing either momentarily and/or increased longer term changes among the youth who participated. The self-reported outcomes provided by the participants presented evidence that they experienced both general and academic improved moods, increased self-esteem, and life satisfaction, with a reduction in emotional and behavioural symptoms all contributing to the augmentation of wellbeing. “The area of conduct problems and hyperactivity with improvements of prosocial behaviour among youngsters with risk for delinquency after the implementation of the integrated Arts therapy program” (Koiv, Hannus & Kaudne, 2017, p. 24).

Koiv, Hannus and Kaudne (2007) point out that for those youths who are at risk of offending or have offended interventions that only adopt corrective approaches will achieve little. Approaches to interventions need to aim to increase the youth’s self-esteem, which their group Arts therapy intervention programme did. Kõiv et al., (2017) research investigated the effects of integrated Arts therapy intervention with youth at risk of delinquency in Estonia.

Taking a multimodal approach experimenting with art, drama, music, and dance-movement during sixteen-week group arts-based therapy programme. Inviting 106 mainstream school students from eight schools, whom had been identified by their teachers to have social and emotional problems. A further participant criterion was that they had a least one police record in the year prior to programmes commencement. Using self-reporting pre and post

programme testing data collection methods to discover the benefits of the integrated Arts therapy programme. The key areas the self-reports focused on include, self-esteem (global and academic), global life satisfaction and positive/negative mood (general and momentary) and emotional and behavioural problems (total difficulties with subcategories: conduct, hyperactivity, and prosocial behaviour).

The findings, from the self-reports provided a firm indication of the positive effects, with a clear increase in self-esteem, and global life satisfaction, with a decrease in negative moods both generally and monetarily, and there was a marked reduction emotional and behavioural problems. These changes were also observed by the teachers who taught the students. The researchers point out that the increased in the key area of life satisfaction, was most significant demonstrating that the implementation of the integrated group Arts therapy can be an effective means to prevent juvenile offending, self-harm and suicide (Kõiv, Hannus, and Lii Kaudne 2017). “Thus, the general prediction that group-based multi-modal Arts therapy intervention is beneficial to youth with risk to delinquent behaviour, was approved” (Koiv et al., 2017, p. 25).

To conclude this literature review theme the potential to integrate an arts-therapy based programme into educational environments is provided by both the literature reviewed and the primary data gathered from RAG members. Thus, highlighting both the opportunities and limitations discovered. More research is required to extend the knowledge base and provide practice-based examples that relate to the notion that the arts can support and foster wellbeing, by identifying barriers to learning and development and supporting the student to overcome them.

2.8 . Kaupapa Waru - Theme Eight

Te Huarahi Hōtaka - Programme Approach

Tikanga me te haahi hinengaro i te kaupapa te Toi Ora Taiohi Ora Hōtaka Hauora/Theory, philosophy, therapeutic and psychology approaches that underpin the Toi Ora programme.

A key aim of the Toi Ora programme was to create an opportunity for the taiohi/youth to explore their experiences and themselves through creative expression with the aim to identify any barriers to learning and wellbeing and then to develop effective strategies to help overcome them. It was critical that the approach corresponded and responded to the interests, needs and aspirations of the taiohi/youth. Incorporating aspects of their cultural identity together with key themes/directives that related to the participants current realities into the Arts therapy process through the arts resources was a key feature of the programme's design. The therapeutic approach which evolved was an eclectic one. Purposely avoiding the cognitive behavioural therapy (CBT) approach commonly applied to programmes throughout the mental services. Practices and services that apply the CTB approach lack acknowledgment of the spiritual dimension of wellbeing. Evidence of this spiritual shortcoming in mainstream mental practices and service was discussed in chapter one.

Dr Sylvia van Altvorst a practicing clinical forensic psychiatrist at Northland District Health board and RAG member shared some of her professional experiences with Māori clients. Dr Sylvia van Altvorst disclosed some of the limitations of the mainstream mental health approaches included the lack of recognition of Māori client's spiritual dimension. Hirini (1997) highlights this limited usefulness of CBT has with Māori clients, Hirini writes, "In regard to the notion of rationality, the implicit exclusion of the spiritual dimension in the Cognitive-Behavioural approach is a considerable limitation when working with Māori (Hirini, 1997, p. 17). Hirini (1997) points out that "for many, spirituality is encountered as

experiential, rather than a domain to be understood at an intellectual level (Hirini, 1997, p. 17).

Therefore, the traditional Cognitive-Behavioural approach has limited effectiveness with issues that are not internal or person-bound. When a person's mental health and wellbeing issues are related to a societal situation such as racism, cultural assimilation/institutional structural abuse, and/or impoverishment are some examples of external stressors, then an approach which only works on cognitive internal change is inadequate (Hirini, 1997). Further substantiating the limited effectiveness of CTB is revealed in the New Zealand governments recent (Gluckman, 2017) discussion paper that focused on youth suicide prevention. The discussion acknowledged that suicide among Māori taiohi/youth is disproportionate to the of the non-Māori youth suicide statistics. The paper discusses the ineffectiveness of psychotropic medication and Cognitive Behavioural Therapy (CBT) in preventing youth suicide and that some antidepressant therapy, "appears to be associated with greater risks of suicide than using CBT" (Gluckman, 2017, p. 8). Therefore, highlighting the need to seek alternative preventative approaches.

Te Pou o Te Whakaaro Nui (2010) publication *'He rongoa kei te korero. Talking therapies for Māori: Wise practice guide for mental health and addiction services'* offers a guide designed "primarily to assist practitioners working in mental health and addiction services and has been developed to enhance talking therapies responsiveness to Māori" (Milne, 2010, p. iii). Different approaches to talk-based therapies are reviewed of which Cognitive Behavioural Therapy is one. The guide states,

Criticisms of CBT's usefulness for Māori relate to the importance placed on rational thinking and seeking objective evidence, and the therapy's grounding in a scientific view of the world that may be ineffective with clients who hold more spiritually based beliefs (Te Pou o te Whakaaro Nui, 2010, p. 39).

In a literature review of Kaupapa Māori models of psychological therapy and mental health services conducted by Te Whānau o Waipareira (2016) a key finding was the, “main reason for the poor mental health of Māori is the lack of therapies and services that cater to cultural contexts that differ from the Western norm” (Te Whānau o Waipareira, 2016, p. 24). In the conclusion in the literature review states that,

adapting traditional practices to better reflect Māori values, involving elders in care planning, broadening therapy to include traditional healers or rongoā, ensuring easy access and low service costs, supporting holistic wellbeing – can be identified and used as a base for extended research and planning (Te Whānau o Waipareira, 2016, p. 24).

Bennett (2009) among others suggest that Western models/approaches could be culturally adapted to better serve Māori. Therefore, unless CBT has been adapted with an incorporation of the spiritual dimension and the integration of cultural values this approach has limited effect for Māori (Bennett, 2009; Te Pou o te Whakaaro Nui, 2016).

Evidence of a more effective psychology approach can be seen in my 2010 clinical research which used a transpersonal psychological approach in combination with concepts of te ao Māori. Adopting the Jungian approach was found to be the most compatible Western approach to Māori wellbeing models as it enabled the spiritual dimension of someone to be acknowledged and represented in the Arts therapy process. Exploring Māori Marsden’s (Royal, 2003) writings in-depth an awareness of further parallels between many of Marsden’s, beliefs, and concepts and that of Carl Jung became apparent. Marsden (Royal, 2003) describes the legendary myths and depths of whakataukī in te ao Māori as, “been used from time immemorial as a graphic means of creating word pictures and scenarios as a framework in to which the basic elements of the realities perceived may be set in summary form” (Royal, 2003, p.63). He explains the capacity of the imprint of legendary myth and

articulate whakataukī has upon the mind, as acting like “pegs to which the finer details could be attached in progressive order to reconstruct the component features of that body of knowledge” (Royal 2003, p.63). Distinct parallels between this and the way in which Jung perceived mythology, proverbs and traditional narratives can be seen. The body of knowledge Marsden mentions here, I believe has similarities to Jung’s ‘collective unconscious’ concept which Walker (2002) describes as capturing Jung’s’ unique contribution to the study of myth, archetypal proverbs. He writes, “The collective unconscious belongs to the category of ideas that posit a universal human nature-one that, if not eternal, is at least very slow in changing” (Walker, 2002, p. 9).

In the Māori oral tradition of Io the Creation Narrative the whole of creation is a “dynamic movement ‘i te kore, ki te pō, ki te ao marama,’ out of the nothingness, into the world of light” (Shirres, 2000, p. 16). An in-depth review of Marsden’s thoughts reveals that the creation process is the birthplace of the traditional intrinsic systems which Māoritanga is composed of. The unfolding of creation is likened to the growth of a tree, “te pu, te more, te weu ~ the primary root, the tap root, the fibrous root. Sometimes it is described as a searching, an unfolding of consciousness and thought” (Shirres, 2000, p. 25). Exploring aspects of the Māori creation narrative presents insight into how the conscious and unconscious both collective and personal evolves which I believe reveals yet further similarities to Jung’s theory. Marsden (2003) provides a decomposition of the Māori view on the unconscious and conscious and knowledge growth.

Te mahara – the subconscious

Te Hinengaro –Deep mind

Te Whakaaro – Consciousness

Te Wānanga – knowledge and wisdom

Te whe – seed word

This presents a small but especially important aspect of the Māori creation narrative. When the whole of the creation narrative is viewed one can grasp an understanding of the intrinsic systems spiral and unfolding and how this influences the development of one's psyche.

Marsden adds to this that, "To open up this store in one's own psyche, to awaken it to new life and integrate it with consciousness, means nothing less than to save the individual from his isolation and gather him into the eternal cosmic process." (Royal, 2003, p. 107). Marsden advocates that man should find an inner harmonising principle, which he believes to be a secure sense of self identity. This again reiterates the potential use of Māori concepts such as pūrākau, whakataukī and whakapapa as tools to empower Māori self-identity. Suffice to say that using Māori concepts to underpin a psychotherapeutic Arts therapy approach will inevitably empower one's cultural identity.

While reflecting further on Marsden's description of the openness and vastness of the way in which Māori viewed the universe with its dynamic and intrinsic creation process, further exploration was necessary. Jung's theory of the "collective unconscious" posits that there is a shared connectedness with the entire human race, regardless of culture, ethnicity, or even geographical boundaries (Gustafson, 1997; Barlow, 2002). Jung believed that the collective unconscious predated one's personal unconscious and earthly existence and would continue after one's life has expired (Jung, 1972). In the collective unconscious theory "the human soul has been elevated to a position of dignity simply because of its rootedness in primordial history" (Gustafson, 1996, p. 44). This rootedness described here can be likened to the Māori concept of whakapapa. Whakapapa is the genealogical descent of all living things from gods to the present time. The meaning of whakapapa is to 'lay one thing upon another' as, for

example, to lay one generation upon another. Everything has “whakapapa: birds, fish, animals, trees, and every other living thing; soil, rocks, and mountains also have whakapapa” (Barlow, 2001, p. 173).

Māori myths, legendary stories and whakataukī are inextricably linked into the whakapapa concept and the traditional Māori creation narrative. Therefore, each could be a useful tool, an intrinsic part of an effective metaphorical or conceptual framework design for a regressive and restorative psychotherapeutic approach. Whakapapa can be viewed as the past and the future overlapping to create new potentials, new synergies, and new futures (Barlow, 2001).

Case and Dalley (2004) further highlight the links between the two concepts, they write;

“collective unconscious is referred to as the being a deeper stratum of the unconscious. It contains psychic contents common to many, not to one individual. It is not so much the experience is inherited but rather that the mind has been shaped and influenced by our ancestors” (Case & Dalley, 2004, p. 278).

However, “archetypes are not themselves conscious, but seem to be like underlying ground themes upon which conscious manifestations are sets of variations. Their presence is felt as ‘numinous’; that is, of profound spiritual significance” (Storr, 1983, cited in Steinhardt, 2006, p. 21). This insight provided further possible parallels with the intrinsic systems of Māori. The Māori concept of ‘mana’ is said to come from whakapapa which indicates that mana is inherited. Mana can be described as a sort of presence which influences the way in which an individual or group of people behave. Mana can be increased or diminished through particular actions or deeds, it can also act as a reference point for success and achievements (Walker, 1990). This description of mana has similarities between the qualities that Jung’s archetype description (Steinhardt, 2006). With these further similarities identified and briefly explored, the idea, that Jungian psychology can be considered an appropriate psychology approach to fuse with concepts of te ao Māori, cosmology, and mythology to produce an

effective culturally responsive therapeutic approach.

Joan Metge and Shane Jones (1995) in their publication *'He Taonga Tuku Iho no Nga Tupuna Māori proverbial sayings -a literary treasure'* provide further valuable insight into the concept of Whakataukī. Honouring two great Māori scholars Pei Te Hurinui of Ngāti Maniapoto and Reweti Kohere of Ngāti Porou by sharing their enthusiasm for Māori poetry and whakataukī. Metge and Jones (1995) point out that whakataukī has frequently been likened to proverbs yet “the word whakataukī is formed by adding ki (to say) to whakatau, a verb whose many meanings include 'to search or examine', 'to adorn' and 'to address in formal speech” (Metge & Jones, 1995, p. 3). However, they write;

Proverbs are not usually thought of as literature: most people dismiss them rather cavalierly as clichés of no great depth or literary merit. To appreciate whakataukī we must first of all disembarass ourselves of this popular understanding of the nature of proverbs (Metge & Jones, 1995, p. 3).

Using some of the most well-known whakataukī to highlight the integral depth and significance of each whakataukī which led to the identification of the key characteristics of whakataukī. The six key characteristics described by Metge and Jones include,

1. They sound good. They are characterised by musical cadences, pronounced rhythms, and the contrast of flowing with staccato phrases. They make much use of repetition, opposition, and balance. They exploit the possibilities of onomatopoeia.

2. While they often appear to be simply recording observations about nature, they are in fact talking about human beings and their interactions: they operate through analogy.

3. *For this purpose they use a rich repertoire of metaphors which evoke vivid mental images and lend themselves to visual expression. A large number of these metaphors are drawn from the world of nature, but they also include the things humans make (ropes, cloaks, houses, canoes). Sometimes they refer directly to human relationships or behaviour*

4. *The metaphors and images used in whakataukī are highly condensed. A single symbol typically stands for several different referents or has several layers of meaning; unnecessary and even necessary details are omitted. Listeners are challenged to work out references and connections for themselves. Like icebergs, much of their meaning is submerged and has to be inferred. This is characteristic of Māori poetry and oratory in general. Meaning does not rest entirely in the words but is to a large extent discovered in an intellectual duel between speaker and listener.*

While some whakataukī are in general use and convey general truths, many have arisen out of highly specific situations and are grounded in particular places. While we can achieve a degree of appreciation without that background, exploring it in depth greatly extends understanding (Metge & Jones, 1995, p. 5)

These six key characteristics highlight the usefulness that whakataukī have in reconnecting and reinstating Māori cultural identity, reverberating ancestral voices loaded with the wisdom, values, and beliefs. Whakataukī have the capacity to present learning and wellbeing in a holistic frame, again highlighting how they can be an effective tool in an educative wellbeing therapeutic context.

There are also a few examples of the use of whakataukī in the realms of psychology and research methodologies. Whakataukī were adopted in the *Indigenising Photovoice: Putting*

Māori Cultural Values into a Research Method study conducted by Mark and Boulton (2017) discussed earlier in this chapter. Mark and Boulton adopt a specific whakataukī which became the first cultural adaptation of the theoretical underpinnings of photo voice (PV) which provided a Māori cultural underlying meaning to photovoice. They write,

the metaphorical meaning of the following proverb signified the importance of storytelling for Māori: "Ko te kai a te rangātira, ko te korero" which is translated as "The food of chiefs is speech". This led to the first methodological variation of an initial interview in which participants were asked to voice their perceptions or to tell their stories about health, illness, and health treatment (Mark & Boulton, 2017, p. 19).

This approach to photo voice indigenises the traditional photo voice research method Mark and Boulton (2017) state that,

In reality, Māori-voice has changed photovoice methodology through the addition of an initial interview, with less emphasis on photo training, thereby placing greater emphasis on participant narratives. Māori-voice challenges PV to focus more on allowing participants to tell their own stories, as a culturally appropriate form of knowledge transference, rather than focusing on the photographs alone (Mark & Boulton, 2017, p. 18).

There is also a powerful synergy of whakataukī and the positive psychology approach in the publication *Mauri Ora* by Alsop and Kupenga (2016). This publication plays a pivotal role in the idea to adopt whakataukī to support the experiential directives during the Arts therapy-based sessions and exercises on the *Toi Ora* programme. In their publication Alsop and Kupenga (2016) adopt the six virtues of positive psychology, although labelled slightly differently to Seligman's (1998) original virtues formulation although the substance of distinguished work has been maintained.

- 1. Mātauranga/Wisdom-Wisdom is the ability to apply experience, knowledge, and judgement to enlighten and assist a situation.*
- 2. Maia/Courage-Māori oral history is filled with examples of the courageous spirit of ancestors; their ability to stare down adversity and draw on strength*

in the face of pain, grief, and challenge.

3. *Atawhai/Compassion-While compassion can involve being aware of, and being sympathetic towards, another's suffering, the concept of atawahi is much deeper. Atawhai evokes different emotions depending on the situation, environment, and context.*
4. *Ngākau Tapatahi/Integrity-The term Ngākau tapatahi builds on the concepts of tika (proper and fair) and pono (truth and sincerity), by adding an overarching expectation of ethical and moral conduct.*
5. *Whakahautanga/Self-mastery-Aristotle said that, 'knowing yourself is the beginning of all wisdom'. Self-mastery is particularly important; the ability to modify behaviour and actions for desirable effect.*
6. *Whakapono/Belief- A fundamental aspect of the Māori world view is belief: an acceptance that something exists beyond physical reality. An acknowledgement of the spiritual realm is a feature in most if not all Māori cultural rituals (Kupenga & Alsop, 2016, pp. 18-19).*

With the components and traits of each virtue combined with whakataukī to present a trilogy made up of virtue trait, whakataukī and an image. These three components are also reflective of “the three kete of knowledge: te kete aronui-the basket contains the knowledge of what we see (the image); te kete tuauri- (the basket containing the understanding of the physical world. Te kete tuatea-the basket containing knowledge beyond space and time” (Alsop & Kupenga, 2016, pp. 19-20).

Many of the whakataukī from the Mauri Ora publication feature in the Toi Ora programme adding to the notion that traditional Māori knowledge can be applied in a contemporary

and cross-cultural way and can lend itself to Arts therapy creating one solution to the many challenges of the contemporary realities faced by taiohi/youth. One other point to make regarding positive psychology is that it is strengths based, enabling the focus to be on the attributes rather than the negative characteristics of the taiohi/youth on the Toi Ora programme. The strengths-based approach seeks to shift the collective thinking about youth from being problem-based to strengths. Finally, given the at-risk of poor outcomes context of the target population, the core components of Trauma Informed Practice were woven into the fabric of each of the programme's sessions. These include, creating a safe environment, building relationships and connectedness, and supporting and teaching emotional regulation (Baker, Brown, Wilcox, Verlenden, Black & Grant, 2017).

All the themes explored during this literature review identify the gaps in support services and education, defines what 'at risk of poor outcomes' means in context to the of the taiohi/youth in Te Tai Tokerau and presents an overview of the theory, philosophy and approaches that underpin the Toi Ora programme. It briefly explores the possibilities of Arts therapy as a research data collecting tool. Finally, this literature view contributed to shaping the design of the research, influenced the methodologies and determined what research methods were applied, shaped the development of the approach taken to the Arts therapy-based exercises during the sessions on the Toi Ora programme and contributed to the conceptual framework's design and application.

CHAPTER 3: Ngā Tikanga - Methodologies and Methods

This research takes a decolonising indigenising stance (Smith, 1999). Therefore, a qualitative approach was taken with the research design and methods that enabled a level of detail from high involvement in the actual experiences to be gained. Qualitative research is inductive in nature, and the researcher generally explores meanings and insights in each situation.

The methodologies have been selected to guide and inform the research design and process. Nash, Munford and O'Donoghue (2005), describe qualitative methodology as acknowledging that reality is socially constructed, with subjective experiences being valued and central to the research approach. Thus, qualitative methodology is an approach that studies aspects of their natural environments, with the aim to make sense of them and the meaning that people bring to them (Nash et al., 2005).

Considering this description in the context of Aotearoa/New Zealand and the target population Māori taiohi/youth, for many their natural environments have changed significantly. The impact of colonisation and acculturation displacing and disconnecting their ancestors from their natural environments and adulterating their traditional cultural social constructs. Mohajan (2018) agrees that the qualitative approach has the capacity to investigate, “local knowledge and understanding of a given program, people’s experiences, meanings and relationships, and social processes and contextual factors that marginalize a group of people (Mohajan, 2018, p. 2). All the taiohi/youth participants in this research live amid urbanised social constructs, many with the added complexities generated by the transmission of intergenerational trauma. One participant had experienced further trauma caused by a Child Youth and Family ‘uplifting’ process in their early years during the early 2000’s. This government agency process removed the participant from their whānau and dislocated them from their natural iwi/tribal areas. This type of practice has recently (2019)

come under intense scrutiny in an on-going inquiry initiated by Māori concerned with the practice of ‘uplifting’ tamariki by the State, and the impact this practice has on the tamariki and whānau (Keddell, 2019). The impact of adverse early life experiences needs to be considered as they add specifics to the context of the participants. Therefore, the choice of both research methods and therapeutic approaches need to be considered not only in relation to the transmission of intergenerational trauma but also consider the possibility of participants’ traumatic lived experiences that were brought about by authoritative support services. As a non-Māori researcher, I am aware that, for Indigenous peoples the word, ‘research’ can evoke bad memories, of distrust and manipulative colonialist strategies and assimilation policies (Forster, 2003). “The ways in which scientific research is implicated in the worst excesses of colonisation remains a powerful remembered history for many of the world’s colonized peoples” (Tuhiwai Smith, 2008, p1)

A further view of qualitative research highlights its value in this research

is broadly thought of as the contextualized study of individuals, communities, systems, and concepts through interviews, observation, and artefacts (e.g., newspaper clippings, photographs, Internet sources). The resulting data are then interpreted with an attempt to explore new topics or populations, portray meaning, develop theory, and inspire action (Denzin & Lincoln, 2005, cited in Bike, Ojeda, Johnson, Rosales & Flores, 2013, p. 12).

This description of the qualitative research approach highlights the opportunity researchers must make positive constructive change in communities. Qualitative research can purposefully describe and interpret issues or a phenomenon systemically, from the individuals or communities’ point of view being researched. Thus, generating new understandings, knowledge, and theories, based on the research questions being posed (Jackson, Drummond & Camara, 2007). When specific qualitative methods are used, the research can contribute to social justice enabling effective solution-based approaches to be developed and an increase to the possibility of positive outcomes for those currently most at-

risk of social injustice (Reisch, 2017). Therefore, the approaches that underpin the methodologies in this research include Kaupapa Māori theory, Social Justice and Narrative inquiry approaches (Smith, 1999, Lyons, Bike, Ojeda & Flores, 2013, Hayden, Browne, & Van der Rief). These approaches influence the types of data collection methods used throughout both phases of this research. However, during the second phase in which facilitation of the Toi Ora programme took place specific research methods that reflected both the therapeutic approach taken and context and disposition of the participants. Thus, generating qualitative data that is culturally grounded, trauma-informed, and strengths based, contributing to diminishing the stereotypical attitudes many taiohi/youth experiences. These approaches purposely aimed to interrupt and reverse, the effects of the transmission of intergenerational trauma. The key research approaches adopted have the potential to identify and record the strengths and weaknesses of the community and support services, highlight the barriers to learning and wellbeing that taiohi face and empower them by providing a platform either as an individual or collectively for their experiences to be creatively expressed and/or voices to be heard. Finally, using these key research approaches, it was hoped that the findings from this research will contribute to changing support service approaches, promote systemic change and increase cultural communal wellbeing (Wang, 1999, Pihama, et al, 2017 and Isobel, Allchin, Goodyear & Gladstone, 2019).

Reconnecting and reinstating traditional cultural social constructs that also considered the influence and impact of the current urbanised environments and situations that Māori taiohi/youth experience would generate data that reflects their contemporary realities.

The methodology of this qualitative research is underpinned by Kaupapa Māori theory, Māori-centred and Social Justice research theory. Adopting methods from the ethnographic, autoethnographic and narrative inquiry approaches enabled and ensured all involved equitable opportunity to contribute their experiences, values, beliefs, and aspirations and for

them to be transparently represented. Interviews that collect narratives of lived experiences can create the space for the legitimate exchange of views enabling the marginal and silenced voice to be heard. This sits well within the Kaupapa Māori theory frame in terms of retrieval of space and the emancipatory purpose of Māori-centred research (Cunningham, 1998; Smith, 1999). Research methods used during the implementation of the Toi Ora programme are typical of those used in Arts therapy research and progressive practice, entrenched in the humanistic heuristic research (Sultan, 2019) methods align well with the Māori-centred approach.

To generate robust authentic evidence that ensured both the participants were central focus and professional practice was maintained methods from both the Evidence-based practice (EBP) and Practice-based evidence (PBE) approaches were applied throughout the facilitation of the Toi Ora programme. Finally, both Indigenising (Smith, 2008) and Westernised heuristic approaches were adopted in the data analysis processes (Case & Dalley, 2006; Maguire & Delahunt, 2017; Gerber et al., 2018) along with the conceptual framework developed specifically for this research were used to analyse the data gathered during the Toi Ora programme.

There were two clear empirical phases to this research which required a variety of research methods to be applied. The first phase of this research saw the assembly of a research advisory group (RAG). The Māori contingent of the RAG provided their Māori expertise and knowledge, which also informed the methodology, collectively the RAG members informed and gave guidance throughout the research process. Their contributions adding significant content and context to the specifics to the of inquiry and supported the development of the Toi Ora programme. Also, during this initial phase a conceptual framework '*Ngaru o te Huringa ~ Waves of Change*' was developed to enable the Toi Ora programme to be effectively integrated into the existing Health and Fitness course at the

Regent Training Centre in Whangārei. The second phase the Toi Ora programme was facilitated, which the conceptual framework served as both an assessment tool during each of the programmes sessions and as a means to analyse the findings contributing to the overall results relating to the Toi Ora programme.

The ethical considerations and implementation are representative of those used in Arts therapy practice and conform to those of the Regent Training Centre and requirements of Te Whare Wānanga o Awanuiārangi doctoral research protocol and practice (Appendix A). Ethical principles play the most integral role in developing the methodologies used in this doctoral research. Dr Ngahuia Te Awekotuku Professor of Research and Development at Waikato University has identified a “set of responsibilities which researchers have to Māori people” (cited in Smith, 2008, p. 119). The code of conduct for the New Zealand Association of Social Anthropologists forms the basis of Te Awekotuku’s research ethics framework. At the heart of her guidelines is “respect for and protection of the rights, interests and sensitivities of the people being studied” (cited in Smith, 2008, p. 119). There are seven key ideas that pertain specifically to the code of conduct for research that involves Māori. These key ideas were adopted, providing guidance in my practice as a researcher exploring Mātauranga Māori. These key ideas include,

1. Aroha ki te tangata (a respect for people).
2. Kanohi kitea (the seen face, that is present yourself to face the people face to face).
3. Titiro, whakarongo, kōrero (look, listen and speak).
4. Manaaki ki te tangata (share and host people, be generous).
5. Kia tupato (be cautious).

6. Kaua e takahia te mana o te tangata (do not trample over the mana of people).

7. Kaua e mahaki (don't flaunt your knowledge) (Smith, 2008, p. 120).

All seven key ideas were adopted as the basis of my personal, professional, philosophical, and ethical approach when collaborating, consulting, and interacting with all participants of this research. This system demonstrates an epistemological approach, which deals with ways of knowing especially in relation to limits and validity of knowledge, which is considered a fundament of methodologies when conducting research with Indigenous populations (Smith, 2008).

Ethical practice is also key to identifying and apprehending any biases when in research like this when the researcher becomes a participant in the form of the therapist is facilitating the Toi Ora programme. With a further potential for a bias identified as the cultural identity differences between the researcher/therapist and the programme's participants. In this type of research situation understanding how biases are formed and how they can affect the research results/outcomes is vital. In research studies there are several areas that biases can occur. "Bias can occur in the planning, data collection, analysis, and publication phases of research" (Pannucci, Edwin & Wilkins, 2010, p. 1). Pannucci et al., (2010) provide an in-depth list and a detailed description of each area where biases can commonly occur in human services research, they include

1. Pre-trial bias, this includes research design, participant selection
2. Bias during trial, which includes information bias a blanket classification of error in which bias occurs in the measurement of an exposure or outcome
3. Interviewer bias Interviewer bias refers to a systematic difference between how information is solicited, recorded, or interpreted

4. Chronology bias: This bias occurs when historic controls are used as a comparison group for patients undergoing an intervention
5. Bias post- trial, this can include, Citation bias, Confounding, Internal vs. External Validity (Pannucci et al., 2010).

Specific research methods and approaches were selected to counteract any possible biases that arose from the cultural identity differences. The assembly of a research advisory group which was largely made up of Māori advisors and the concept of Tino-Rangātiratanga as an applied principle of the group ensured any culturally related biases could be identified and resolved. Additionally, specific research advisory group members provided support and guidance when the potential for a bias to occur in all the areas of the research listed above. Finally, transparency was a central tenant throughout this research, with the intention to generate new knowledge that could answer the key research questions.

3.1 Ara Rangahau - Background of the research approach

Whakataukī

Ko tau hikoi i runga i ōku whāriki ko tau noho i tōku whare. E huakina ai tōku tatau tōku matapihi.

Your steps on my whāriki your respect for my home, open my doors and windows.

In order for doors and windows to be opened the researcher must tread gently and respectfully. Information and knowledge cannot be sought without respecting those who choose to share and without an understanding of the responsibilities and accountabilities of researcher (Barnes, 2013, p. 2).

A significant motive which underpins this research was to make Arts therapy more accessible for Māori taiohi/youth. The purpose to develop a culturally responsive group Toi Ora

programme that can be effectively integrated into an existing educational course in an educational setting became a central focus of this research inquiry. The main aim of the Toi Ora programme was to identify any barriers or challenges to learning and development, and work towards overcoming them to enhance wellbeing, supporting the students to reach their full potential.

In 2010 under the expert supervision of clinical psychologist Dr Yvette Ahmad and invaluable guidance from a whānau whakapakiri (research advisory group) my clinical Arts therapy research thesis explored the possibilities of combining aspects of te ao Māori and concepts of the European Jungian approach to psychology. A key outcome of this culturally collaborative clinical research was, that through collaboration and consultation with tangata whenua similarities and parallels were discovered between aspects te ao Māori and concepts of Jungian psychology. By the synergizing of these key aspects from each world views an effective bicultural model, approach and practice to Arts therapy emerged. Individual participant clinical trials were carried out during this 2010 collaborative clinical research which tested out the basics providing a glimpse into the potentialities of combining and developing a culturally attuned therapeutic model. The research approach taken was based on the principles of Te Tiriti o Waitangi which is considered the founding document of Aotearoa/New Zealand, establishing the nation as a bicultural one (www.hrc.co.nz). The principles of Partnership, Participation and Protection when upheld authentically echo the ethos of culturally respectful research approaches that enabled an effective bicultural approach to Arts therapy practices to be developed. It demonstrated and provided an effective benchmark for a culturally appropriate approach for other arts therapists to adopt and apply both to research and practice here in Aotearoa/New Zealand with clients who identify as being of Māori, mixed Māori or non-Māori descent alike. Considered pioneering, it was also recognised for the potential it offered, encouraging other non-Māori arts therapists the

opportunity to re-orientate their approach to working alongside Māori in a bicultural context. At that time Arts therapy was still considered a fledgling psychotherapy discipline, striving to establish itself as an equal to other approaches to psychotherapy here in Aotearoa/New Zealand (Meek, 2010). The findings from this 2010 culturally collaborative clinical Arts therapy research thesis also highlighted how the research approach and process was an empowering experience for both the researcher (myself) and those being researched, leaving valuable new learning and knowledge on the ground for all involved.

It was my 2010 culturally collaborative research approach and effectiveness of the bicultural therapeutic approach to Arts therapy which the clinical trials revealed that served as a launchpad for this research. Inspiring this research to explore a culturally responsive approach further, seeking to find a way in which to expand and make Arts therapy more accessible to taiohi/youth within my local community became a motivator. Whilst exploring the possibilities of facilitating a group art-therapy based programme for taiohi/youth the notion to develop an Arts therapy-based programme designed as a component on an existing educational course that focused on taiohi/youth wellbeing and education came about. This seemed like a natural progression for someone who's career has been deeply entrenched in education with qualifications and experience teaching both tamariki/children and adults together with an MA in Arts therapy, clinical research and practical experience with Arts therapy in areas of youth justice court, and at-risk youth. Underpinned by the hypothesis that having access to Arts therapy by means of a component on an existing educational course the students would have an opportunity to identify and explore any barriers to learning and wellbeing together with developing strategies to overcome any identified barriers. Additionally, facilitating an Arts therapy-based programme in a group educational forum, would create opportunities for students to collectively experiment and further develop

psychosocial and communication skills together with identifying and enhancing personal qualities and strengthening their self and cultural identity in a safe creative space.

Towards the end of 2017, the opportunity to explore this notion came about following a group Arts therapy programme I facilitated with all the staff at Regent Training Centre, an education and training facility in Whangārei. I was asked to facilitate some group Arts therapy sessions as a team building exercise for all the staff at the centre. Applying the bicultural approach developed in 2010 to my practice, the Arts therapy exercises were aimed at lifting staff morale after being confronted with the devastation of two youth suicides. Additionally, the sessions aimed to support the processing and integration of new information following a two-day intensive professional development on suicide prevention attended by all the staff. Many of the staff were challenged by the situation they had been confronted by, for some it was their first experience with suicide while for others it hit a nerve that was still raw from a personal experience. All having difficulty dealing either with the impact this situation had, had on themselves or the students they tutored, who for some had lost their best friends. The exercise implemented during the first group Arts therapy session was underpinned by the concept of *whakawhānuangatanga*, aiming to offer an opportunity to foster supportive relationships among the staff and create a sense of belonging with others who could relate to the roller coaster of emotions that can emerge from such a devastating situation. The directive that guided this initial Arts therapy session was to maintain a focus on all the information that had been presented to them over the two-day intensive suicide prevention workshop, and how they could apply it to their tutoring practice as an individual and as a team. They were also encouraged to work with any emotions or thoughts coming up for them at any stage during the session. They were instructed to keep any conversation on the focus of the directive. Some of the group's participants sang waiata together while they worked alongside each other, while others sat engaged in quiet

conversation with the person next to them and some chose to sit in silence and at times openly weeping as they interacted with the arts resources. It was both a humbling and a privileged situation to witness.

All staff reported the Arts therapy session to be constructive, gaining something positive to support them in their emotional vulnerable state. Some acknowledging that by simply knowing everyone in the group who shared the same or similar experience was soothing and they no longer felt alone dealing with the confronting situation. Others commented, that they were able to share ideas on how to apply some of the preventative strategies they had learnt about over the two previous days, some were able to laugh for the first time since the youth suicides finding humour in their creative efforts “*that looks nothing like a flower, looks more like an obnoxious weed it’s pathetic*” (to use one participants words as they laughed at their work). Many of the participants commented, that it was great to have time out to relax a little after the intensity of the past week.

Experiencing and witnessing the emotional release and constructive effects of the group Arts therapy exercise, the General Manager of the Regent Training Centre in Whangārei invited me to attend a meeting with herself and the Regent Training Centre’s programmes/course developer the following week to discuss further sessions. During this meeting, I shared ideas about my proposed Ph.D. research. The pair fully embraced the idea of developing and designing a short eight-week Arts therapy-based programme for the students that would appropriate the training course they were enrolled on, and they both agreed to be participants of the research advisory group (RAG). The opportunity was offered for the Arts therapy programme to be a component on a Health and Fitness course delivered at the Regent Training Centre.

The Health and Fitness courses used physical activities and models of health and wellbeing as a platform to deliver NZCA level one and two literacy and numeracy coursework. Jennifer

(RAG member RTC manger) explained the Health and Fitness course although established at the organisations other two training centres, at the Whangārei centre 2018 would be the first time it was offered. The Health and Fitness course would be open to everyone despite their age. However, based on the student demographics enrolled at the other two centres and currently enrolled at the Regent Training centre in Whangārei it was expected the course would attract mainly ‘youth’ aged between 16 years and 24. It was also anticipated a high percentage of enrolments would be Māori, of which most would be considered youth ‘at risk of poor outcomes. The Health and Fitness course was being piloted so, it was recommended, and I agreed that the Arts therapy-based programme became a feature of the course during term three, this would enable the tutor and students to settle into the course content. Over the coming months the three of us maintained contact via email, during which the research developments such as data collecting methods and Arts therapy approaches were shared.

The programme’s official title was also shared during this time *Toi Ora Taiohi Ora Hauora/Arts for Māori taiohi/youth wellbeing programme* (2018). The decision to erase the word, ‘Therapy’ from the title of the programme was due to the social stigma, which is often associated with mental health issues, when in fact the Toi Ora programme was being developed and designed to focus on approaches that foster strengths, resilience, self-awareness and holistic wellbeing (Alsop & Kupenga, 2016). A further consideration, adding to this destigmatizing strategy was to take in to account the environment the Arts therapy-based programme was to be facilitated in, with the possibility of peer judgements and victimisation (Kljakovic, Hunt & Jose, 2015) adding a further complexity to an already challenging transitional developmental life stage.

3.2. Ngā Tikanga - Methodologies

This brief insight into the background of this research provides an understanding of why the research design is made up of two clear empirical phases. Within each phase the function of the research methods was different, although firmly underpinned by the same concept of tiatahono/unity, combining decolonising indigenising and appropriate westernised approaches that are held together by a collective vision and commitment. The aim of both phases sought to develop and discover the benefits of a group Arts therapy programme that would enrich the wellbeing of Māori taiohi/youth and enhance their engagement in educational environments. Simmons and Christopher (2013) in their recent published article ‘Adapting Western Research Methods to Indigenous Ways of Knowing’ stress that,

to change health inequities, researchers have recognized the need to build true partnerships with communities. Indigenous communities and researchers have voiced a variety of concerns with “research as usual” and emphasized the value of true partnerships, including decolonizing research to instil a balance between Indigenous and Western frameworks and method (Simmons & Christopher, 2013, p. 2185).

Therefore, the research approach which evolved became an eclectic one, with its framework based on the principles of the Tiriti o Waitangi/Treaty of Waitangi Partnership, Participation and Protection (Orange, 1987).

In a research context, to ignore the reality of inter-cultural difference is to live with outdated notions of scientific investigation. It is also likely to hamper the conduct of research and limit the capacity of research to improve human development (National Health and Medical Research Council 2003, p. 24).

Cram, Papi and Paipa (2018) extend on this, they write,

As the world comes to understand that complex problems are more about the need for co-design than about top-down solutions not working, there is increasing potential for new relationships between Indigenous and non-Indigenous peoples (Cram & Phillips, 2012). These relationships will occur when there is alignment of Indigenous and non-Indigenous thinking about the environmental stresses the planet is experiencing; sharing of complementary knowledges about how ecosystems work; and a renewed commitment to

inclusion, equity, and ;decolonization (Adams, 2016; Harmsworth & Awatere, 2013, cited in Cram, Pipi, & Paipa, 2018, p. 72.).

Most of the participants that consented to participate in this research identified as being Māori or of Māori and European descent, with the minority identifying as New Zealand European. During the first phase five of the research's advisors identified as being of Māori European descent and three of New Zealand European origins. However, in the second phase ten participants of the Toi Ora programme identified as being Māori European, and a further two identified themselves as solely Māori, all descending from several different North Island iwi. Considering this ethnicity breakdown of this research's participants and some of the issues and challenges faced that place all the Toi Ora programme participants 'at risk' of poor outcomes, warrants the decolonising indigenising stance this research takes. A further significant factor to consider is that I the researcher and arts therapist am Indigenous but non-Māori. Therefore, to investigate in te ao Māori consultation and collaboration with tangata whenua is both essential and paramount for the cultural knowledge being 'researched' to be represented authentically and respectfully. It is necessary to establish collaborative relationships with the appropriate Māori, and to listen and be guided by them (Smith, 2008).

Being aware that in the past research conducted by Western researchers and intellectuals debased much of the intellectual and cultural knowledge, and undoubtedly offended a deep sense of humanity, misrepresenting, ridiculing and even silencing indigenous cultures (Forster, 2003). Smith (2008) writes, "the whole process of colonisation can be viewed as a stripping away of mana (our standing in our own eyes) and undermining of rangātiratanga (our ability and right to determine our destinies)" (Smith, 2008, p. 173).

For these reasons it is paramount that appropriate cultural and ethical protocols, values, beliefs, and behaviours are inextricably woven into the research approach and are thought about reflexively and declared openly as part of the research design. If research processes

offer genuine respect, Indigenous peoples will become increasingly receptive to the importance and significance of research with them (Bishop, 1999). Research that involves Indigenous peoples must aim to make a positive difference to those being researched. It is vital that processes, procedures, and consultations are correct so that the outcome for everyone involved with the research project is enriched, empowered, enlightened, and satisfied with their participatory contributions (Smith, 2008, p. 118).

Bridging the gap between Indigenous and Western research approaches can present challenges. The research methods must be congruent with Indigenous cultural traditions and values and are accountable in both the cultural community and mainstream arenas (Forster, 2003). Furthermore “Indigenous methodologies must be sophisticated and scholarly to convince academia that they are of equal scope and breadth as established Western ways of research” (Kahakalau, 2004, p. 20). With few examples of research studies that explore the use of Arts therapy approaches with Indigenous populations, there is a heightened need for methodologies to be vigorous enough to generate data that demonstrates the cross-cultural qualities and benefits. This would also, increase the recognition and aid the establishment of the Arts therapy discipline as an equal approach to psychotherapy alongside those approaches already accredited here in Aotearoa/New Zealand.

In today’s society Māori people can be found across a wide range of cultural, social, and economic circumstances, Durie (1995) refers to this as *Matatini Māori* or diverse Māori realities. Therefore, research that adopts *Kaupapa Māori* theory solely could create limitations for both the participants, and the researcher. Furthermore, this research aimed to develop a culturally responsive, trauma informed, strengths-based group Arts therapy-based programme, approach and practice that appropriated a communal educational setting. Therefore, by solely using the *Kaupapa Māori* theory approach the therapeutic potential of this concept could be limited given the context of the current realities for many of the *Toi*

Ora programme participants.

The principles of the Tiriti o Waitangi, partnership, participation, and protection (Orange, 1987) form the framework of this research. They served as a guide that informed the research ethics development, created an ethical responsible practice which aimed to empower marginalised cultural identity throughout the research processes and in the outcome. The two research approaches that influence the research approach relevant to te ao Māori are the Kaupapa Māori and Māori-centred approaches. In the Kaupapa Māori theoretical approach, research is conducted within a Māori world view frame, by Māori for Māori. According to Tuakana Nepe (1991), “Kaupapa Māori derives from distinctive cultural epistemological and metaphysical foundations” (cited in Pihama & Penehira, 2005, p. 9). L. Smith (1996) strengthens this further by stating that, “The concept of Kaupapa implies a way of framing and structuring how we think about those ideas and practices” (cited in Pihama & Penehira, 2005, p. 9). It is important to also point out that in Kaupapa Māori research ‘Methodology’ and ‘Method’ are distinctly different. The ‘methodology’ is recognised as “a process of enquiry that determines the method(s) used” (Smith, 1996, cited in Pihama & Penehira, 2005, p. 10). Whereas the ‘Method’ is recognised as the “tools which can be used to produce and analyse data” (Smith, 1996, cited in Pihama & Penehira, 2005, p. 10).

Cram (2006) highlights a significant point about the Kaupapa Māori theory approach to research, she says its aim, “is to make space for Māori voices and realities to be heard and considered ‘valid’ (Cram, 2006, p. 28). It is also important that researchers elaborate on the ways in which society positions their participants within their subjectivities (Cram, 2006). This point raised by Cram (2006) is central to the aim of both phases of this research. However, it is important to consider that there is a one to two generation gap of almost thirty years, between the members of the research advisory group and the participants of the Toi Ora programme. Thus, the realities for the two different types of participants in this research

differed dramatically in many ways, yet the general common ground was their cultural identity. Therefore, key dimensions of Kaupapa Māori theory fundamentally guide and inform research practices throughout the research process. The key dimensions include, *Whānaungatanga*: This can be translated as “relationships,” chiefly kinship ties, and can include the connections between, tupuna/ancestors, wairua/spirits, the environment and several other aspects of the holistic understanding of connectedness held by Māori ([MOE] 1996). It acknowledges the responsibility and obligations of the researcher to nurture and care for these relationships and the intrinsic connection between the researcher, the researched and the research (Smith, 1999).

Aroha ki te tangata: In the context of research relates the notion of respect for the participants, allowing them to. “define their own space and meet on their own terms” (Smith, 1999, cited in Denzin & Lincoln, 2005, p.130).

Kānohi Kitea: Relates to meeting research participants face-to-face, especially when introducing the research and their participatory role. This way of consulting enables people to engage with all their senses to assess and evaluate the advantages or disadvantages of being involved (Moyle, 2014). I believe this is particularly important for an Indigenous tauwiwi researcher given the cultural differences.

Manaaki Tangata: Relates to adopting a collaborative approach to research practices. It is representative of the reciprocal process that acknowledges that both the researcher and the participants are the giver and receivers in the learning and knowledge being explored (Moyle, 2014). *Mana*: Denotes power, dignity, and pride. The understanding that relationships are important, the researcher’s intent is sincere and that interest in the people being represented and engaged with is maintained respectfully. It relates to the care and attention given by the researcher during the research process. Being transparent about issues of ownership and control of the research are discussed during the informed consent process. Safeguarding the

Mana is about the researcher not only being mindful of it, but actively responsible and ethical because of the lasting impact that research can have on individuals and communities (Bell, 2006 cited in Moyle, 2014).

Māhaki: Reminds us to be humble, not to flaunt knowledge, it encourages us to find ways of sharing knowledge in ways that are empowering and encouraging the research process and those being researched (Smith 2006, cited in Moyle, 2014) *Tikanga*: Provides guidelines about what is 'right'. It can define the rules, methods, approaches, custom, habits, rights, authority, and control (Pere, 1988).

The final principle borrowed from the Kaupapa Māori theory research approach is Ata (Pohatu, 2005). Ata specifically focuses on the building, nurturing, and well-being of Māori relationships. Therefore, to weave this into the framework seemed to be essential from both a research perspective and in a therapeutic context. Ata is seen to establish boundaries and working towards creating a safe space within which behaviours correspond, and respect is reciprocal (Potatu, 2005, cited in Hollis-English, 2017). This theory or perspective also aligns with that of many art therapists, being aware of changes or movement during the therapeutic art process are pivotal to the learning of new understandings for the client and therapist

As an Indigenous tuiwi researcher investigating in te ao Māori it was essential that the appropriate guidance was sought to counteract my incomplete understanding of cultural knowledge. During the first phase I initially sought the support of Rawiri Henare kaumātua of Ngātikahu ki Whangaroa. During our first hui/meeting I shared with Rawiri my proposed doctoral research which he embraced and agreed to be the kaumātua of the research advisory group. From that initial hui/meeting, Rawiri played an invaluable integral role, inviting me to numerous whānau events, celebrations and opened his whānau/hapū coastal land and

home as a place for me to immerse myself in the natural and culturally rich environment. The opportunity to be accepted and welcomed as an outsider both as a researcher and have my research ideas received with enthusiasm was encouraging. G,H Smith (2003, cited in L. Smith, 2008, p. 177) refers to this as the ‘Whāngai’ or adoption research model, in which the non-Indigenous researcher is incorporated into the daily life of Māori people and sustain lifelong relationships which extend far the realms of research. Another research model that G. Smith (2003, cited in L. Smith, 2008, p. 177) describes which also aligned with this proposed research, is referred to as the ‘tiaki’ or mentoring model in which authoritative Māori people advise and sponsor the research (G. Smith cited in, L. Smith, 2008). The notion to assemble a research advisory group was based on the tiaki model. Through face – to - face interactions with significant potential research advisors the proposed research was shared, along with an invitation to participate as a member of the research advisory group.

A further key dimension of the Kaupapa Māori theory approach “is the operationalisation of self-determination (tino Rangātiratanga) by Māori people” (Bishop, 1996; Durie, 1994, 1995,1998; Pihama, Cram, & Walker, 2002; G. H. Smith, 1997; L. T. Smith, 1999 cited in Denzin & Lincoln. 2005, p. 114) became an integral dimension of the research design. This meant that the research processes were participatory, as well as participant-driven, in the sense that it is the concerns, values and beliefs of the research advisory group members who advised and directed the research processes (Bishop, 1999). It also offered the protection and authenticity of the cultural knowledge shared in the form of direct personal communication quotations. Additionally, this key dimension of the Kaupapa Māori approach to research also aligned well with the Practice-based evidence (PBE) approach (Holmqvist, Philips, & Barkham, 2013) and the Evidence-based practice (EBP) approaches (Gilroy, 2006) to Arts therapy research and practice. The Practice-based-evidence approach initially requires an in-deep understanding of the challenges and/or adversities faced by both those who facilitate

and the recipients of the intervention. This method often requires formative work in the community and the use of partnership research models for example community-based participatory research. This research method and the intervention approach is informed by the combined knowledge and experience of all those involved. In this case the Regent Training centre staff along with the other members of the RAG, the participants, therapist, and researcher (Ammerman, Woods Smith, & Calancie, 2014). The PBE approach acknowledges and values each person's contribution adding it to the research process. The participants voices are often heard during the methodologies and other areas of the research adding their knowledge and experience enabling the intervention to evolve and making it meaningful to them. PBE has the capacity to, "draw upon the cultural strengths and context of the community, respectfully respond to local definitions of wellness and healing, and consistently incorporate this field-driven knowledge into all phases of treatment, including engagement, assessment, diagnosis, intervention, and aftercare" (Isaacs, et al 2005). Finally, the operationalisation of self-determination (tinorangātiratanga) became one of the main aims for the participants of the Toi Ora programme.

The Māori-centred research approach also played an integral role in the research design and process. This approach is conducted with Māori as significant participants, and Māori values and beliefs are upheld. Cunningham (1998) identified the differences between the two approaches as the differences in the research standards and control. He asserted that in Māori-centered research, the standard and control is often mainstream and Westernized, whereas in Kaupapa Māori these are typically all-Māori (Cunningham, 1998). Central to the aim of this research was to develop a group Toi Ora programme that appropriates an educational setting, versatile enough to be integrated into an existing curriculum framework. Therefore, research approaches need to reflect and enable this versatility to create a programme in which both Māori/Indigenous and Western approaches can coexist effectively

within a community of learners and be accountable for funding purposes. Porsanger (2004) describes this in more depth by stating that research with indigenous people must be ethically correct and culturally appropriate, which are considered an indigenous manner of taking steps towards the acquisition and dissemination of knowledge about Indigenous peoples. Indigenous approaches are based on indigenous knowledge and ethics that determine the means of access to knowledge, the selection and use of “theoretical approaches, and determine in addition the tools (methods) for conducting research” (Porsanger, 2004, p. 109). The third and final research approach that informed and influenced the research process and methods was the Social Justice research approach (Mehra, Albright & Rioux, 2006). Grounded by the principles of, equity, access, participation, and harmony which when applied throughout the research process ensure a social just practice is achieved. The notable features of social just research practice can be seen when all four principles are applied during the preparation prior to the research process this includes building relationships in the community of interest prior to data collection, involving community members and key stakeholders in the research design ensures access to insight from which informed decisions about participation in the research. When utilizing a research advisory group selecting culturally competent, creative and diplomatic members with strong critical skills guarantees equity, considering the potential benefits and being aware of the possible negative impact the research may have enables harmony to be achieved (Bike et al., 2013).

During the data collection process attending to and soliciting participants’ perceptions of research before, during, and after data collection offers access, allowing participants a choice about how and what information is used. This also applies to the participant recruitment process being transparent making incentives clear allows participants access to their expected participatory role. Considering appropriate methods for data collection that are respectful and ethical ensures equity and harmony.

The data analysis and interpretation need to include a variety of data coders in terms of community membership, access to power, and cultural background. Recognizing the ways that researcher/arts therapist inputs may influence data analysis and interpretation the principles of equity, and harmony come into play. Improving the trustworthiness of the analysis and interpretation with participant quotes and advisory group member checks acknowledges the access and participation principles. Application of the research requires considering the practical to ensure harmony. Finally, providing access by involving community members and research participants in decisions about applications of the results offers them the opportunity to participate (Bike et al., 2013, p. 13).

This concludes the methodologies component highlighting the key research approaches that underpin and inform this research. The approaches which influence and inform the therapeutic approach developed for the Toi Ora programme are presented later in this chapter along with the conceptual framework which was developed to serve as a guide to both the implementation of the programme and the facilitation of profession practice, data collections methods and analytical tools used to interpret the data.

3.3. Nga tikanga-Methods.

The qualitative approach to research refers to a range of data collection and analysis techniques that use purposive sampling and semi-structured, open-ended interviews, comprising of “logic, ethnography, discourse analysis, case study, participant observation, counselling, therapy, grounded theory, biography, comparative method, introspection, casuistry, focus group, literary criticism, meditation practice, historical research” (Cibangu, 2012, cited in Mohajan, 2018, p. 2). Additional visual elicitation methods, including power point presentations, historic and current photographs of artefacts and participant engagement

in the creative process. In the latter participants were photographed in such a way that their identification was protected. Interested in discovering and understanding the people's beliefs, values, experiences, and the meaning they made from them through their perspective, making their internal world visible was the fundament of this research. Therefore, data gathering methods used needed to be able to capture the details of the participant's voices of lived experiences, and their perceptions of those lived experiences. These photographic images also serve to substantiate the creative therapeutic process.

During the first phase advice and guidance was sought from the research advisory group members this aimed to ensure that a holistic knowledge base was created with specific information and knowledge from the advisors' areas of expertise. This also served as a verification mechanism and acted as means of a guarantee that the cultural knowledge shared was protected, authentic and respected. A further way to ensure that research processes and practices maintain the decolonising and indigenising locus it is based on. Cram, Pipi and Paipa (2018) in their publication 'Kaupapa Māori evaluation in Aotearoa New Zealand' offer an appropriate underpinning, presenting Kaupapa Māori theory for undertaking evaluation, which they aimed to provoke others to increase their evaluation capacity when investigating in te ao Māori. "Part of this is thinking outside of the Western evaluation "square" to incorporate traditional decision-making ways into how they capture outcomes and improve service delivery (Cram et al., 2018, p. 1). The Kaupapa Māori evaluation journey they describe targets current practice and focuses on their aspirations for the true decolonization of evaluation to evolve. Their thoughts and ideas offer a valuable perspective which served as a point of reference for evaluating the research methods and processes in this research.

3.4. Introduction of participants of both research phases and a overview of the research methods applied in each phase:

Although previously introduced a more detailed synopsis of each RAG members cultural background and specifics of their area of expertise, along with a brief overview of the data collation methods applied. Their contributions largely took place during the first phase of this research. However, some RAG members provided ongoing guidance and advice during the second phase.

All members of the research advisory group were invited to participant in this research. They were informed of the research focus, process, and their participatory role during individual face-to-face discussions. All understood the ethics and provided written consent. Rawiri Henare kaumātua of Ngātikahu ki Whangaroa agreed to participate and encouraged the research from its conception. The role Rawiri accepted was to advise on cultural of knowledge and content. Together with an invitation to share the wisdom of age and the lived experiences that taught him about life. The data gathering methods applied were varied from semi-structured interviews, observations made during, wānanga, hui, whakanui, informal spontaneous kōrero, and working beside Rawiri on various projects while staying at his papaikāinga over a three-year period. Finally, Rawiri provided artefacts and historic photographs, books and other documents that were used as data in this research.

Further tangata whenua advisory roles were held by Dr Sylvia van Altvorst (Ngātikahu) a practicing clinical forensic psychiatrist at Northland District Health board. During both semi-structured, unstructured interviews and wānanga, Sylvia generously shared her knowledge gained through her own doctoral research, professional practice and personal experiences of relocating from an urbanised lifestyle and large professional practice to her relocation in Te Tai Tokerau and smaller community professional practice. Communication with Sylvia also

extended to email correspondence providing advice with the editing process of this research.

John Henare (Ngātikahu) ex-NZDF and training centre manager for a private training provider that specialises in civil infrastructure. During semi-structured and unstructured interviews John provided insight into effective education and training approaches with Māori taiohi/youth many of whom are either long term beneficiaries and/or unskilled. John also shared his own story of his employment options as a taiohi/youth the small Far Northland coastal community of Waimahana during the 1980's together with his vision for encouraging platforms and approaches for education into industries in Te Tai Tokerau.

Maaka McKinney (Ngāti Kahu) ex-NZDF and first responder (Ambulance, Fire and Coast Guard in Te Tai Tokerau. During a semi-structured interview Maaka shared some of his experiences as a first responder and the impact of trauma has in whānau/families and the wider community. Maaka also discussed parts of his own story in relation to employment options as a taiohi/youth in the Far North during the 1980's.

The final tangata whenua in the research advisory group is Irene Shortland (Ngāti Hine) a practising contemporary whakairo artist. During semi-structured and unstructured interviews, together with interactions during hui and wānanga Irene shared her childhood experiences of dislocation, cultural disconnection loss of her first language te reo Māori and urbanisation during the 1950's in Te Tai Tokerau. Irene shared the important role the arts played in her reconnection with her Māoritanga. All members of the tangata whenua contingent, identified themselves as being of Māori/European descent.

There were a further three members of the research advisory group who identified themselves as of European/New Zealand descent. Lynda Brown whose Arts therapy clinical thesis research (2010) focused on Arts therapy practice in an educational setting, using storytelling and visual arts to explore the development self-awareness among a group of multicultural

school aged students in Christchurch. Through semi-structured and unstructured interviews Lynda shared her ideas and thoughts of how the arts can enhance wellbeing and spoke of the challenges she faced, together with the benefits she discovered during her clinical Arts therapy research implementing Arts therapy sessions within a school setting.

Jane Arlidge the Health and Fitness course developer and Jennifer Andrews general manager both from the Regent Training Centre. Both shared guidance and advice during semi-structured and unstructured interviews. Their contributions enabled specific insight into how the Toi Ora programme could effectively be integrated into the existing Health and Fitness course. Jennifer gave specific advice in the development of the pre-programme questionnaire design for the Toi Ora programme's participants. Meeting weekly with Jennifer following each Arts therapy session, provided ongoing support and insight relating to the participant's situation and their education and training goals. Jane shared specific information about the Health and Fitness course, daily and weekly routines that all students at the Regent Training Centre were involved with. Jane also provided information about the support services that work closely with the centre to provide additional support to the students. Semi-structured and open-ended or unstructured interviews were a common qualitative method used to elicit narratives relating to the area of expertise and personal experiences from each member of the research advisory group.

In the second phase students at The Regent Training Centre were invited to participate in the Toi Ora programme, all of whom had been identified as Māori taiohi/youth 'at risk' of poor outcomes. As reviewed in the previous chapter the factors that place youth 'at risk' of poor outcomes were complex and can include environments, poverty, poor parent/child attachment, exposure to trauma either intergenerational trauma or direct experiences of trauma, drug and alcohol use, unstable accommodation, institutionalised racism and stereotyping. Therefore, this research relied on data gathering methods from the Narrative

Inquiry approach (Hayden, 2018) to allow the participant's voice to be heard and enable my lived experiences to locate myself. Thus, demonstrating my genuine interests in advocating better outcomes for taiohi/youth together with providing an ongoing dialogue that describes and explains the research process.

An ethnographical narrative inquiry approach is sometimes referred to as storytelling, East, et, al, (2010) propose that by nature, people are story tellers. Through stories, or narratives, people's identity and personality are formed. Many Indigenous populations are oral cultures. Storytelling is an integral part of life for many Indigenous cultures, functioning as a means of passing on important information and cultural knowledge within the context of an oral dialog down through generations (Gorman & Toombs, 2009). Stories or narratives are referred to as pūrākau in te ao Māori. Lee (2009) confirms this describing pūrākau, as a form of Māori narrative, traditionally serving as a conduit for sharing philosophical thought, epistemological constructs, cultural codes, and worldviews that are fundamental to the identity as Māori (Lee, 2005). Lee (2005) also emphasizes that there is a need to make methodological space for a culturally responsive narrative approach as Māori cultural narratives also offer legitimate ways of talking, researching, and representing stories (Lee, 2009). My clinical art therapy evidence-based research thesis in 2010 supports this, finding that pūrākau are essentially channels of social and psychological communication which can be used as both a therapeutic and research tool (Meek, 2010). It is this quality of the ethnographic narrative inquiry approach, which fits well with the Arts therapy, often being used as a method for evidence-based research in this psychotherapy discipline (Gilroy, 2002).

The ethnographic narrative inquiry approach has only, in the past two decades moved centre stage as a method of data collection in the social sciences. Narratives or accounts of human experience and situations were increasingly seen as the outcomes of the contextual/cultural

history in which people learn to tell stories of their lives to themselves and others (Mohajan, 2018). Evidence of a shift to this style of inquiry can be seen in the previous chapter, which presents two recent government inquiries ‘He Waka Roimata’ (2019) and ‘He Ara Oranga’ (2019). Both inquiries using narrative inquiry that present a clear indication of the disparities between the services provided and participant’s realities expressed in their narratives, highlighting the usefulness of this approach to research within the social development sectors here in Aotearoa/New Zealand.

Earlier Plummer (1995) described the narratives or stories as, pathways to understanding culture. In psychology, they are the bases of identity, in history, they provide the tropes for making sense of the past and in psychoanalysis, they offer “narrative truths” for analysis (Plummer, 2004). In instances where the researcher is of a different cultural background to the research participants the ethnographic narrative inquiry approach can play a potent role in illuminating the world of the participants. Narrative recreates experiences through the eyes of the experienced, providing rich insights of the individuals, personal, social, and cultural history.

Finally, the ethnographical narrative inquiry enables collaborative research activities and conversations to take place. Because of this quality personal interaction this method is often considered a humanising approach, offering an alternative to the positivist statistical analyses approaches (Ejimabo, 2015) which exist in much of the historical literature in the social science arenas. Ethnographic narrative inquiry enables a rich textured portrait of a three-dimensional person to be developed, rather than dichotomizing portrayals of either passive victims or ‘active survivors (Ejimabo, 2015).

3.5. Visual research methods.

Social science privileges approaches based on words and on numbers, this could be viewed as inhabiting worlds that are made of other senses in addition, such as visual. Visual methods are not a novelty, but only recently their use has become more popular, especially in research with children and young people (Eisner, 2008; Gauntlett & Holzwarth, 2007). Not all knowledge can be reduced to language, visual images are evocative and may provoke expression of experiences when verbal communication is difficult (Eisner, 2008; Gauntlett & Holzwarth, 2007). Images may allow access to different levels of consciousness, communicating more holistically and through metaphors (Prosser & Loxley, 2008). Relevant to taiohi/youth and tamariki/children's own style of expression and interest in images. Information when represented in an interactive visual way can help to engage them, sustain their interest in the research process, encourage their participation, and prompt verbal discussion (Glaw, Inder, Kable, & Hazelton, 2017). A creative task, together with scaffolding instructions or directives can encourage reflection and go beyond standardized ways of answering questions, it allows time for participants to think and process the questions (Gauntlett & Holzwarth, 2007). The visual elicitation method can help participants to think differently about issues and can support them to overcome silence, eliciting information which would possibly have remained otherwise unknown (Bagnoli, 2009). Therefore, visual elicitation used during the research process can contribute to the rigor of the data collected. For these reasons power point presentations were used to introduce the doctoral research and each Arts therapy sessions to the participants of the Toi Ora programme.

The use of visual research methods in the context of Indigenous populations can be found in a recent study conducted by Mark and Boulton (2017) here in Aotearoa/New Zealand, who use the Photovoice method to document the Māori participants lived experiences.

Traditionally Photovoice is a qualitative research method that is based on three underpinning theoretical foundations: empowerment education, feminist theory and documentary photography (Wang & Burris, 1994, cited in Mark & Boulton, 2017). Frequently, used as an educational photographic data gathering tool to document everyday lives to record and reflect people's needs with the aim to empower those participants who used it. By altering the traditional photovoice research approach through the introduction of concepts of te ao Māori a 'Māori Voice' was created. Mark and Boulton claim that they, "successfully facilitated a grassroots Māori participant empowerment approach that promotes decolonisation of the methodology. This process of decolonisation occurred through the individual experiences of the participants' meaning-making process in the interpretations of the photos" (Mark & Boulton, 2017, p. 38). Through their research Mark & Boulton realised that "Art can be a powerful medium to achieve outcomes that shift power towards the participants by promoting them as the experts of their own perspectives and experiences (Zurba & Friesen 2014, cited in Mark and Boulton, 2017 p. 38).

Finally, two further data gathering methods were used during the second phase of this research. First a pre-programme questionnaire (Appendix C) specifically developed for participants was implemented. The questionnaire was designed to elicit information relating to their past and present experiences in educational environments, their wellbeing, strengths and skills, their interests and needs and future aspirations. The questions were influenced by the Strengths and Resilience based approach and Kaupapa Māori models of health/wellbeing, education, and social development. Questions were categorised into the four dimensions of Mason Durie's Te Whare Tapa Whā Wellbeing model which align to the goals and learning outcomes of the Health and Fitness course at Regent Training Centre.

Mason Durie's Measuring Māori Wellbeing-Parameters of Wellbeing (2006) also played an integral role. The measures provide insight into the different perspectives and present three

levels of,

outcome measurement that focus separately on Māori as individuals, whānau, and Māori as a whole population. Each measure has been developed by taking into account Māori aspirations, Māori world views, the availability of quantitative indicators, and the concept of Māori-specific indicators (Durie, 2006, p. 3).

A common practice is to compare Māori wellbeing to that of the general population, while Durie (2006) acknowledges the usefulness of this type of approach in that it provides a universal perspective of wellbeing. However, the universal measurements are limited to such aspects as educational attainment, disease incidence, and material wealth which are linked to happiness and wellbeing. However, Durie (2006) points out that the holistic way in which Māori view assessment of wellbeing does not readily lend itself to cross-population comparisons. Therefore, an alternative to population comparisons, for Māori could be to view Māori wellbeing from different periods of time to understand what indicative of wellbeing is. An appropriate way to measure Māori wellbeing would be one that reflects the Māori world views, with the consideration of close relationship between people and the environment. All four dimensions of the Whare Tapa Wha wellbeing model together with the social economic and environmental aspects of wellbeing need to be considered, along with cultural and physical resources and personal wellbeing. Durie (2006) stresses, “there is no single measure of wellbeing; instead a range of measures are necessary so that the circumstances of individuals and groups, as well as the relationships, perspectives, and assets within te ao Māori can be quantified and monitored” (Durie, 2006, p. 15).

One final data collecting method used during the implementation of the Toi Ora programme was a group therapy interaction chronogram (G.T.I.C.) which is a heuristic device for rapidly recording sequential group therapy sessions (Case & Dalley, 2006). Individual group

members are represented by a circle which is divided up into three sections that depict the three phases of the Arts therapy session (Figure 16). The circles representing each group member are placed collectively on one sheet of paper (Figure 17). An example of the chronogram which was specifically designed to use during the Toi Ora programme can be found in Appendix D).

Figure 15 Individual Chronogram and three phases of the session

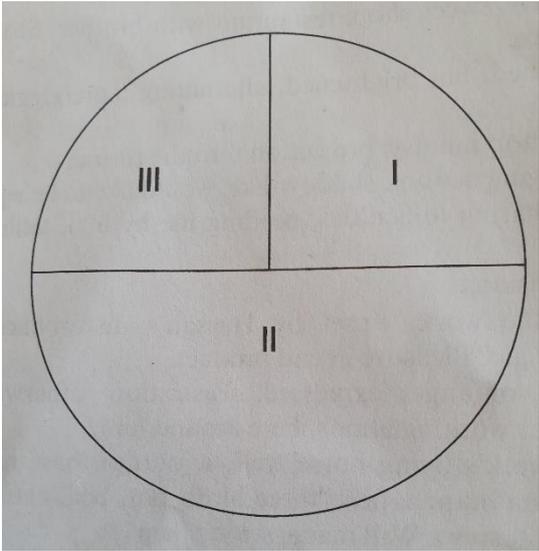
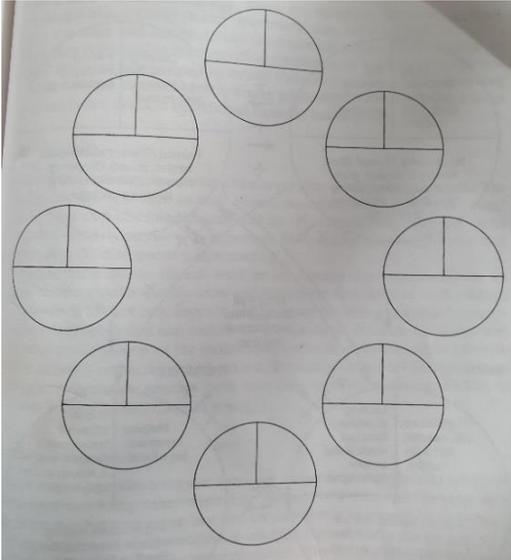


Figure 16 Chronogram Group Members



Directional arrows along with symbols are used to indicate the different interactions displayed by each participant during each session. The symbols and directional arrows can show simply the positive (+) or negative (-) communications/interactions or be more complex with further symbols indicating different interactions among the group participants and the arts resources available during the session and the levels of engagement demonstrated. This method can highlight isolated behaviours and/or reveal patterns of behaviours as they emerge. It shows clearly how the group can feel contained and as one and can demonstrate the progressive phases within each session in addition to exhibiting dynamic patterns in successive sessions (Case & Dalley, 2006).

The data from the questionnaire supported the development of the themes used in the

thematical data analysis process. A reflexive thematic analysis approach was taken with the data collected using a chronogram during each session, this approach complimented the research questions which related to the participants experiences and perceptions. Further, it allowed for any new themes emerging to be identified as the programme progressed. Adopting this data collecting method together with a reflexive thematic approach enabled the Arts therapy-based exercise to be either adapted to response more effectively or redeveloped entirely to incorporate the interests and needs of the participants. The data collected by the chronogram is converted into tables. All four dimensions of Te Whare Tapa Wha wellbeing model were considered and incorporated in measuring the wellbeing outcomes of the Toi Ora programme. During the final session of the programme the pre-programme questionnaire was revised presenting an opportunity to the participants to share any changes that occurred for them during the programme. Finally, a brief programme evaluation form collected data that related to the participants experiences/view of the programme and how it could be adapted in any way to better suit their needs and interests.

3. 6. Wha e rua – Second phase

Participant Recruitment and Introduction to Research

During a process of negotiation with Jennifer and Jane at the RAG members from Regent Training centre it was agreed that the eight-week Toi Ora programme could be integrated into term three of the Health and Fitness course, with the programme starting in week two of the third term. However, due to an unforeseen issue which led to the tutor of the Health and Fitness programme resigning from his role and the speedy appointment of a replacement tutor the start date for the Toi Ora programme was pushed to commence in the third week of term three to provide an opportunity for the new tutor and the student to build a rapport. During a meeting with the newly appointed tutor I shared an outline of my research and the Toi Ora programme and pre-programme questionnaire. A time was agreed for me to

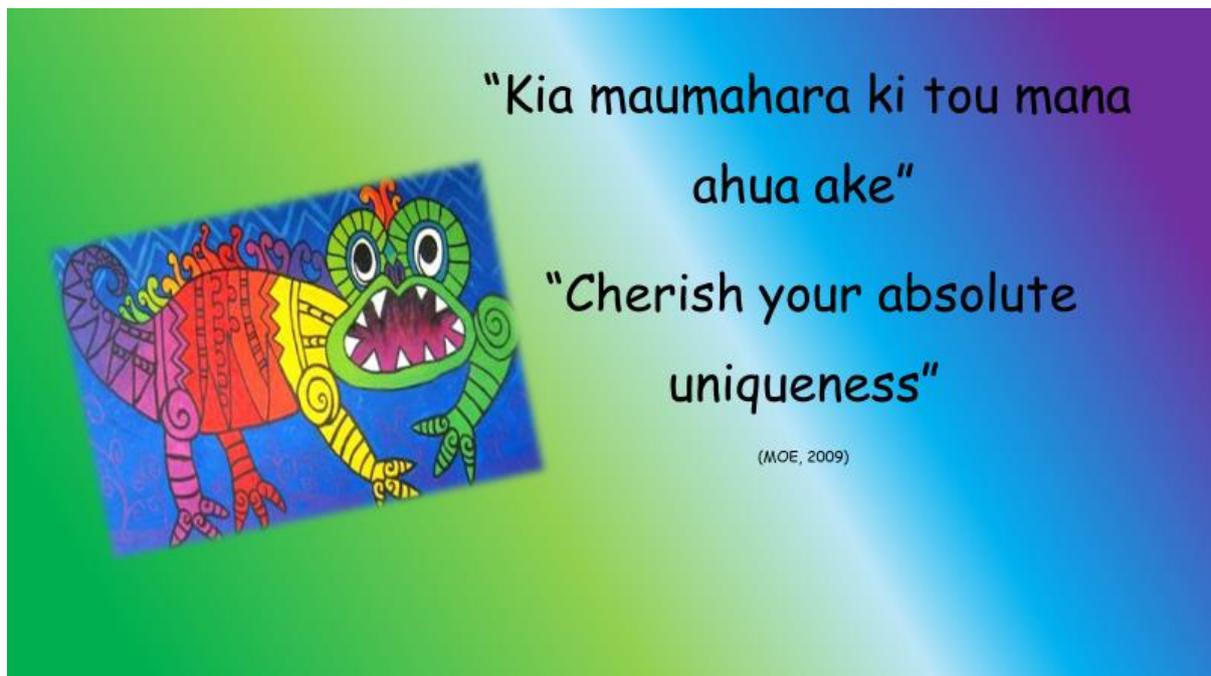
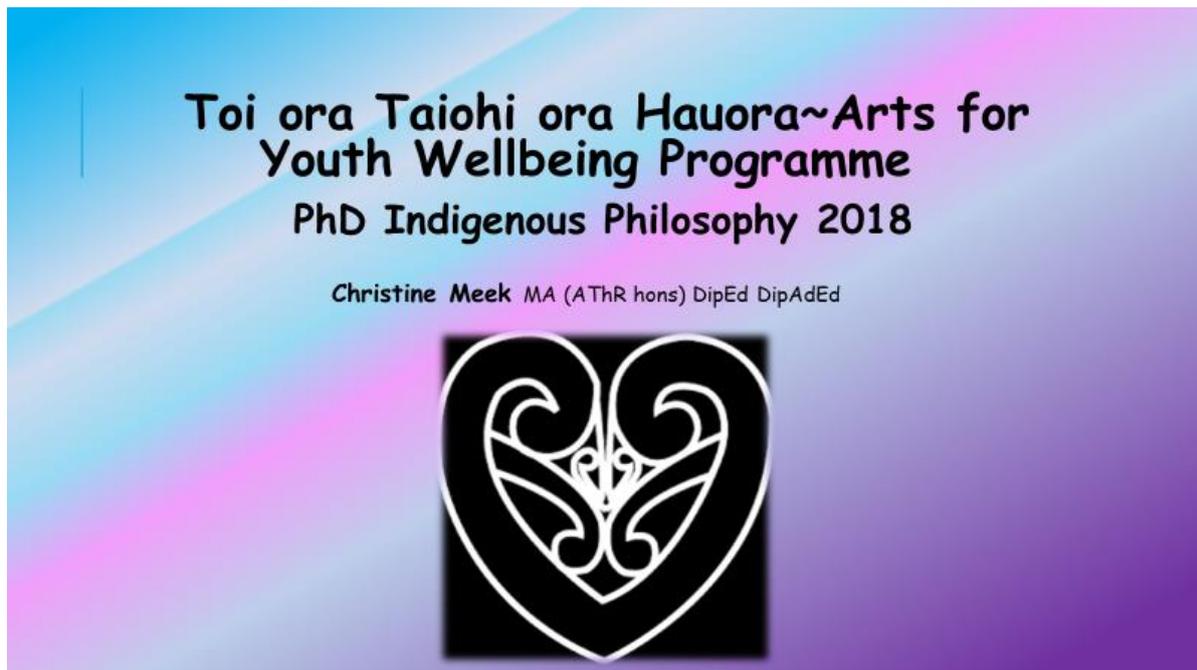
introduce myself and the programme and invite the students to participate.

3.6. Research method used to introduce the prospective participants to the research study and Toi Ora programme

Visual and verbal methods were used to introduce the student/participants to the research and the Toi Ora programme. Wanting to effectively communicate the research, programme, and participatory role in a transparent meaningful way with the aim to engage the student/participants was vital. I developed a power point presentation with concise summarised key information supported with images that aimed to provoke thought and questions. Presenting relatively complex and somewhat tedious information in this way aided its comprehension, with each slide stimulating inquiry and prompting discussion among the group of prospective participants. The student/participants responded enthusiastically to the power point presentation, indicating that the images helped them to understand what arts for wellbeing looked like and what it involved. Many of the students addressed me as Miss, I explained to them all it would be okay to call me by my name Chris. However, many of the students maintained the Miss address. During a hui with Rawiri the following week, I mentioned this when Rawiri asked me how the introduction to the programme went. Rawiri said that he thought it was an indication of the respect the students were showing me, and that in most cases teachers/researchers would not usually be asked to be addressed by their first names.

All the power point presentations presented in this research thesis were developed specifically as a resource to introduce the research and each weekly Arts therapy-based session of the Toi Ora programme at the Regent Training Centre and are considered intellectual property at the centre.

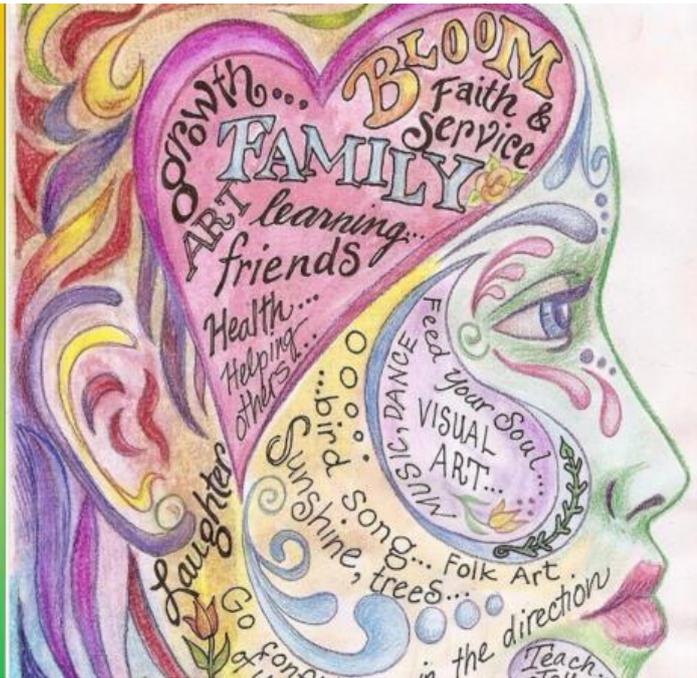
Figure 17 Introduction to Research Power Point Presentation Slides 1 to 10



WHAT IS ARTS THERAPY?

There are two main strands of Arts Therapy and a third that mixes the two strands

- Art AS Therapy
- Art IN Therapy
- Expressive Arts Therapy / Multimodal Arts for Wellbeing



ARTS THERAPY MODALITIES

Drama



Drawing

Story Telling



"When the power of love overcomes the love of power, the world will know Peace."
-Jimi Hendrix

Music



Dance & Movement



Painting



Collage

Visual journaling



Creative writing



Sculpting



Participant Role, Programme Outline and Informed Consent



Arts for Taiohi/Youth Wellbeing Programme Participants

Pre-Arts for Taiohi/Youth Wellbeing Programme: Complete a questionnaire the before programme starts

The Arts for Taiohi/Youth Wellbeing Programme will be run as a Closed Group, which means its only available to those who are enrolled on the Health & Fitness course. Those who give consent will be part of the research, those who don't can participant in the group but will not included in the research.

1.1/2 hour weekly Arts for Taiohi/Youth Wellbeing sessions for 8 weeks which have been designed as a component on the Health and Fitness Course

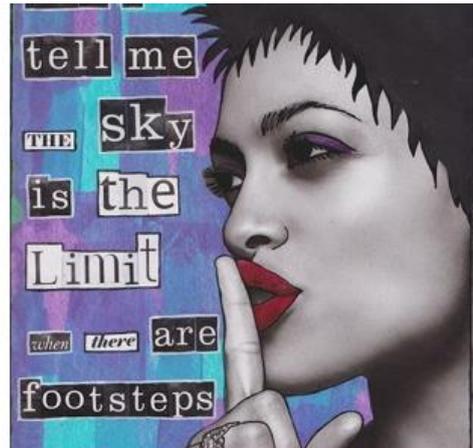
Pre-programme questionnaire

Post-Programme evaluation and 15mins interviews

Keep a weekly Visual Dairy



GROUP ARTS FOR TAIOHI/YOUTH WELLBEING SESSION ACTIVITIES



VISUAL JOURNAL

The *Toi Ora Taiohi Ora Hauora/Arts for Youth Wellbeing Programme* will use the arts to explore the four dimensions of well-being:

Te Whare Tapa Wha

Taha Wairua-Spiritual Wellbeing

Taha Tinana-Physical Wellbeing

Taha Whaanau-Social & Relationship Wellbeing

Taha Hinengaro-Emotional & Mental Wellbeing

The Arts for Youth Well-being Programme aims to foster the development of Resilience, Self-Awareness, Confidence, Sense of Belonging, Build Adaptive Coping Skills and Strengthen Ability to Self-Determine. The programme takes a narrative, Strengths-Based and Kaupapa Maaori approach. It is informed by both Positive Psychology & Trauma informed approaches.



Informed Consent & Ethics



To be a research participant in the *Toi Ora Taiohi Ora Hauora/Arts for Youth Wellbeing Programme* it is mandatory to sign a consent form. By doing so you are agreeing that any data gathered during the research process can be used in the PhD thesis document. You will remain anonymous with a pseudonym used to protect your identity.

Confidentiality will be maintain throughout the research process and beyond. You have the option to withdraw at any stage with no questions asked.

An open question forum followed the power point presentation and students were invited to participate on the Toi Ora programme. Eleven of the twelve consented to participating in the research, three gave verbal consent and the other eight provided written consent. The tutor of the Health and Fitness course was given the option to be a participant or remain in the

capacity of the course tutor, he opted to participate on the programme. The student who did not want to be involved in the programme in anyway was given alternative work to do during the time allocated for the Toi Ora programme. The research introduction session was completed with a karakia and shared kai.

Initially, I had proposed that individual semi structured interviews would be conducted with each consenting participant prior to the commencement of the Toi Ora programme, with an expected thirty minutes allocated for each interview. However, due to the unexpected time constraints brought about by the appointment of a replacement tutor meant that there was only one week between the research introduction session and the start of the Toi Ora programme. The questions developed for semi structured interviews were turned into a questionnaire which I intended to handout following the PhD research introduction session to those students who agreed to participate for them to complete in their own time before the programme started. However, the recently appointed tutor disclosed during a meeting before the research introduction session, that he was doubtful that the students would complete the questionnaire in their own time, as he had observed in his first week as their tutor that many of the students struggled with self-directed learning tasks. Through negotiation it was agreed that the tutor would incorporate the questionnaire into a lesson plan on the Health and Fitness course prior to the commencement of the Toi Ora programme. The tutor said the participants questionnaire data would be available by the first session of the programme. (Appendix D).

3.7. Introduction to the Toi Ora programme for consenting participants

Of the eleven consenting participants two were female aged 16yrs and 20yrs old both identified as Māori/European. The other nine participants were male aged between 17yrs to 22yrs old except for the tutor who was 28yrs old. Eight of these participants identified as being of Māori/European descent some stating specifically which country their European

ancestor's originated, the final two participants identified as being solely Māori. All participants had left their mainstream schooling before completing any of the three levels of National Certificate of Educational Achievement (NCEA). There were a variety of reasons as to why the participants left their educational environments prematurely. These included teen pregnancies incarcerated in Youth Detention residences a consequence of the offences they committed. One of the participants had an electronic monitoring device and had to comply with the conditions set out in his sentence or order, others had been expelled for suspected consumption or dealing of cannabis. Most of the participants had led transient lifestyles from an early age, three had been displaced through Child Youth and Family processes, five had parents who belonged to two notorious gangs and three experienced a whānau whāngai situation. Only two participants had, had paid work experience, another participant aspired to join the New Zealand Army, most admitted they did not really have a clear idea about a future career, or further training they wanted to pursue. All participants indicated they had a poor diet, and many had complex adverse accommodation arrangements due to their limited finances. Several of the participants had indulged in drug and/or alcohol use, six of whom openly admitted they still did, although all were aware that taking or consuming drugs and alcohol was forbidden on the Regent Training Centre campus. From the meetings and other communications with Jennifer, Jane and the newly appointed Health and Fitness course tutor prior to the programmes start date, it became clear the student/participants course attendance rates were unpredictable. With only a few who had a full attendance rate, some had to attend outside support services appointments which led to interruptions to their attendance, two had corrections compliance condition responsibilities, one with an electronic monitoring device and another had community service obligations. The other participants were currently living a diverse lifestyle, including unstable accommodation, unable to afford clothing and/or healthy food. All were generally struggling

to access mental health or dental services and medical care, due to treatment costs and/or unable to get to appointments because of a lack of transport or funds or incompatible appointment times. All these factors impeded their course attendance rates and undoubtedly placing them 'at risk' of poor outcomes. These barriers were later confirmed by the data collected from the pre-programme questionnaire and at times became blatantly evident during the Toi Ora programme

Despite these adversities all participants had varying levels of determination to get ahead in life somehow. It was conveyed during the research introduction session that full commitment to attend all the sessions of the Toi Ora programme would be optimal. However, it was also expressed there was an acknowledgement and understanding of the other complexities in their lives which can cause unattendance. Transparency and accountability were encouraged as the ethos of the Toi Ora programme are based on whakawhānaungatanga.

The participants were given a pseudonym, A through to H gave written consent and the other three who gave verbal consent are identified as VC, VC1, VC2. Two of the participants openly declared they were only enrolled on the Health and Fitness course because that made them eligible for unemployment benefits, two indicated the course gave them something to do, one participant disclosed he really appreciated the social and community aspects of being enrolled on the course, four participants talked about why they wanted to achieve NZCA level one literacy and numeracy and had clear goals. The final four considered the Health and Fitness course as an opportunity to hook up with their 'bros'. There were issues relating to two of these participants, they had been identified by other students on the campus as intimidating and there were rumours, they were dealing cannabis. Five of the participants struggled to participate in the Health and Fitness coursework physical activities, and most struggled to apply themselves to the literacy and numeracy tasks. It was evident that all

participants appreciated many of the other benefits that came with being enrolled at the Regent Training including, access to wifi, the availability of fresh healthy food prepared as coursework activities by the Hospitality course students who also hosted weekly ‘get togethers.’ This activity was held in the student dining area and served as a forum for sharing food, and socialising. The centre has a counsellor on campus and there are other supports for connecting students with outside services. Students have the use of a gymnasium for ball games and dancing on campus and free access to a weight room at a local gym. The daily pick up and drop off to and from the campus and their homes is a centre attendance strategy which was appreciated by the students. Undoubtedly the Regent Training Centre offered the student/participants a community to belong to, with encouragement and support to develop themselves in an education to industries learning environment.

3.8. Overview of the Toi Ora Taiohi Ora Hauora /Arts for Youth Wellbeing programme (2018)

The programme facilitated eight weekly one and half hour sessions which were designed as a component on the Health and Fitness course at Regent Training Centre Whangārei. Twelve consenting participants participated in the Arts therapy-based educational/holistic wellness orientated experiment. The Toi Ora programme was integrated in the Health and Fitness course’s weekly schedule. Friday mornings following morning tea break at 11.00am with the session ending at 12.30pm breaking for lunch. This time slot was considered best, as the participants could use it as an opportunity to process the week’s coursework, unwind and would ease them into their weekends.

A pre-programme group contract was developed collaboratively, ethical practice and respectful behaviour were the backbone to which the student/participants contributed. The group contract included responsibilities for both them and myself as the researcher and

qualified arts therapist/educator within the group. Confidentiality was a guarantee unless there were clear signs that indicated someone's wellbeing was at high risk. Also, an understanding that the Toi Ora programme was a group forum, and the expectation of respect for each other was required. Further, the possibility of a newcomer joining the group at any point during the programme had to be understood and accepted by the consenting participants. This situation was due to the way in which the Regent Training Centre delivered the Health and Fitness course, with flexible enrolment start dates. Usually this type of Toi Ora programme would be facilitated as a closed group, which in many ways it is. However, wanting to merge with the Regent Training Centre's flexible enrolment approach new comers were welcomed and the kaupapa/protocol around confidentiality expectations regarding all participants, their work and personal disclosure during the programme that discussed and were reiterated with every newcomer. There was an expectation that mobile phones were not used during the Health and Fitness classes, this was also an agreed expectation during the Toi Ora programme sessions. However, there was an allowance for mobile phone use during the programme when it was relevant to the sessions content and/or there was a personal emergency outside to the session. It became clear that the taiohi/youth all had a strong interest in music. As an incentive to support their engagement in the Arts therapy process the participants had the opportunity to choose the background music played during each session at an agreed low volume. And because I was a research participant, I also had an opportunity to select music during the sessions, this became an important strategy introducing the participants to other music genres it provided an alternative to their general fixation on Rap music. A further important aim of this music genre exchange strategy was to foster the therapeutic relationships, and different music preferences could become a relatable tool.

Attendance and engagement in the sessions were also discussed. Inability to attend the daily

Health and Fitness course classes needed to be recorded and the expectation of the student to contact the Regent Training Centre and provide a reason for their absence was necessary. This meant any participant's absence in the Arts therapy session was also explained weekly during pre or post session meetings with Jennifer or Jane. These weekly meetings also presented an opportunity to discuss any concerns or other communications regarding the participants, and provided a chance to discuss resources, and space/areas of use for some of the exercises during the Toi Ora programme. The latter became particularly relevant for the Music/rap therapy session due to the possibility of noise disturbing another course in the classroom next door. Additionally, seeking permission and appropriate wall space for the graffiti sessions was negotiated during the weekly meetings with Jennifer and Jane.

Another subject discussed during the group contract development was the 'swear box' a behaviour modification strategy implemented by the newly appointed course tutor. This strategy meant that every time someone swore in class a note to record it was posted in the 'swear box' and at the end of the week each student was prescribed ten 'push ups' for each linguistic offence recorded. As a group we agreed that during the Toi Ora programme sessions that swearing would be tolerated as a form of expression. However, if inappropriate language was used offensively or in an abusive manner it was considered a lack of respect for the whole group and the offender's self-respect. Although this may seem a conflict of interest, the tutor had opted to be a participant on the programme and understood how swearing could be tolerated as an expressive form of communication in the context of the Toi Ora programme. The swear box debate, brought humour, authenticity, and respect into the group contract discussion. The expectation to respect the resources, each other's workspace and artefacts was also settled during the group contract discussion. Other aspects of this style of group Toi Ora programme to consider include, storage to participants work between sessions, storage of research data and related material, which was all established

during meetings with Jennifer and Jane.

The time slot given for the integration of the programme's facilitation, was between the end of morning tea and beginning of the daily lunch break at 12.30 pm. Two questions were raised by the participants which were relevant to the integration of the programme. The first related to continuation of artwork once the session had finished and second the consumption of food during the session. Firstly, the classroom was usually locked between coursework lessons, it was negotiated with the course tutor for the space to be available when it was possible outside of the allocated, with the expectation that the resources and space were respected. Secondly, it was agreed kai that was not finished during morning tea before the session could be finished. However, responsibility to cleaning and removing any food and rubbish consumed food in the classroom was expected, the consumption of water was allowed throughout every session. Adopting the research methods that enable queries like this to be negotiated validated the participants voices and allowed them to contribute to the design of the programme.

One final point raised by some of the participants was whether their participation on the programme would contribute the unit NZCA standards they were aiming to gain through the Health and Fitness course. It was explained that their work done during the Toi Ora programme together with the photographic documentation data collected could be used to demonstrate their engagement and commitment to achieving holistic wellbeing on the Health and Fitness course. This final point offered the participants assurance that they had control of the data collected during the programme, and an unconsidered benefit of the Toi Ora programme.

3.9. Ngā rauemi - The resources

Resources and modalities were chosen to respond to the participants interests, ideas, cultural orientation, youthful social and economic status. Expressive multimedia resources used in

the first session Manadal~Whānaungatanga aim at developing relationships and socialisation skills. Expressive multimedia resources available for Ki Waho~Ki Roto Outside~Inside Mask making sessions, aimed at self-awareness and persona (Transpersonal approach) Music for Wellbeing: Assortment of percussion instruments, RC30 looper, microphone, guitar, ukulele, youtube and the usual wet and dry paints, crayons, felt pens, pencils and paper. The aim to illustration and experience that challenged you or situation that you felt overwhelmed as a record album cover. Rap therapy: Key words of their narrated experiences were written down and song composed with the exploration and experimentation instruments available. Humanistic Narrative approach to therapy was used.

Figure 18 and 19 Multimedia Resources



Figures 20 to 26 Music for Wellbeing and Rap Therapy Resources





Figure 27 Graffiti Therapy

3.9. Hauora sessions

The method used to introduce each session and an overview of the modality used in each session. The approach taken to develop each session.

The Practice-Based Evidence approach was adopted during the facilitation of the Toi Ora programme. This approach to research ensured the participants remained a central focus, it enabled each sessions Arts therapy-based activity along with the session's directives to respond and reflect the participants interests and needs as they arose. The first session of the eight weekly sessioned programme was developed from shared narratives during the pre-programme research introduction power point presentation. Each consecutive session was planned based on the interests and needs presented during the previous session.

Therefore some of the participants narratives are visible throughout this chapter component as they were considered a method for developing the programme as it unfolded.

Further, each session was shaped to align with the scheduled learning outcomes of the Health and Fitness course.

Overview of Background and Approach to the Sessions of the Toi Ora programme Sessions:

Session One: Mandala

Mandala in Sanskrit means 'Circle' or Centre' Sanskrit is one of the three oldest written languages known to man (Beall, 2015). Mandala are often a complex abstract design that is usually circular or spiral in form. Mandala can be geometric or organic with an identifiable centre from which emanates a variety of shapes, forms, or symbols in an array of colours. The Mandala form can be found in all aspects of life, the Earth, Sun, and Moon, Plants, DNA, and in Circles of Friends and Communities (Campbell, 2012). Traditionally they were used to create focus and a means to meditate on or think about a specific subject. Mandala essentially represent the connection between our inner and outer worlds, creating a mandala is a visual way to make unconscious thoughts, feelings, and ideas visible. They can be a means of meditation, inspiration, and reflection (Khan & Varadarajan, 2016).

In a therapeutic context it was Carl Jung the Swiss psychologist widely considered to be the first transpersonal psychologist who first brought the art of Mandala into Western schools of thought, he believed the symbolic circular mandala is a representation of the total personality or holistic representation of Self. When an image of a mandala appeared in someone's dreams or artworks, Jung noted it usually coincided with movement towards new self-knowledge (Miller, 2005). Traditionally the therapeutic qualities of mandala drawing have been renowned for centuries. Adopting the use of mandala in a therapeutic intervention is a safe effective approach to delve into the unconscious world of individuals suitable within a group therapeutic forum (Tae Hoo & Ong Ian Li1, 2018). Darnold (2016), found further

qualities of drawing a mandala or colouring in a pre-designed mandala which included decreasing anxiety and relaxation through the focused engagement (Darnold, 2016).

This was the first session with the group and the aim of the session was to support the cohesive development and unity (Kotahitanga) within the group of taiohi/youth. My observations focus was on the participants social skills, ability to engage with the exercise, gain understanding about their interests and ideas and an opportunity to build rapport. The exercise had been designed around the Māori concept of whakawhānaungatanga.

In a metaphoric sense, Mead (2003) asserts that whānaungatanga reaches beyond actual whakapapa relationships and includes relationships to people who are not kin but who, through shared experiences, feel and act as kin. Within this type of metaphoric whānau relationship, while one may receive support from the collective, be it whānau or otherwise, there is a responsibility to contribute your support in return (Mead, 2003, p. 2).

The creative process aimed to provide the participants an opportunity to reflect, explore and focus on the personal goals they were developing in the areas of personal fitness, wellbeing, learning, life & future career. The power point presentation slides below supported the introduction of the exercise to the group of participants.

Figure 28 Introduction to session one Mandala Slides 1 to 8

Toi Ora Taiohi Ora Hauora
Arts for Youth Wellbeing
Programme: Mahinga Kotahi~Session one



Art Enables us to find ourselves & lose ourselves at the same time

**Whakatauki o te raa
Mahitahi~Collaboration**

*"E hara taku toa i te toa takitahi
he toa takitini"*

*"My Strength is not as an
individual, but as a
collective"(Alsop & Kupenga, 2016)*





What is a Mandala?



Mandala in Sanskrit means 'Circle' or 'Centre'

Mandala can be a complex abstract pattern that is often circular in design.

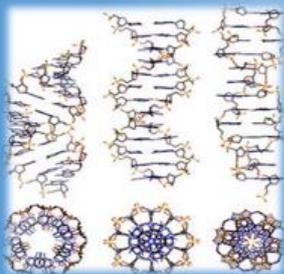
They can be geometric or organic with an identifiable centre from which emanates a variety of shapes, forms or symbols in an array of colours.

The Mandala form can be found in all aspects of life, the Earth, Sun, and Moon, Plants, DNA, and in Circles of Friends and Communities.

Traditionally they were used to meditate offering a focal point on a specific subject

Essentially Mandalas represent the connection between our inner and outer worlds. Therefore, creating a Mandala can be a way to express our inner selves and a means of inspiration and reflection.

Examples of Mandala in the Natural World



Mandala Across Cultures & Belief Systems



How a Mandala is used in the Toi Ora Taiohi Ora Hauora Arts for Youth Wellbeing Programme What are the benefits?

- Creating a Mandala in a group can create unity or kotahitanga and develop social skills or whakawhanaungatanga
- Provide an opportunity to reflect and focus on the personal goals you are developing in the areas personal fitness, wellbeing, learning, life & future aspirations. Destress and relax.
- Support you to understand and develop balance among your personal goals



Session Two & Three

Ki waho - Ki roto/Outside - Inside Masks Making

The aim of this two-part Arts therapy exercise was to support the understanding and development of self-awareness. Exploring self-awareness encompasses reconnoitring one's identity, which is complex as there are multiply philosophies on how identity is formed with many factors to consider. Research tells us the formation and development of our identities start during early life, our parents, whānau/family and family ways together our friendships and peer groups all play an integral role contributing to the shaping of identities (Harris, 1995; Lerner & Steinburg, 2009). Our identity manifests itself on both an individual level and at the level of societies within the interactions we have with others. "Identities develop and change over time, are multi-faceted and shape one's perception and judgement of the self and others" (Babad, Birnbaum & Benne, 1983; Willmott, 1989, cited in Moeke-Pickering, 1996, p. 1). Our ethnicity, environment, politics, education, and socio-economic bracket all influence and add to the maintenance of our identity.

According to a "traditional" Māori worldview, all things (both living and non-living) descend from the atua, and can therefore be linked through whakapapa (Walker, 1990). Māori maintained important whakapapa links to their gods, mountains, rivers, lakes, oceans, forests, lands and human ancestors, and it was through whakapapa that essential Māori social collectives were formed (Walker, 1990, cited in Rata, 2015, p. 4).

Traditionally Māori whānau was the place where initial teaching/learning and socialisation took place. "More than an extended family social unit, the whānau was based on kinship ties, shared a common ancestor, and provided an environment within which certain responsibilities and obligations were maintained" (Durie, 1994, cited in Moeke-Pickering,

1996). For these reasons “Māori are considered collectivistic, with a greater emphasis on group identity over individualism” (Hofstede, 1980, cited in Fox, Neha & Jose, 2018, p. 13). However, the colonisation process aimed to assimilate Māori to a Western perspective of identity, through suppressing te reo Māori in the traditional Māori world views (Walsh-Tapiata, 2002; Walker, 2004; Rata, 2015). This resulted “in generations of Māori being made to feel different and lesser beings than their Pākehā counter-parts. Māori cultural identity was in many ways effectively repressed and marginalised” (Walsh-Tapiata, 2002, p. 2).

With the suppression of Māori language and culture, the intergenerational transmission of cultural beliefs and practices became increasingly difficult (Marsden & Royal, 2003; Mead, 2016). Over time, some Māori came to believe and internalise Pākehā perceptions of what it means to be Māori (Webber, 2012, cited in Fox et al., 2018, p. 13).

This cultural fragmentation has led to diverse realities for many Māori, but this cultural identity breakdown is significant with Māori taiohi and their sense of identity (Walsh-Tapiata, 2002). Durie (2004) recognised this Māori cultural heterogeneity and identified three Māori sub-groups. The first group Durie described as those Māori who, understand Māori whakapapa, are familiar with te reo Māori and tikanga Māori. A second group Durie (2004) considered to be bicultural, those who identify as Māori yet operate effectively in a Western pākehā paradigm. The final group Durie identified as Māori who are marginalised and unable to relate to Māori or Pākehā effectively (Houkamau & Sibley, 2010).

How we define ourselves, both as an individual and socially is an important and recurrent theme in human thought. This is particularly significant during adolescences as the struggle for autonomy, self-identity this includes commitments, personal goals, motivations, and psychosocial well-being these is a greater need for connection with peers. Relatedly, self-evaluations become increasingly differentiated and complex across roles and relationships, there is greater self-consciousness, and there is more concern with and interest in other's

perceptions of self (Pfeifer & Berkman, 2017).

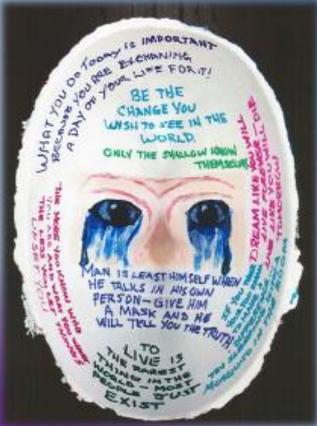
Our identity is multifaceted not one-dimensional. Therefore, a mask making exercise can present an opportunity to explore both internal and external perceptions of self in a multi-dimensional way. Landy (1985) describes four ways in which a mask can be used as a therapeutic tool: (1) to represent two sides of a conflict or dilemma, (2) to express one's identity in a group, (3) to explore dreams and imagery, or (4) to express a social role (Landy, 1985). The mask enables a person to externalize a concern or an aspect of their self. This part of the self is typically a persona that is not overtly expressed. Landy (1985) states,

In therapeutic mask work, then, the mask is used as a projective technique to separate one part of the self from another. The masked part, the persona, being stylized and dramatic, provides a measure of distance from the person. Through the work with the persona, the person comes to see his dilemma more dearly. The therapeutic masquerade or drama of masks aims to unmask the self through masking a part of the self that has been repressed or seen dimly by the client (Landy, 1985, p. 51).

The mask is pure paradox a mediator between the two realities of the actual and the imaginative, and can provide a link between our past, present, and future (Landy, 1986). The Toi Ora programme participants in the first part of this two-session exercise were invited to decorate the outside - ki waho to represent how they perceived the world saw them or how they thought they presented to others. Ki roto or the inside of the mask in the second session was to be decorated to represent how they saw themselves and/or what is hidden from the outside world.

Figure 29 Power Point Presentation Introduction to Ki Waho - Ki Roto Mask Making sessions three and four. Slides: 1 to 6

Toi Ora Taiohi Ora Hauora
Arts for Youth Wellbeing
Programme: Mahinga e rua & toru ~Session two & three

Ki waho Ki roto
 ~
Outside Inside

Masks are the most ancient means of changing identity and assuming a new persona



Whakatauki o te Raa
Part one Ki waho
Hohonutanga/Depth
 "He kino ra, he kino no, tau, oo te wai/I may not be good-looking, but I am the deepest part of the river."
 (Alsop & Kupenga 2016)



Whakatauki o te Raa

Ki Roto/Inside

Whakamanawa/Self Belief

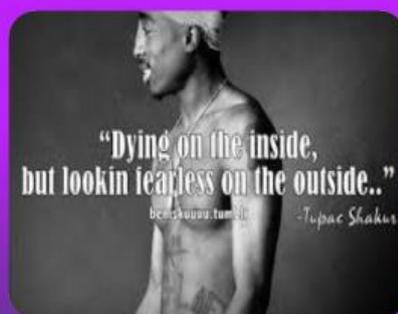
"He matua pou whare, e rokohia ana; he matua tangata, e kore e rokohia/ You can always gain shelter in your house, but not always with other people" (Alsop & Kupenga 2016)

Images Darcy Nicholas & June Northcroft-Grant



Ki Roto Ki Waho ~ Inside Outside

Exploring and discovering our personal strengths and qualities. Acknowledging our past experiences, developing self awareness & look forward





Self awareness doesn't stop you from making mistakes, it allows you to learn from them.

Self-Awareness - Individuation Becoming Your Whole Self or Authentic Self - Defining Self

You are what you do, not what you say you'll do.

Make sure you don't start seeing yourself through the eyes of those who don't value you. Know your worth even if they don't.

Session Four and Five Music for Wellbeing

Overview of background: Approach and exercise in the sessions:

The first part of this two-part Music for wellbeing session used multimedia resources. The exercise was to design a music album cover based on either an experience or, situation the participants felt happy and well, challenged, or overwhelmed by. Music has the capacity to transport you, maintain your present moment, or cast you forward into your aspirations. Music has the power to evoke all dimensions of wellbeing. Evoking long hidden memories of people, places, emotions, sensations, movements, and celebrations. It has transpersonal qualities (Vaillancourt, 2007; Scovel & Gardstrom, 2012; Lawes, 2013; Harwood-Henare, 2019).

The participants were also asked to write down any words that came to mind as they illustrated an episode of lived/living experience in their visual diaries both during the album cover exercise and/or during the week in between sessions. This was preparation for the second part of this Arts therapy-based exercise, which was to use the words as lyrics for a song. I had observed over the previous three weeks of the programme that the Rap Music genre was a popular style of music with most of the participants, and most participants idolized many of the American Rap stars. Unfamiliar with Rap music, given the small amount I had heard and assumed it was largely about objectifying woman, guns, drugs, and abusive language I had dismissed it. Through adopting the Practice-Based Evidence research approach during the sessions the participants prompted research into the participants interest in this music genre and extended my knowledge on the Rap music and its international therapeutic uses with youth.

A session plan involving Rap Music needed to be researched as my knowledge base of this music genre was limited. An understanding of the history of Rap I hoped would provide insight

into the culture reasons it evolved and its therapeutic uses. A further assumption of mine was it orientated in the American Bronx. However, through some research (Mize, 2014; Dunbar, Scurich & Krubin, 2016; Fletcher, 2018). I discovered that the roots of Rap music were firmly in West Africa. As traditional means of communicating in African villages and brought across to America during the slavery exploitation period. In the traditional form, Griots who were village story tellers played basic handmade instruments as they told stories about their families, local current events, and other news. “This style of talking while music is playing is rap music as we know it at its root form. The griot is still a major form of communication in Africa still to this day” (Mize, 2014). During the days of slavery this way of communicating was said to be a comforting way to cope with the distress of dislocation from their lands, and the brutal dehumanising processes that ensued. In terms of Rap music as a therapy there are many uses for example, it is a communal tradition which in terms of performing and/or Arts therapy, which would be considered crowd participation. The term technical poetry is a term often used in the Rap music culture which describes the styles of lyrical writing, creative writing and poetry is a recognised Arts therapy modality, the term technical poetry prompted a further avenue to research. The Practice-Based Evidence approach taken during the facilitation of the Toi Ora programme encouraged me to explore how the participants interests in Rap music could be used therapeutically to enhance their learning and wellbeing.

Rap therapy has increasingly become a popular approach to take when working with youth. There are several examples of its use internationally, naturally its root as a therapy come from areas of USA where many of the slaves were first enslaved and now spread into the UK and Europe. There is recent research (Richards, 2017) that provides evidence of the appropriateness of its response to youth interests, needs and aspirations. Through programmes designed as a community-based programme approach, in prisons, schools and other

community youth groups. Richards in her 2017 study in the confines of a state prison, found that Rap therapy helped prisoners to,

explore the lived experiences of inmates who participate in group psychotherapy incorporating elements of rap music. Rap music includes elements such as emotional expression, song writing, community building, freestyling, and beat, which can be beneficial for individuals experiencing typical symptoms of incarceration such as anxiety, self-discovery, and difficulties regulating emotion (Richards, 2017, p. ii).

Over in the UK an NGO called Rap Therapy offers different types of age appropriate programmes of rap music workshops across London in a variety of youth establishments, including schools, youth clubs, community centres, libraries, and summer camps.

Rap Therapy offers a series of workshops, which uses rap as a tool to teach students how to positively express themselves and become more creative. The core focus of the workshop is to improve communication between young people and influence positive ways of expression, in turn improving their mental health. The workshops equip students with transferable skills such as communication, teamwork, and listening skills, which they can use in and out of their classrooms (raptherapy.co.uk).

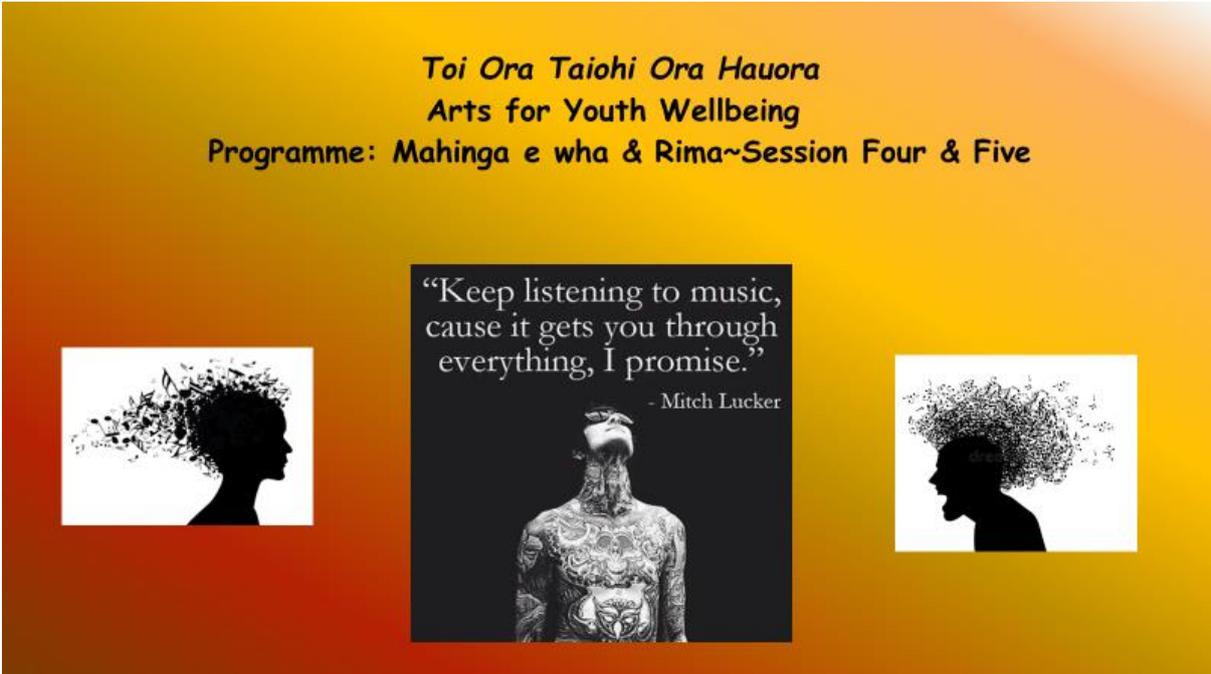
The focus of Rap Therapy is to complement the education sector by enhancing the mental health, wellbeing and creativity of students using rap music. Equipping them with transferable skills that benefit the students well beyond the classroom through the uniquely developed rap-based activities, mentorship, and practical applications (raptherpay.co.uk).

One final example of Rap music therapy can be seen in the work of Jessica Fletcher a music therapist in Appalachia USA. In her (2018) article titled *Rap in Music Therapy with Appalachian Youth with Adverse Childhood Experiences; Struggle, Reflection, and Self-Work as a Music Therapist*, Fletcher recognises that Rap music is a useful expressive medium for youth to help them form their own unique identity within the specific impoverished community they lived. Fletcher although a trained music therapist describes

her challenges which were like my own, unfamiliar with the rap music genre, with concerns about the adverse content. Fletcher reached the same conclusion I came to, by finding a way to incorporate rap music into the programme would make the intervention meaningful which was hoped to increase the participants engagement.

Through researching examples of Rap therapy programmes internationally the qualities and values of its use with adolescences were realised. From listening to a variety of Rap artists I came to release that for many like the original groits, the songs were narratives of their challenging or adverse youthful lives, it was a form of expressive release for them. Lyrics from the acclaimed rap artist Tupac Shakur for example *“Even though you’re fed up you gotta keep your head up”* (Tupac Shakur) were aligned with specific whakataukī and the sessions modality directives. With this newfound knowledge I created a power point presentation to introduce the music for wellbeing sessions.

Figure 30 Power Point Presentation for Music for Wellbeing. Slides 1 to 10



Music for Wellbeing Part one Session Four

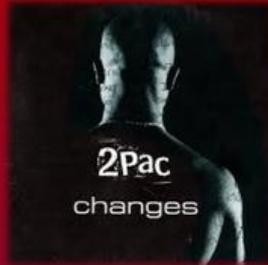
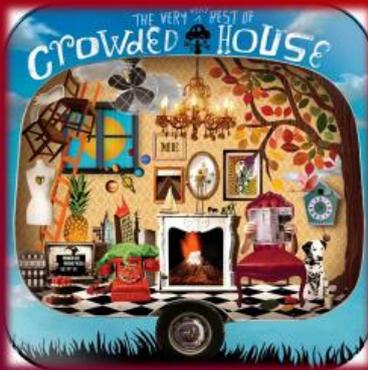
Whakatauki o te Raa: Turangatira - Presence: Tama tu, tama, ora, tama noho, tama mate-He who stands, lives, he who, sits, perishes (Aslop and Kupenga, 2016)



"Lyric's make you think... music makes you feel...but a song makes you feel thoughts"
Yip Harburg (composer of Somewhere over the Rainbow)



Music for Wellbeing Session Four
 Design an Album cover to Illustrate something of
 meaning to you a place, situation. Experience,
 Whaanau/Friends



Music for Wellbeing
 session five

Whakatauki o
 te raa
 Music for Wellbeing
 Part One

Whakaoho/Motivation

Mauri tuu, Mauri ora
 An active soul is a
 healthy soul (Alsop &
 Kupenga, 2016)



What does Wellbeing mean to you?

Write down some lyrics/words that include what wellbeing means to you

The lyrics can also tell your story of an experience or situation in which your wellbeing was empowered or compromised.

It can include both/either, the challenges you faced, how you overcome them and your achievements.

What coping strategies and strengths and skills you used, how you felt and what you might have learnt from the experience or situation.

What or who influenced you or inspired you and who were the people that supported and celebrated with you through the process.



"We're not friends, we're not enemies. We're strangers with memories."

- Frank Ocean

@fran_ocean

TAKE A BETTER STAND.
PUT MONEY IN MY MOMS HAND.
GET MY DAUGHTER THIS COLLEGE PLAN,
SO SHE DON'T NEED NO MAN.

LOMASDOPE
BIGGIE SMALLS

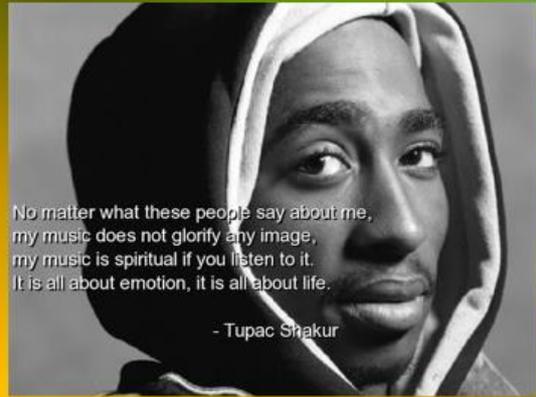
Taha Whaanau ~ Social & Family Relationships

DON'T GAIN THE THE WORLD AND
LOSE YOUR SOUL. WISDOM IS
BETTER THAN SILVER OR GOLD.

-BOB MARLEY



WALSH
DANCE



No matter what these people say about me,
my music does not glorify any image,
my music is spiritual if you listen to it.
It is all about emotion, it is all about life.

- Tupac Shakur

Taha Wairua ~ Spiritual Wellbeing

Taha Tinana ~ Physical Wellbeing

I'VE TOLD A
MILLION LIES
BUT NOW I
TELL A SINGLE
TRUTH
THERE'S YOU IN
EVERYTHING I DO

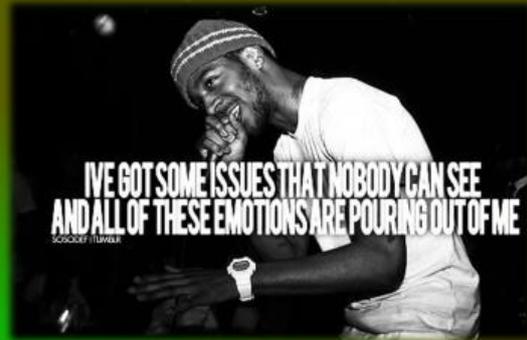
IMAGINE DRAGON

I'M LIKE A RUBBERBAND
UNTIL YOU PULL TOO HARD
I MAY SNAP AND
I MOVE FAST
BUT YOU WON'T
SEE ME FALL APART

- SIA

Taha Hinengaro ~ Emotional & Mental Wellbeing

A black rectangular graphic with white text that reads "AND SUDDENLY YOU'RE ALL I NEED. THE REASON WHY I SMILE." The text is arranged in three lines, slanted slightly to the right.



Session Six and Seven

Graffiti for Wellbeing Overview of Background

Graffiti was chosen as a two-part Arts therapy exercise based on the interests in Graffiti, Street Art and 'Tagging' observed during the first few sessions Toi Ora programme. Through negotiations with Regent Training Centre RAG members Jennifer and Jane the graffiti for wellbeing sessions were planned, suitable outside wall space was allocated and a contribution from the Regent training Centre to the costs of the resources was granted.

It can be argued that the notion to graffiti walls came from the second book of Daniel a 6th - century BC biblical apocalypse which portrayed of the end of the world. In this text the meaning and origin of the phrase 'read the writing on the wall' emerged. A disembodied hand appears from the heavens and writes on the wall and warns of the acts of defiance witnessed. The warning unseen by some, while obvious to others has become an idiom that speaks of the ambiguous quality graffiti can now offer therapeutic self-expression. Or can the first forms of graffiti be considered far earlier linking to the Palaeolithic cave wall

paintings which depict human hands, huge wild horned beasts. Both arguments make a connection between images and words as a form of public expressive communication.

Seen through a more contemporary lens, the crypt of the Basilica in Lourdes, France, the walls are covered with graffiti praising the healing powers experienced there. Following the 2001 September 11th terror attack on the World Trade Centre a temporary boundary fence was constructed around the ruins which was covered with graffiti within days of the terrorist attacks. Walls in Athens were graffitied as a means of intercommunication during the socioeconomic and political crisis era in Greece expressing the desperation of the nation. Voices of human rights activists and emotional expressions of separation covered the Berlin wall, the defiance of youth against the authorities that frequents the walls and buildings in urban sprawls globally (Mitman, 2015). These are some of the examples “ that disparate places and times are connected not just by our common understanding of graffiti, but more importantly our collective need to express often overwhelming emotions and leave our mark for others to identify with (www.pens.co.uk pen on paper, 2016, p.1).

Graffiti essentially is about self-expression. “When youth cannot find people to listen to them, they may express their strongly felt, internal experiences and emotions safely by writing on public property” (Şad & Kutlu, 2015, p. 1). Graffiti has the capacity to support a sense of belonging for youth who have for several different reasons become detached from their environments and communities, and present opportunities for social cohesion. The point of difference between graffiti, Urban street art, or tagging and other forms of art display, it that it is usually created for the public to see, unlike other art which is usually displayed in galleries. Therefore, the message the graffiti projects can potential reach out to a wider and more diverse audience.

The directive for the graffiti sessions was to illustrate their learning journey throughout the Health and Fitness course, that could include the barriers and challenges the

participant/students faced, the strengths and skills they discovered and their aspirations following their completion and graduation from the Health and Fitness course. The content of their graffiti was discussed with the participants prior to the graffiti sessions. Some of the participants asked to add the symbol of the street gangs they affiliated to or their whānau members belonged to and/or their views on the police and other authorities as many of the participants disclosed that the authorities and/or processes had created barriers for them and that members of their whānau who belonged to gangs had given them support and encouragement which they wanted to acknowledge. However, the wall allocated for the graffiti work was in a common area of the training facility. Therefore, any abusive language, or gang symbolism was not appropriate, I suggested portraying their acknowledgments of these aspects of their learning journey could be illustrated in different ways. All participants understood and agreed with this restriction.

Figure 31 Power Point Presentation: Graffiti for Wellbeing Slides 1 to 13





- Brings Art to the Streets
- Valuable form of Self-Expression
- Brightens up and Raises the Profile of an Area
- It is an Alternative to Traditional Forms of Art
- It can Creatively Convey a Message Publicly
- It can Raise Awareness of Humanitarian Issues such as War, Poverty, or Racism

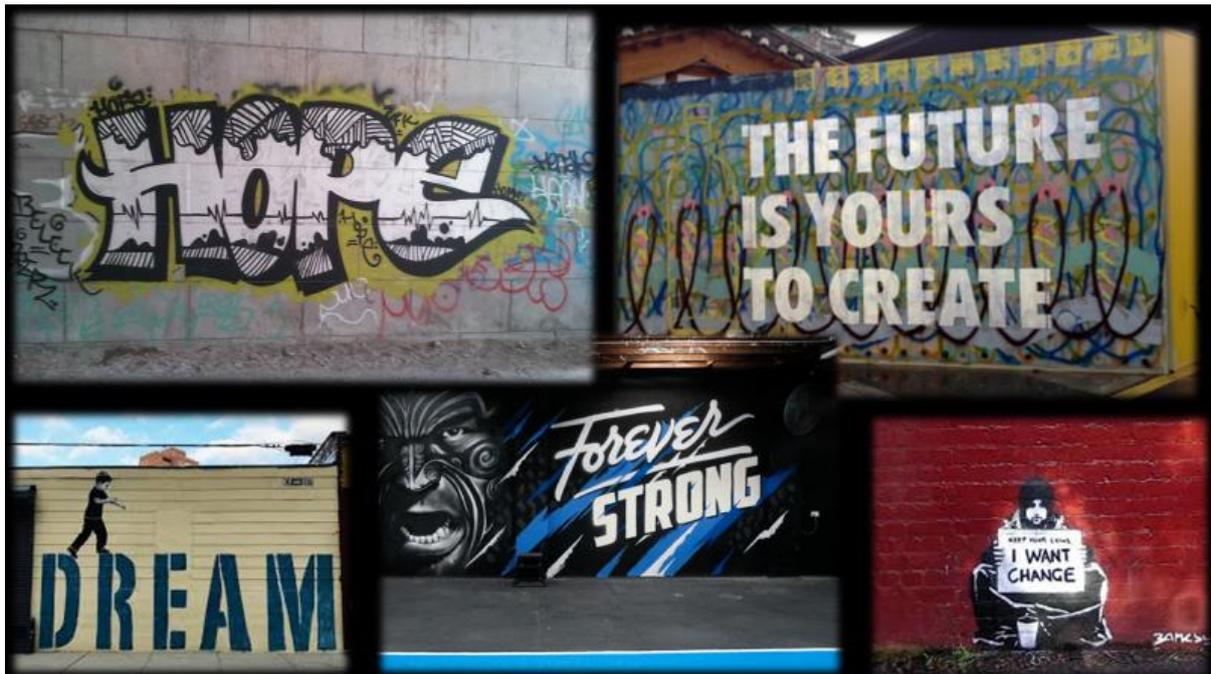
The Benefits of Graffiti Street Art.....

Session Six: whakatauki o te ra Maaramatanga/Perspective
"He pakaru a waka e taea te raupine mai/A damaged vehicle can be repaired." (Alsop & Kupenga, 2016, p. 114)



Whakatauki o te
ra
Tuumanako
~
Hope
Kia mau ki te
tuumanaako te
whakapono me
te aroha~Hold
fast to Hope,
faith and

Love (Alsop & Kupenga, 2016,
p. 154)



Let your Graffiti illustrate what defines you

- Strengths
- Culture/Whanau
- Identity
- Your Experiences
- Goals
- Future
- Your interests
- Beliefs
- Values



From a negative disempowering message to a positive empowering one! "I am not what happened to me I am what I choose to become!"



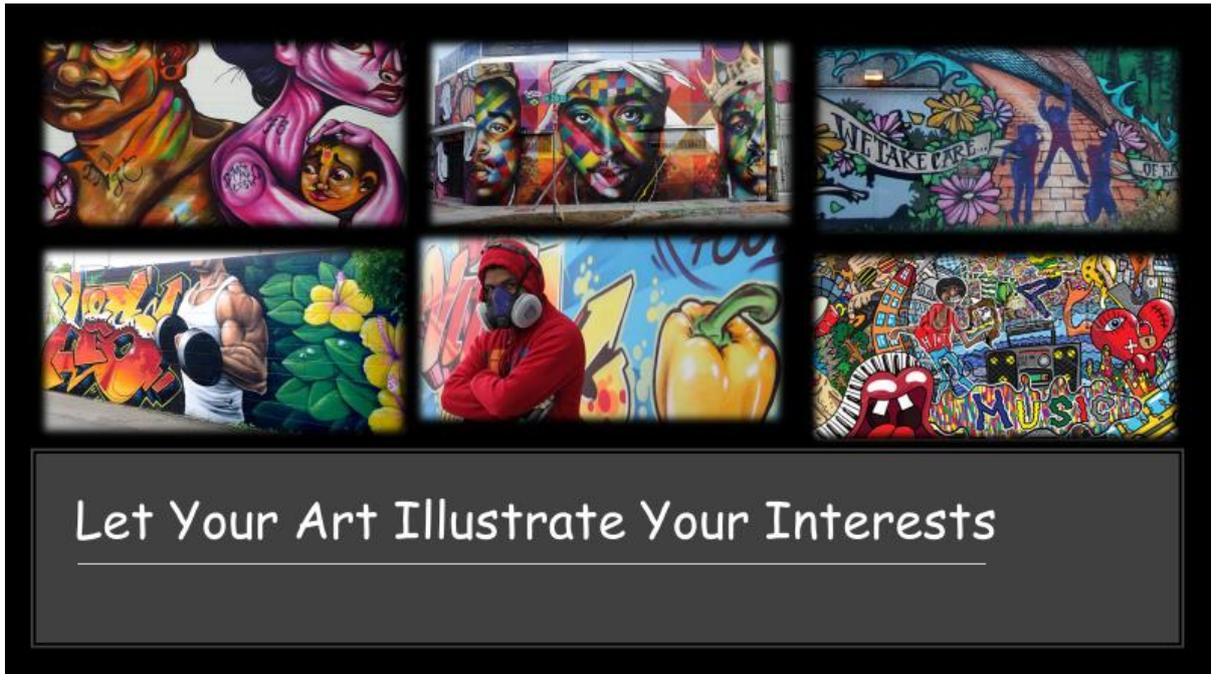


Express your Culture and Environment

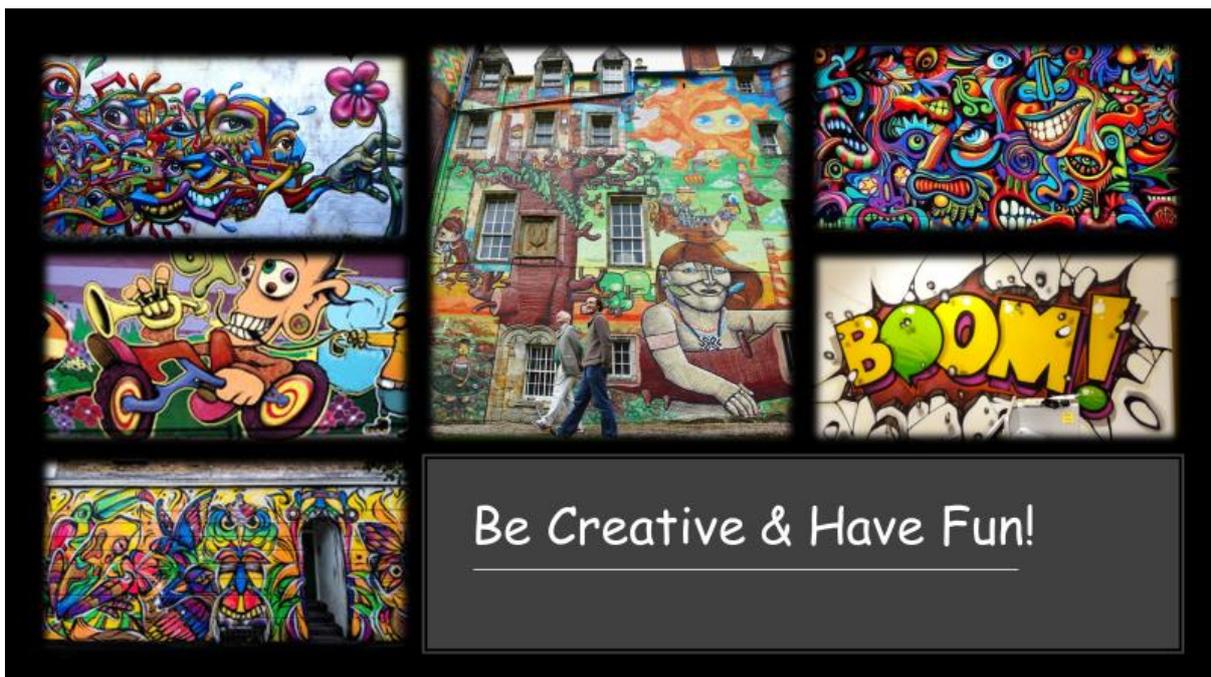


Let your Graffiti express things that might effect you or others you care about?





Let Your Art Illustrate Your Interests



Be Creative & Have Fun!

Session Eight

Revisited the Pre-Programme Questionnaire, Programme Evaluation and Shared Kai.

Whakataukī o te rā: Whakapono - Belief Taumauri - philosophical “E huri to aroaro kite ra tukuna to ataarangi ki muri I a koe - Turn and face the sun and let your shadow fall behind

you” (Alsop and Kupenga, 2016). The final session centred around a celebration of completing the Toi Ora programme and the end term three of the Health and Fitness Course. A shared kai for the participants was offered during the session along with large sheet of paper and a selection of coloured pens, pencils, and pastels. The participants were invited to ‘doodle or tag’ the paper as we reviewed the questions in the pre-programme questionnaire.

CHAPTER 4: Ngā Rapua - Findings

Findings from both the primary data gathered during some of the semi-structured interviews with various RAG members and secondary data collected during the literature review in the first phase prompted the need to develop a conceptual framework. Data from both sources revealed that many of the services, approaches, and practices available to youth at risk of poor outcomes in some cases contribution to placing the youth at risk, with some service approach model based on overseas approaches. Hence the need to develop a localised model and approach was realised.

Through further investigation of both primary and secondary sourced data key concepts were found that supported both the participants needs and aided the alignment of Toi Ora programme's directives to that of the existing course work and learning outcomes. Ultimately, the development of a conceptual framework enabled the Toi Ora programme to fit and function effectively as a component on the existing Health and Fitness course. Finally, the conceptual framework served as a method of assessment, and became a valuable analytical tool for the primary data gathered during the facilitation of the sessions during Toi Ora programme.

4.1. Background purpose and overview of the conceptual framework

Here in Aotearoa there is limited research and practice in both Arts therapy within educational environments and culturally responsive or bicultural Arts therapy models and/or conceptual frameworks. A significant gap that was identified during the literature review and through the multiple semi structured interviews with members of the RAG during the first phase, was the transitional points or where the services that support taiohi/youth intersect. This also became apparent while working with the participants during the Toi Ora programme in the second phase of this research. A further considerable finding from the first

phase highlighted that many of the approaches and services that aim to provide support to taiohi/youth were difficult to access and/or ineffective due to their lack of cultural awareness and/or appropriateness.

The training centre has a variety of foundational courses with NZQA level one and two qualifications that offer opportunities to earn recognised trades and industries training. Although the courses are open to students of all ages and cultural backgrounds the courses frequently attract taiohi Māori. At the beginning of 2018 the Health and Fitness course was being piloted and during the first two terms it was observed by Jennifer and Jane the two Regent Training Centre RAG members that many of the students had multi-faceted issues that related to one or more of the dimensions of their wellbeing. The wellbeing issues frequently created a barrier to student attendance, engagement and/or motivation with the course work. The Toi Ora programme was developed and designed to intersect between the areas of taiohi/youth wellbeing, education, and training, and became a component of the Health and Fitness course during the third term of 2018. The Toi Ora programme focused on taiohi/youth wellbeing, enhancing existing strengths and goals, some of the barriers were identified and solutions sought. It offered additional support aiding the cohesion between education/training and wellbeing for the taiohi/youth in the education/training to industries service sector. However, the Toi Ora programme could be adapted for use in other education and pastoral care services and environments.

4.2. Findings from secondary sourced data

The apparent dearth of Arts therapy research here in Aotearoa/New Zealand with this target population has hindered the development of approaches and practices, which have been proved cohesive and effective with other Indigenous youth populations (Cameron, 2010; Archibald & Dewar, 2010; Kelly, 2015; Vivian, 2018). Making Arts therapy more accessible

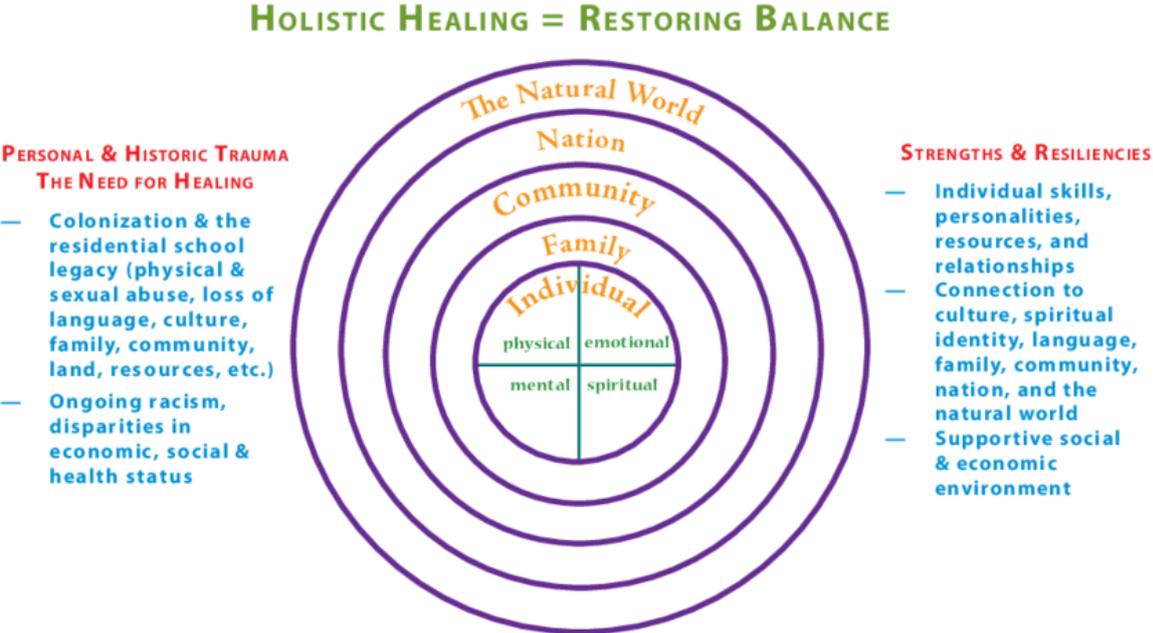
for taiohi/youth identified as, at risk of poor outcomes was a central feature of the purpose of this research. There are many openings for an Arts therapy-based programme to be integrated into existing service programmes in the arenas that taiohi/youth seek support with wellbeing, education/development, and training. Examples include both NGO's and government agencies such as, Youth Justice/Corrections, Oranga Tamariki, Woman's Refuge, all Education and Training courses that target taiohi/youth, and Youth Horizons or as a marae-based wellbeing programme, the scope is broad. Therefore, the need for further research into the benefits of Arts therapy with this target population within youth development would not only extend the knowledge base of Arts therapy with Indigenous taiohi/youth. It would also provide evidence of an accessible appropriate solution to many of the barriers taiohi/youth face as they strive for better outcomes.

There are few examples of models, frameworks or approaches here in Aotearoa/New Zealand that specifically targets the wellbeing, education, and training for at risk taiohi/youth transitioning into industries, trades, and other career choices. During the first phase of this research it was discovered that there were key aspects of the approaches and services that were either ineffective or needed to be improved to serve the target population. Some aspects such as support with budgeting, accommodation, or medical/mental health needs could be improved by a more flexible approach or adaption to better meet needs and/or complexities of the taiohi/youth situations. This change in approach would support the cohesion of services and make services more accessible elevating the potential for improved outcomes for the taiohi/youth. Therefore, a conceptual framework was developed and designed to support the facilitation of the Toi Ora programme.

The conceptual framework had three key purposes, firstly to provide a guide of the therapeutic process. Secondly, to demonstrate how the programme can be used as a type of assessment tool, to identify which areas the participant/students needed further support in.

And, thirdly it served as an analytical tool. There were three frameworks which were influential to the development and design of the final conceptual framework in this research. Firstly, an example how an Indigenous holistic creative framework. The diagram in figure 32 demonstrates how an Indigenous World View can be merged with a Strengths and Resilience Model to support the development and/or preserve a balanced state of wellbeing. This combination of an Indigenous wellbeing model with a restorative model the addition arts element (Figure 33) became an effective approach to build resilience among Canadian Indigenous populations/communities (Archibald & Dewar, 2010). Through the recognition of the flexible interchangeability of the key strands within the Arts therapy discipline enabled a therapeutic practice that offered their Indigenous clients to reconnect with their cultural identity both at a person level and within their communities. Thus, the framework permitted the Arts therapy process to be culturally restorative and reinstating. “The circle representing creative arts-as-healing focuses on the innate healing power of art and creativity while the creative arts-in-therapy model speaks to the use of the arts in the therapeutic process” (Archibald & Dewar, 2010, p. 7).

Figure 32 Indigenous World View and Resilience Models (Archibald & Dewar, 2010, p. 7).



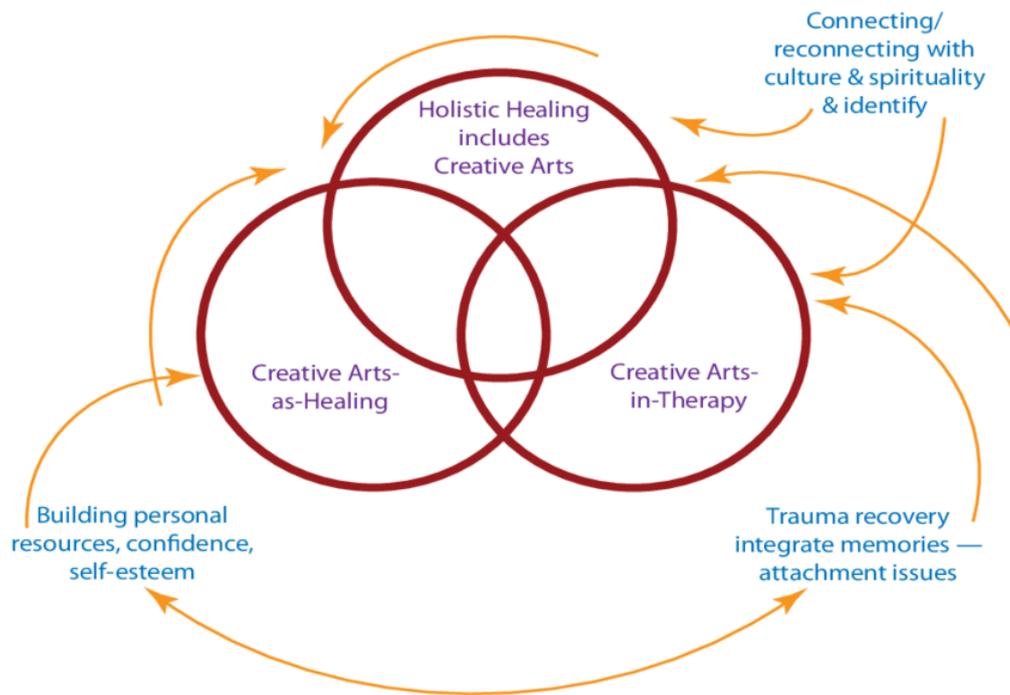


Figure 33 Three models combined (Archibald & Dewar, 2010, p. 7).

A further significant aspect discovered by Archibald and Dewar (2010) was framework allowed themes to emerge that related to the cultural reconnection process. Some of the identified themes discovered in Archibald and Dewar’s (2010) research were relevant to this research adopting the reflexive thematic analysis approach, enabled the different orientations and variations of thematic analysis to contribute to the data analysis process of this research. The themes adopted include.

1. Cultural disconnection.
2. Inclusion of Arts therapy in cultural identity reconnection.
3. Personal and Community Resilience (Archibald & Dewar, 2010).

The second framework conceptual framework to influence the development and design of the conceptual framework is Te Whāriki (Ministry of Education, 1996). The influence of Te Whāriki occurred inherently through teaching from this bicultural curriculum model for over the past fifteen years. Underpinned by Bronfenbrenner’s (1979) ecological-contextual

model, along with the developmental theories of Piaget (circa, 1930’s) and Erikson (circa, 1960’s) and the sociocultural theories of Vygotsky (circa, 1930’s) and Bruner (circa, 1960’s) Te Whāriki offers framework for understanding the contexts in which wellbeing and development can be viewed (MOE 1996). This combined with key concepts from te ao Māori hold the aspiration that all tamariki/children will, “to grow up as competent and confident learners and communicators, healthy in mind, body, and spirit, secure in their sense of belonging and in the knowledge that they make a valued contribution to society” (MOE, 2016, p. 55).

The principles and strands of Te Whāriki have become ingrained into my professional teaching practice, personal parenting approach and as a qualified arts therapist. The framework lends itself to both education and wellbeing in all three facets of my life. Figure 33 demonstrates how the principles and strand weave together, offering a supportive structure that enables an effective inclusive bicultural approach to be applied in any education and wellbeing programme or environment.

Figure 34 Te Whāriki framework MOE, 1996

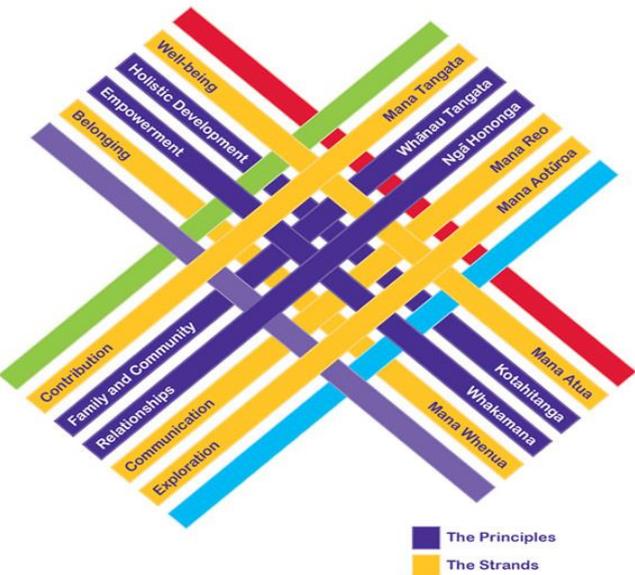


Figure 35 MOE Revised Version 2016



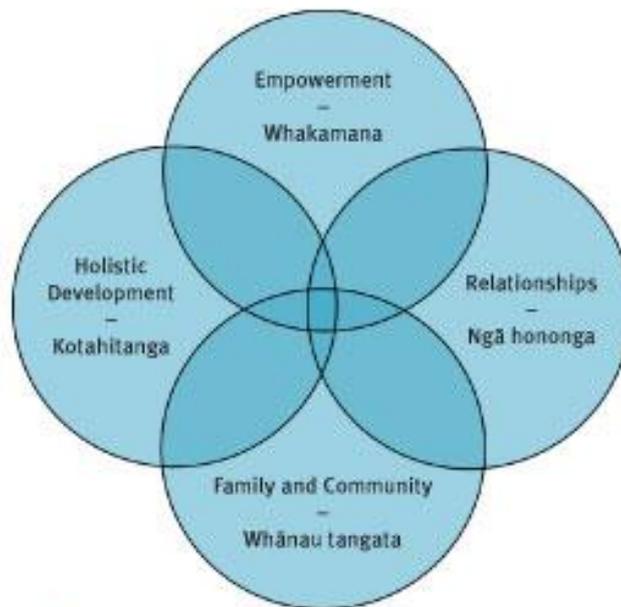


Figure 36 In practice, the principles of Te Whāriki interconnect and overlap (Quality in Action: Te Mahi Whai Hua, 1996, p.37).

Figure 36 presents a view of assessment based on sociocultural theory and the Principles of Te Whāriki, which provided valuable ideas about assessment and practice that are consistent with the therapeutic approach developed for the Toi Ora programme.

The third framework which influenced the development and design of the conceptual framework in this research is Mason Durie's Te Whare Tapa Wha (1982). The Regent Training Centre adopts this framework to guide and inform the courses and tutors of the core dimensions of student wellbeing, in the same way in which it is applied in the New Zealand school curriculum (MOE, 2006). The Health and Fitness course also used the four dimensions of wellbeing as guide for assessment and learning outcomes.

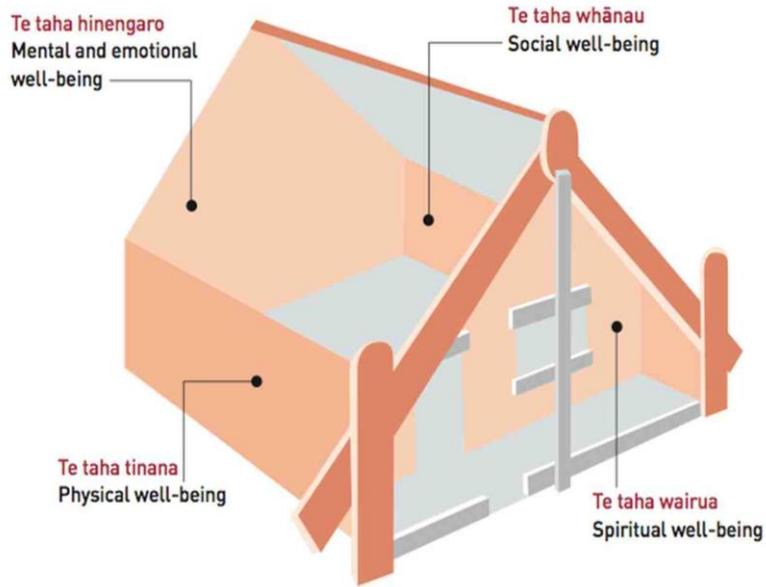


Figure 37 Te Whare Tapa Wha (teara.govt.nz)

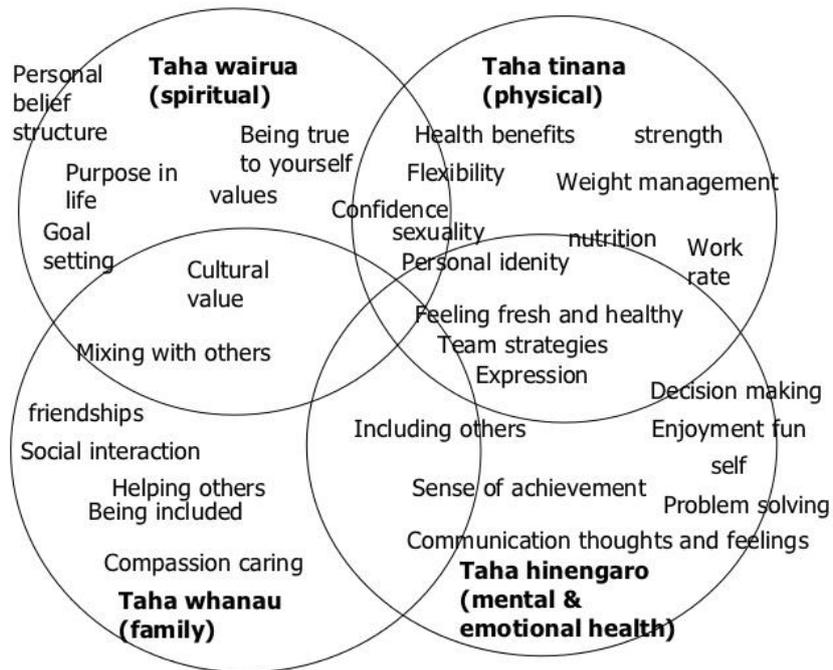


Figure 38 demonstrates how the four dimensions of Te Whare Tapa Wha can interlink and be applied in an assessment processes (mhjc.school.nz/course/view.php?id=5849).

The diagram in Figure 38 influenced the development of the pre-programme questionnaire, the chronogram. Both were specifically developed and designed to collect data during the sessions and guided the session plan to enable the Arts therapy-based sessions to support the learning outcomes of the Health and Fitness course. An example of a session plan is available in (Appendix E). The session plan provides a formatted plan that demonstrates how the Arts therapy-based exercises align to the four dimensions of Te Whare Tapa Wha.

The fourth and final framework which influenced the development and design of the conceptual framework in this research is Tikanga Ako Kaupapa Te Wānanga o Aotearoa. Introduction to this learning framework occurred when I embarked on a diploma in adult education at Te Wānanga o Aotearoa in 2016. After exploring each of the takepū or applied principles in-depth an assignment requested that the students develop a conceptual framework using the takepū in a metaphorical style. The conceptual framework needed to appropriate an Ako/learning environment.

The four takepū resonated in a therapeutic effective way, considering how they could also be applied to an Arts therapy situation, I quickly saw how their qualities and capacities could be therapeutically beneficial. Both the individual takepū and collectively they are conducive and compatible to the therapeutic relationship between therapist and client, the Arts therapy process, and the therapeutic environment/community. Further compatibly, between the takepū and the research ethics, process and desired outcomes were identified. To be able to authentically facilitate a practice based on a set of key concepts would require a good understanding of each concept and the frameworks aim. Each concept plays an integral role in both how and what types of environments it can effectively fit. Jabareen (2009), recommended that, rather than viewing the idea of a conceptual framework based on variables or factors, instead let the concepts alone guide the frameworks purpose (Jajareen, 2009). The reference 'applied' principles is the active important ingredient that guides

behaviour and evaluation. A reflexive approach to both the research and Arts therapy practice offers a vital link between practical research skills, self-awareness, critical reflection, personal development in a co-constructed guided by participant in practice-evidence-based research approach.



Figure 39 The four takepū or applied principles from the educational approach developed and used by Te Wānanga o Aotearoa

All the frameworks discussed were relevant, influencing and contributing to specific aspects of the conceptual framework's development and designed to facilitate the Toi Ora programme. The four takepū or applied principles from the educational approach developed and used by Te Wānanga o Aotearoa were adopted as the four key concepts of the conceptual framework in this research.

The four key takepū, Kaitiakitanga, Āhurutanga, Koha and Mauri Ora, “The takepū are deep and rich and have multiple layers of meaning” (Te Manu, 2016, p. 7), which were adopted for the conceptual framework are all underpinned secondary takepū, this aimed to provide more depth and momentum activating and guiding the therapeutic process.

According to Pohatu, best practice always includes takepū-applied principles which inform practice and are more relevant than abstract theories. The

conception of takepū includes Māori wisdom, culture, applied principles, ethical positions, and ways of life to convey ways of humanness to guide te ao Māori. They are all about supporting people in their relationships, kaupapa, and environment in the pursuit of mauri ora. According to Pohatu, “Takepū as applied principles signpost to generations how to live, to behave, then engage with people as they pursue the quest of their aspirations and needs” (Pohatu, 2010, p. 2, cited in Duke, Henrickson & Beddoe, 2014, p. 93).

The metaphor for the conceptual framework in this research was developed to illustrate the therapeutic process and provided an explanation of how the takepū are considered in the role of both the participant/students and the therapist/researcher.

4.3. Positioning myself in the conceptual frameworks’ development.

As a qualified teacher with over fifteen years teaching experience in Whangārei, and a trained experienced Arts therapist I frequently observed how different learning styles and/or well-being dispositions are at times not considered or go unnoticed in many Ako/learning environments. Education environments and appropriately adapted teaching approaches can provide opportunities to effectively identify subclinical barriers to education and wellbeing. Arts therapy techniques together with a holistic approach can present an effective and non-stigmatising way in which to support students who have been identified by teachers and/or parents/caregivers as having barriers to their learning and wellbeing. Additionally, this combined approach can also enhance their existing strengths and support them overcome the barriers that prevent them reaching their full potential.

Initially the inspiration for the conceptual frameworks visual metaphor came from my personal experiences traveling around the world, gravitation towards the coastline of all the nations travelled. The natural ebb and flow of the ocean’s waves became a meditative tool, both mesmerising reflections and continual refreshment were always gained. The oceans, infinite expanse was a comfort with its capacity to connect all nations and cultures, even the homeland left long ago, it offered a sense of connectedness. The coastal environments were

places where constant change was visible, and sustenance found. Depending on the weather conditions the ocean could be dramatic, wild and intimidating, while other times the gentle breeze, and rolling waves presented a relaxing atmosphere one in which I could contemplate the next stage of my journey or process my thoughts. Random curious pieces of driftwood appeared, tangled clumps of seaweed sometimes resembled the chaos in my thoughts that blocked a way forward, wet shells glistening with sand reflected the excitement and gratitude I often felt being embraced by the people in lands and cultures foreign to me. Sometimes washed up debris, ruminants of thoughtless acts of human nature in the form of twisted pieces of plastic poisoned the shoreline, a reminder of how reckless and uncaring people can sometimes be. I would often find myself mesmerised by the energy and motion of the waves, watching them roll in, then retreat leaving white frothy foam lines which gradually absorbed into the sand leaving only subtle patterned traces of their presences on the shoreline. I observed how the waves would easily bring forth the small objects while other larger objects would take several attempts to move the object up and along beach to its final sandy resting place. Some objects got drawn back into the ocean waves never to sustain an earthly destination. This natural reoccurring process resonated with all levels of being, my thoughts, my emotions, and my physical and spiritual existence were all reached in some way. Metaphorically, I felt this would make an effective way to process one's experiences.

Now, presented with the opportunity to develop a conceptual framework for a culturally responsive Toi Ora programme I decided to use the motion of the ocean's waves as a visual metaphor to illustrate the therapeutic process. The sea has specific meaning to Māori, it is the ocean that brought them to Aotearoa/New Zealand. Traditionally for Māori

the sea is often considered to be the source and foundation of all life. Islands are fish drawn up from the water, and people evolved from amphibious beginnings. But

Tangaroa, god of the sea, can also be destructive. Traditions tell of vengeance wrought by the sea upon those who fall out of favour (T.A.C. Royal, 2006).

Through research and reflection, I discovered the scientific differentiation of the energy and motion of the waves.

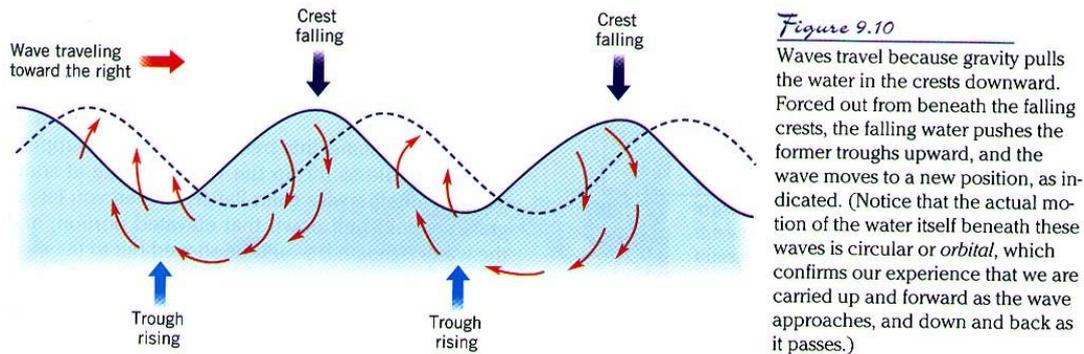


Figure 40 Waves Motion Diagram

(ci.coastal.edu/~sgilman/770Oceansinmotion.htm).

4.4. Findings from Primary Data

This discovery described exactly the way I interpreted the cyclic wave motion. One waves motion is completely independent of any other wave, yet reliant on another wave to move it on. As a mental metaphor it enabled the processing of personal experiences, the gravity I identified as the energy that provided inspiration, determination, and vitality for my journey. Now, I recognise the wave's motion as a useful metaphor for a conceptual framework, supporting the therapeutic process and acting as a progress assessment tool.

During an interview with Rawiri Henare kaumātua of the RAG I shared with my ideas and experiences relating to using the motion of the waves as a metaphor for the conceptual framework to facilitate the Toi Ora programme. Rawiri shared with me his personal experience in which the wave motion moved a large rock that his grandfather used to sharpen knives on from one bay to another over time. Rawiri also referred to a stranded whale and

how the same motion of the waves moved the whale on to the shore, he described in te reo Māori the wave motion, “*Poroiti kei muri kei mau kei muri kei mua.*”

Listening to Rawiri’s observation of how the wave motion moved a large rock and the whale into the bay and gradually up onto and along the shoreline to its final resting place convinced and confirmed to me that adopting the wave’s motion as a metaphor for the a conceptual framework would be effective. Rawiri’s description, capturing both the gradual progressive action and power of the wave motion to move objects onto and along the shoreline. Some objects are large and heavy and take several tides to reach the shore, some can get stuck, caught up on the rocks, while others roll with every curl and swirl of the waves. Hiringa or energy of the waves determines when and where the objects arrive on shoreline, sometimes the objects are altered and shaped by the constant movement, other objects never arrived instead are drawn back destined for another shoreline. The energy of the waves is transformative and perpetual, it was this perspective that resonated with the Arts therapy process, a creative journey of continual self-exploration, self-determination, and transformation.

4.5. Conceptual Framework:

Ngaru o te Huringa - Waves of Change

Visual diagram of the conceptual framework. Three differing sized blue wave curls and the white abstract between them, represent each of the four takepū.



Figure 41 Conceptual Framework: Ngaru o te Huringa - Waves of Change

Nga Takepū

Kaitiakitanga:



Figure 42 The big overarching wave curl

A literal interpretation draws on the tiaki component of the word, which means to guard, protect, care for or watch over and shelter, kai is considered a genetic term that relates to everything that sustains, grows and links us to our pure potential. Kai when joined to tiaki literally translates to, guardian, caretaker, conservator, or trustee (Marsden & Henare, 1992). Kaitiakitanga does not relate to ownership or control, rather it is both a tool and a process that communicates a set of responsibilities and obligations to actively, guard, protect cultural wisdom, beliefs and practices of those who have come before us in order to safe guard the environment for the generations that follow (Durie, 2006). In its essence I understand kaitiakitanga, to be pivotal to ensuring survival, it demands that people take responsibility for their actions and interactions with each other. “It is “an active rather than passive relationship” (Harmsworth & Awatere, 2013, p. 275).

In the context of research, it ensures the research process is not exploitive, instead it fosters a genuine relationship between the research and those being researched and that the data collected about Māori is for the purpose of improvement and benefit first and foremost (Kamira, 2002). In a therapeutic capacity kaitiakitanga can be considered as essentially “taking care of” relationships, space, knowledge, skills, and self by nurturing the light and potential within others (aki i te tī o te tangata)” (Ngamoki, 2018).

Kaitiakitanga in the capacity of research participant and or/client role ensures their contribution in decisions either during the therapeutic programme/sessions and/or with the data collected from the sessions in Toi Ora programme is valued. This perspective is also compatible with the Practice Based Evidence (PBE) approach which was largely applied during the second phase of the research process encompassing the programme's sessions. PBE allows the participants to contribute to the way in which the Arts therapy-based exercises are developed, ensuring their interests, needs, cultural identities, contemporary realities and skills are valued and offer the participants autonomy to self-determine what exercises and modalities were used. Spiller, Erakovic, Henare and Pio (2010) add a further dimension to the role of kaitiakitanga relevant to the participants role within the group dynamic and applies to the therapist/researcher they write, "care is at the heart of the Māori values system, which calls for humans to be kaitiaki, caretakers of the mauri, the life-force, in each other and in nature" (Spiller et al., 2010, p. 1). This highlights that respect is needed for each other within the group, the artefacts produced, the resources used and the environment in which the Toi Ora programme took place.

Kaitiakitanga in the therapist/researcher's role, "can introduce a stronger position on ethics, values and quality when managing data and optimise the benefits for both Māori and non-Māori alike" (Kamira, 2002, p. 2). The qualities of an arts therapist are to listen, observe, be alert to the subtle internal expressions being externalised during the creative process, and gentle encouragement through supportive dialog, these are all key features of the kaitiakitanga. The therapeutic relationship is an integral part acknowledging and being attentive to the student, participants' narratives, and other self-disclosed personal information are all practices which foster the development of the therapeutic relationship. In the capacity of the therapist/researcher, kaitiakitanga ensures the guardianship, protection, care, and vigilance of data collected, stored, and accessed. In practice, both

researcher/therapist and participants/students have kaitiaki obligations. The researcher/therapist is responsible for establishing an environment which is culturally responsive including Māori concepts and protocol, together with culturally attuned resources made available. Collectively, this confirms and validates the usefulness of the kaitiakitanga concept in the therapeutic and research process. Further it “enables the use of mechanisms such as tapu, the setting apart or restriction of knowledge or things, and rahui, the necessity to conserve, protect or restrict” (Kamira, 2002, p. 22). All these concepts fit well within the ethos and practices of the Arts therapy discipline, and easily in other wellbeing, healthcare, or education professions.

Āhurutanga

Figure 43 Whaenga - Curling Waves



Haumarutanga - Safe/Unhindered

In Arts therapy creating a comforting safe space/āhurutanga for the creative process to take place is paramount (Case & Dalley, 2006). Consideration and response to the cultural diversity of the client base is also necessary. In the context of the therapeutic and research process āhurutanga relates to negotiating boundaries to keep all involved safe. Boundaries set the structure of the therapeutic relationship providing a consistent, predictable, and reliable frame for the creative process, which can at times be enigmatic (Case & Dalley, 2006). The boundaries are established for both the therapist/researcher and the participant/student fostering trust in the therapeutic relationship and to minimize the transference of emotions, feelings and experiences between the participant/client and

therapist. Boundaries reflect the limits we set ourselves and others to maintain comfort zone, safety, and dignity. Therefore, the participant/students are encouraged to speak or take action if they feel a boundary has been crossed, this also applies to the therapist demonstrating ‘Ata’ which is to carefully, deliberately, purposefully, intentionally and cautiously carry out an activity thoroughly to keep both the participants and researcher/facilitator safe (Ngamoki, 2018).

Creating and maintaining the quality and safety of the space to ensure and promote the pursuit of best practice and the kaupapa or content of the Toi Ora programme. The concept of āhurutanga offers reassurance to the participants/students and the Regent Training Centre at the heart of this research the safety and wellbeing of all involved. A karakia specific to this research was offered at the start of each session of the Toi Ora programme.

Karakia o te mahi tēnei - Blessing of the work

E te Atua, whakawātea te noa i a mātou
Whakawātea te hau otaota i runga i a mātou
Whakawātea te taurekarekatanga i a mātou
Kia marangai mai ai mātou ki runga

E te Ariki, e Hehu Karaiti
Ko tou Mānawa ora ko to mātou Mānawa mate
Ka tuku atu i to mātou Mānawa mate ki a koe
Homai to Mānawa ora
Kia maranga mau ai mātou ki runga i tou Aranga
Kororia
(Rev. Taite, 2009, personal communication)

Koha

Figure 44 The smallest wave curl



Mana taurite - Equality and Whānaungatanga - Reciprocal Relationship

There are two aspects of the koha concept that are relevant to the therapeutic and research process. Firstly, to present a gift that will foster the development of a relationship and the second is the acceptance of the gift demonstrating the reciprocation or the notion of a symbolic circular interaction embodied in the koha concept. “In short, the nature of a gift in Māori eyes, is less about the generosity of the donor, than the obligations placed on the receiver” (Louw, Ito, & Elsdörfer, 2012, p. 13).

In the context of the Toi Ora programme koha represents the respect and reciprocal qualities of the therapeutic relationship. As a qualified arts therapist offering an opportunity to share my skills, knowledge, experience, and arts resources, enabling the participant/students to access and explore any barriers to their learning and wellbeing and experience the benefits of the Arts therapy-based exercises. Koha can be considered as the basis for practice and engagement with the participant/students. This concept is associated with trust, non-judgemental, and respect for participant/students’ interests, needs, experiences, skills, and knowledge. As the participant/students give consent to participate and engage in the research the concept of koha is “the constant acknowledgement that valued contributions are to be given and received responsibly” (Te Wānanga o Aotearoa, 2017, p. 7). The

participant/students reciprocate the koha or opportunity to experience that qualities and capacities of the Toi Ora programme by attending and engaging in the sessions.

Mauri Ora

Figure 45 The abstract white which surrounds the whole wave



Hiringa - Energy

Hiringa distinguishes the essential driving force that is necessary to stimulate and enable Māori taiohi potential. Hiringa can initiate or provoke the transformative process which can facilitate a shift in perspective and transcendence from negative or destructive realities to realisation of potential and emergence and validation of knowledge of being (Russell, 2018). To reawaken and sustain mauri ora is the principle aim of the Arts therapy process and the conceptual framework aimed to visually demonstrate the process. In the context of the Toi Ora programme the concept of mauri ora relates to the hiringa or flow of determination, and vitality within each participant. While the other three takepū aimed to identify and support the overcoming of any barriers to learning and wellbeing that revealed themselves. The mauri ora concept aimed to foster motivation and support a vision for the future to develop, while enhancing a balanced wellbeing by enabling the participant/student's life force to flow. It is the constant acknowledgement that mauri ora is in pursuit and at the core of all the Arts therapy-based exercises and sessions. This relentless pursuit drives, influences, and shapes

the desired outcome. Mauri ora is inextricably woven into the structure and process that the conceptual framework aims to articulate.

The PBE research and practice approach adopted relies on the dynamic interactions that manifest in practice, acknowledging the actively vital role of the participants and incorporating this into practice. Thus, allowing new knowledge relating to the participants process, and progress and the therapists approach to emerge. Each key concept or applied principle/takepū has the capacity to support and enable PBE to effectively be used. Therefore, the conceptual framework operates as a valuable assessment tool of both practice and progress.

4.6. Findings from primary data collected from the pre-programme questionnaire

The pre-programme questionnaire aimed to develop holistic insight into the participant/student's past experiences, present situation and future goals relating to both their wellbeing and education. The questions were set out in categories that reflected the four dimensions of wellbeing in Te Whare Tapa Whā model (Appendix C). Through thematic analysis of the data collected in the questionnaire, themes emerged that contributed to identifying some key barriers to wellbeing and education. Conversely, themes that related to the participant's strengths, interests, beliefs, social skills/relationships, and aspirations were also discovered through the questionnaire and through reflexive thematic analysis as the Toi Ora programme progressed.

Barrier Themes Include

1. Stereotyping
2. Racism
3. Inaccessible Services or Breakdown in Services

4. Cultural Identity
5. Accommodation/Transiency
6. Cultural disconnection
7. Suicide
8. Drugs and Alcohol
9. Financial stressors
10. Trust
11. Gang association
12. Difficulties in their childhood (Abuse or poor parental attachment)

Additional Themes Include

1. Personal and Community Resilience
2. Relationships/Whānau
3. Interests
4. Strengths and Skill sets
5. Determination
6. Engagement
7. Loyalty
8. Exploration
9. Imagination and Creativity
10. Cultural Identity

Nearly all the participants expressed that they thought because they were Māori, they were often discriminated against either during their time at mainstream schools, youth justice or with support services such as offered by Work and Income. Three declared they ‘didn’t like

or want to identify as being Māori' because they felt it either prevented them from getting jobs or rental properties. Many of the participants adding to this, disclosing that they often felt stereotyped for being Māori. All participants had left school prematurely not completing NZCA level 1 or 2 qualifications. Some participants commented that they thought much of the 'Māori' language and/or protocol they experienced at school was tokenistic, while other participants disclosed that their experiences in mainstream education was completely devoid of tikanga me ona reo Māori.

Three of the participants had no real fixed abode, transitioning between extended whānau and friends. Eight participants said they sometimes smoked cannabis and one disclosed he had a problem with alcohol. Several expressed their frustrations when dealing with support services such as budgeting services, mental health, medical/dental, Work and Income, and probation or corrections services. Some felt like they were not understood, or their situation was not fully considered and factored into their disposition and/or inability to attend appointments. Of the twelve participants there were two couples, both couples had met through the Health and Fitness course. One couple who had meet just before the course was due to be piloted and encouraged each other to enrol on the course to get ahead in life. The other couple met during the first week of the course. Both couples expressed how difficult it was to deal with Work and Income with regards to their relationship status change. Declaring their relationships meant changes to their entitlements, the process was interrogative and frustrating, both couples said it created stress on the recently formed relationship, their capacity to apply themselves to learning and impeded on their wellbeing.

All were associated to a gang in some way, either they belonged or associated to one of two street gangs the Crips or the Bloods, with many expressing that the sense of belonging they felt was a key factor for being involved with the gangs. The loyalty they felt from and for the other gang members was also important to them. Other participants had grown up around

gangs with intergenerational whānau members such as father, uncles, or cousins' full members of well-established notorious gangs here in Te Tai Tokerau. Many sharing that they were generally disconnected from their marae, some only attending events such as tangihunga or occasionally for special whakanui/birthday celebrations. Most spoke little or no te reo Māori or engaged in cultural practices. Yet, the majority spoke of their whānau in positive ways. However, some commented on the lack of whānau support and encouragement in their lives and/or education and training pursuits.

Two participants disclosed they experienced issues that related to their cultural identity due to their 'fair skin' meant that they sometimes felt discriminated against by both Māori and non- Māori alike and were confused about their cultural identity. Two participants had experienced being 'uplifted' by Child Youth and Family in their childhood due to domestic violence and/or abuse, a further three were displaced following their experiences with the Justice services. All indicated they struggled to financially support themselves, and compromises were made with healthy food, medical/dental care, and accommodation, one participant was unable to afford clothing and had only one set of clothes. Some of the participants lacked interest and/or had limited social skills, two participants often using intimidating strategies to interact with other participants, students, and staff.

As the Toi Ora programme unfolded the continuation of intergenerational trauma became evident, in the form of current direct traumatic experiences, with three of the participants experiencing suicide and/or premature deaths (by misadventure) among their close whānau members. These tragic events suggest the enduring negative consequences of historical trauma continue to ripple through the lives of the target youth population. Thus, confirming the role and recognition needed of the impact of historical trauma contribution to present day disparities and creating barriers to well-being and education. Further, this verifies the

need to incorporate trauma informed practices when working with taiohi/youth at risk of poor outcomes in educational environments.

All participants reported they had key people either friends or whānau members in their lives that encouraged them to achieve their goal to complete the Health and Fitness course. Some participants aspired to either embark on further training or study, others wanted to find employment, and a few had no further focus or goals and admitted they were solely enrolled onto the Health and Fitness course as it was a compliance strategy with either Corrections or Work and Income services. Many of the participants spoke about the community at the Regent Training Centre, expressing that they appreciated what the centre had to offer in terms of support and encouragement. Two of the participants acknowledged the free transport service, explaining that without it they would have difficulties attending their course. Others appreciated the free food which was often made available as a by-product of the hospitality course which the centre offered. Most commented on how they felt cared for and understood by the staff at the centre, adding they felt a good sense of belonging at the centre.

Common interests among the participants included Rap music, Graffiti, social media, and street gangs. Some admitted the Health and Fitness course was boring and they had little interest in much of the coursework but wanted to attain NZCA level one and two literacy and math, which they thought might be easier to achieve through the Health and Fitness course work. At least half of the participants shared that they found the written or academic aspect of the coursework challenging. Most participants found it difficult to identify and acknowledge their own strengths and aspirations, this became evident with the lack of response to the questions that related to these aspects in the questionnaire, and later during many of the programme's sessions.

Additional pre-programme data was collected during the research introduction session with the student participants. Several indicated their interest in the arts, one disclosed she liked singing and another liked writing poetry. Two said they liked doing graffiti, tagging, painting, or drawing, one aspired to be a tattoo artist. Many commented on the power point presentation developed and used to inform them of both the research and the Toi Ora programme. Some said the power point presentation helped them understand what the programme was about, while others said they liked the visual display which provoked thought and encouraged them to ask questions about the research and Toi Ora programme, which helped to decide to participate in the research and programme.

4.7. Findings from the Toi Ora Taiohi Ora Hauora/Arts for Youth Wellbeing programme (2018).

Session One: Mandala: Key Findings and Narratives

The first part of the session was dedicated to making a group contract, all participants agreed during the group contract negotiations they did not want a karakia to start the session.

Introduction to the session's Arts therapy-based exercise was done via a power point presentation, which offered an opportunity for the participants to raise any questions about the session. This was the first of the eight Arts therapy-based sessions during which the Practice Based Evidence (PBE) approach was applied. This Arts therapy-based exercise enabled me to observe and gain insight into how each participant related to one another within the group, the group dynamic, and understand the individual participant's learning disposition, interests, strengths, and social skills. For the individual participant the exercise was an opportunity to team build and find support within and from each other to reflect, explore and focus on their personal goals being developed in the areas of, health, fitness, wellbeing, learning, training and career. This aim aligned to the learning outcomes set out in

the Health and Fitness course scheduled for weeks 3 and 4. It aimed to support further understanding that for optimal wellbeing a balance between the four dimensions of wellbeing is required. Additionally, the exercise intended to support the student/participants to develop strategies that would help them achieve their personal goals.

The experiential directives presented included

1. What skills and strengths do you have to help you achieve your personal goals?
What might challenge you to achieve your personal goals? What skills and strengths would you like to develop?
2. How could the people in your life (Group/classmates/whānau/friends) help you set and achieve your goals? And how could you help them to develop and achieve with their personal goals?

The whakataukī for the session: Mahitahi - Collaboration

“E hara taku toa, i te toa takitahi, he toa takitini - My Strength is not as an individual, but as a collective” (Alsop & Kupenga, 2016, p. 117).

The participants were introduced to the resources which were placed on the surrounding tables and vacant floor space in the classroom. Magazine clippings of images and words reflecting multicultural aspects of life are often used in Arts therapy exercises as a strategy to encourage the participants/clients who may fear their inability to be creative or as a thought-provoking technique, they can be used in combination the other resources such as paints, pastels or coloured pens, or solely be themselves.

Key Narratives and Visual Observations

Six of the participants present immediately engaged in the exercise, making their way to the tables and began to sort through the available resources. Two participants were reluctant to engage, participant B saying it was a, “*dumb’ thing to do*” and participant D said, “*Nah Miss I’m not feeling it today*”. The participants who were engaging in the exercise offered words of encouragement and eventually the other two became involved.



Figure 47 & 48 All participants relaxed engaging in the exercise.

The atmosphere was relaxed as the participants explored the resources and focused on their segment of the circle. Some participants engaged quietly while others shared conversation.

Circle 1

Participant D eventually made a mark in her segment of the circle writing the words, “*I’m not gonna do that*”. Participants A, B and VC1 had noticed D’s engagement they all laughed, as participant VC commented, “*that’s what you always say but then you do it!*”. D replied, “*whatever*” and continued illustrating her segment using only red paint or pens.

The other reluctant participant, B chose a wide nibbed blue marker pen, and began to mark his segment with ‘tagging’ style font. B had used only the blue marker pen to ‘tag’ his entire

segment, I could decipher the letters FTW and FTP and he later added images of a clenched fist with the middle finger sticking up in black marker pen. B explained “*FTW means Fuck the World and FTP means Fuck the Police,*” adding that he hated the police. I asked about the other tag script B laughed and said, “*it’s none of your business Miss!*” B looked about the circle at the other participants as if seeking their backing or encouraging them to join him in his laughter, but he gained no response from the other participants. My knowledge of the practice of ‘tagging’ was limited, I agreed with B that having a special coded way to communicate was mysterious and gave the ‘tagger’ a secret identity only recognisable to those who knew the tagger. B laughed at my comment, “*yip miss the bros know I’ve been about, but the pigs don’t know who I am*” B responded, adding more laughter.

Participant A had chosen to work with the coloured pastels, he was focused and engaged. A began to write the word MANA, he started the word in the middle of his segment, the font style and size could be described as large capitalised bold three-dimensional lettering. As A progressed with the word he realised when he got the letter N that there was not enough space in his segment to complete the word, A laughed at his realisation and completed as much of the final A as the space allowed. A then moved to the space next to the letter M and illustrated a Manaia and below that he drew swirling waves in various shades of blue. A explained that he had chosen to write the word MANA as this is what he wanted to foster the development of strength within himself, drawing from both to his ancestors and internally at his own identity, A depicted this as a Manaia, which he said always empowered him in some way.

Participant VC worked in the segment next to D. VC had chosen to use water colour paints and began to illustrate a landscape scene. VC was focused and fully engaged with her work occasionally interacting with D when D initiated verbal dialog with her. VC spent a lot of her time painting laying down on her stomach stretching her arms to create long graceful

brush strokes of colour. VC painted the word Wairua using a thin paintbrush with grey/black water colour paint. VC explained that, the beach was her “*go to place, it either lift me spirit or it is a place I can reflect on life, it gives me solitude and I find myself feeling at peace there*”.

The final participant in the Circle (1) is VC1 who was position between A and D. VC1 had chosen to use bright red acrylic paint to write the letters Bz in the centre of his segment which he explained represented the gang he affiliated to. VC1 used the same colour to write the word ‘Music’ and ‘Fishing’ with a fish illustration, he also used it to depict a rugby goalpost and ball. VC1 used a blue colour to write the word Diving which he had spelt wrong and later corrected, a green colour to write the word Māori and a yellow to depict a sun. VC1 explained ‘*these things are important to me, Miss*’. In the pre-programme questionnaire VC1 had also written that his girlfriend was important to him as she helped him through tough times. VC1 added, although he identified as Māori/European he sometimes felt discriminated against either when he said his Māori surname when seeking support from services or that his fair skin did not qualify him as being Māori in certain social circles.



Figure 49 Completed Group Mandala (Circle 1)

Circle 2

Participants F, G and H used the second circle. Participant H was the only participant to explore the magazine clippings, H said he was no good at drawing and found the clippings useful as they prompted him to engage with the activity. H took his time choosing an eclectic selection of images and words which he stuck in his segment. H returned to the table with the clippings and explained, *“I’m looking for a picture of a church, you know my church is Mormon, my grandmother made sure us kids all followed that religion and kept the faith. But my dad is a gangster you know a real gangster his the pres (president) of the gang, he didn’t keep the faith like nans, I don’t mention God when I see him, but I still love him, I love all my whānau.”* I agreed with H, sometimes we may have different beliefs to our friends and whānau, but we can still love and value them. H also commented that it was good I had included Māori words and images. H talked me through each image and words he had chosen:

1. The Tino Rangatiratanga flag which H described as being his flag
2. An image of four males, one with a dog, three on bicycles. H said, *“it’s good to have good mates, my bros have always got my back”*.
3. A painting of the signing of Te Tiriti o Waitangi which H said was *“important because of the history that comes with that images”*.
4. Two males cooking on a BBQ H told me he loves food
5. A male Māori in traditional clothes jumping during a pōwhiri welcoming manuhiri H explained *“I’m a Māori warrior to Miss but I don’t do that stuff nan doesn’t encourage that”*.
6. An image of a local organised boxing match between two rival gangs which took place in 2017 and aimed to raise awareness and help put a stop to gang killings. H commented, *‘those are dads the bros’*
7. A photo of native bush. H told me he loved the bush and gardening also.
8. A photo of the New Zealand All Blacks playing Australia. H said the *“AB’s make me proud to be a Kiwi Miss”*
9. An image of Māori males in traditional clothing performing the Haka. Again, H referred to his taha Māori and pointed out his nan did not encourage him to get involved in hapa haka

H had selected some words from the clippings: **Kia Kaha** H said, *“I’ve got to be strong always, my dad and nan taught me that!”*. **Mahi**, H said *“you must work hard at things in life.* **Whānaungatanga** H said the, *“relationships with my family are important. My dad hasn’t been about much he is always with his mates, but I am proud of him and his gang, they are real gangsters Miss. My nan is cool to, she had to look after all us moko’s she made*

*sure we always had food and clothes". **Kick Ass Attitude** H said, "that's what you need in life to make it good".*

Finally, H had written a quote from the bible *"I will search for the lost and bring back the strays" Ezekiel 34:16* H said, *"My faith keeps me strong, I like to protect the people in my life that I care about and, bring them back to God if they are lost".*

Participants F and G were a couple who had encouraged each other to enrol onto the Health and Fitness course, they chose to work side by side. F was enthusiastic, he told me he was *"right into art"*. He immediately made his way to the arts resources table and got a paint pallet, he chose red, black and some yellow acrylic paint together with a couple of different size paint brushes. Starting in the middle of his segment using the black paint with a large brush F made long sweeping brush strokes, then added details with smaller brush.

The shape of an eye emerged in the black paint, he painted the pupil red, and added tear shapes coming from the corner of the eye also in red. F painted another eye next to the first one, this one he painted the eyeball yellow with a red pupil, again he added tear shapes coming from the corner of the eye socket. Next to the eyes F painted a large red rose, using thick layers of red paint. F moved to lower section of his segment and with the larger brush and black paint he wrote the word, 'TONZ' which he explained was his 'tag'. F and G frequently engaged in dialogue throughout the process, this communication did not distract either from the task at hand or the other participants.

Towards the end of the main part of the session F asked if he could go out of the room to get something, I agreed. While he was absent, I went to view his work. I noticed he had illustrated a large red rose that had an embossed textured look. I was intrigued as to how he had achieved this textured aspect, looking about trying to see something that he had used to push down on the paint, I could not see anything obvious. G noticed me looking at the rose,

'Miss F stamped on his picture that's how come that mark is there' she said pointing to the rose. F returned to the room and his work, I commented on the embossed pattern with admiration, *'that's an interesting effect you have created F.'* F was a quiet introverted person, only engaging in discussion with participant G. He hardly looked up from beneath his baseball cap which was covered by the hood of his jersey. With his head bowed, he explained, *"those eyes are Satan Miss, they are evil, I like Satan, but I am a Christian to."* Unsure of the meaning behind his comment, I responded, by saying *"yes in the bible that duality or coexistence is acknowledged"* I recalled a part of the bible which said in *Romans 7:21* *"I have discovered this principle of life-that when I want to do what is right, I inevitably do what is wrong,"* F with his head still bowed laughed and said, *"yip Miss that's it, it's my anger coming out"*. I felt his sense of relief at being understood in his words. F added, *"I love my whānau, but I took so many beatings from them that made me want to get away from them, I get angry, really angry sometimes Miss, but I don't tell people about it. I'm glad I don't see them (whānau) anymore my bro's and Mrs are my whānau now!"* I thanked F for sharing his experiences and feelings with me, acknowledging how difficult it can be to talk about his past experiences. I commented on how his illustrations matched what was going on for him, yet through his self-disclosure, it animated the intensity of both his past experiences and current reality. F said, *'drawing about it made it easier to talk about it Miss'*.

G the final participant in Circle 2 chose her art resources quickly, a pallet loaded with a variety of acrylic paint colours and different size brushes. G used a black felt pen, selecting the middle of her segment as her starting point and drew a large outline of the words 'Mama Bear' then coloured the letters in green. G used yellow paint and brushed the word Music underneath that in red paint then painted the word Whānau. G explained earlier in the introduction to the exercise that her nick name was Mama Bear, her two tamariki together

with music were the most important, favourite things in her life. She told me she sang to her tamariki when she was with them. F encouraged her to paint other things in her segment, but G hesitated to say she was not a good artist.



Figure 50 Part way through the exercise

However, I noticed as the session was ending on G's segment was illustrated with musical notes on music lines and a large microphone. When the session came to an end G asked if she could continue, wanting to support G's enthusiasm and engagement I agreed.



Figure 51 Completed Mandala Circle 2

Closure of Session One

Closure of the first session did not go as I had planned, with a 15-minute timeslot set aside to invite the participants to share their experience engaging in the Arts therapy-based exercise process. However, three participants had requested to go to the toilet as the main part of the session was finishing and not returned. Other participants had begun clearing up the arts resources. I had designed a basic session evaluation sheet for the participants to evaluate each session. However, the tutor said he had observed the student's attention span was short leading up to the daily lunch break. For this reason, the decision to do an evaluation of the whole programme instead was made.

Summary of Findings Session One

Some participants made connections with their cultural identity clearly visible. While for others their interests and sense of belonging to other groups outside their whānau took priority. Association to either their environments and the people in them were frequently illustrated demonstrating their respect, value, and loyalty for them. Their interests and beliefs were expressed distinctly. The relationships within the group began to emerge with evidence suggesting there was a divide which was largely caused by the two different street gangs the participants affiliated to. Six of the eight fully engaged in the exercise from the start, while two later reluctantly became involved. All four key concepts of the conceptual framework were visible during this session. All the participants demonstrated a sense of safety which is evident through their engagement in the activity, with some participants feeling comfortable enough to disclose details of personal past traumatic experiences and/or their lack of confidence with specific aspects of the activity and/or personal learning journey. The koha concept was evident during the interactions between myself and the participants or the participants' expressions of gratitude for having the opportunity to engage in the Arts

therapy-based activity. Kaitiakitanga was expressed through the participants ability to willingly share their interests and ideas for the further sessions of the Toi Ora programme. Further evidence of this concept was witnessed by the way in which the participant respected the creative space and resources. Mauri Ora became visible through some of the participants enthusiasm to engage in the Arts therapy-based activity, inquisitive approach with the resources and willingness to commit to continue participating in the Toi Ora programme.

4.8. Session Two and Three: Ki Waho - Ki Roto

Mask Making

Part one: Ki waho

The directive of the first part of the exercise

On the outside of the mask depict how you think others see you or how you think you present to the outside world

The whakataukī supporting the sessions were:

Hohonutanga/Depth

“He kino ra, he kino no, tau, o te wai/I may not be good-looking, but I am the deepest part of the river.” (Alsop & Kupenga 2016, p. 21)

Participants A, B, C, D, F, G, H, VC1

Part two Ki Roto

The directive for the second part of the mask making session was on the inside, illustrate how you see yourself, what are some of the aspects you hide from your outside persona or the parts from past experiences that have been long forgotten about.

The Whakataukī supporting this session was:

Whakamanawa/Self Belief

“He matua pou whare, e rokohia ana; he matua tangata, e kore e rokohia/You can always gain shelter in your house, but not always with other people” (Alsop & Kupenga 2016, p. 150).

Participants B, C, D, F, G, H, VC, VC1 VC2

The power point presentation which was used to introduce the Arts therapy-based exercise, many participants thought was cool, it helped them understand what the exercise was about and stimulated ideas. Two participants said that the power point presentations were the best part of the sessions. Participant H, “*Chur Miss I can remember my Nana saying something like that to me when I was a kid*” H was referring to the first Whakataukī “*I think she was trying to tell us to focus on being a good person, looks come second to that*” he added.

Key Findings and Narratives

Seven participants attended both parts of this two-session experience, these findings and narratives shared are presented first.

Participant D



Figure 52 Ki Waho ‘Bloods’

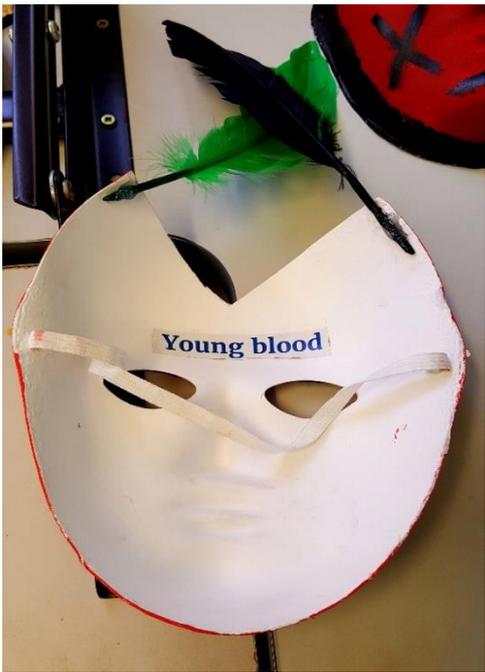


Figure 53 Ki Roto ‘Young Bloods’

Participant D was again reluctant to engage in the exercise. However, as in the first session D eventually became engaged with the art resources. First, she selected a bright red acrylic paint filling her pallet with the one colour, two different size brushes, and returned to her

work bench to begin painting. D cover the entire front of her mask in the red and placed to one side, *"I'm waiting for the paint to dry Miss then I'm going to glue some things on"* she explained. I sat next to her while as she waited for the paint to dry, I commented on her choice of colour. D explained, *"it's bloods Miss, I'm bloods hard out"* D was referring to the street gang she hung out with. I commented, that is was great to have a good network of friends. D laughed, *"yeah, I get what I need from the bros."*

D was the youngest participant on the programme, aged 16 years old. I asked her why she liked hanging out with the street gang, D explained that the bros in the gang understood her, *"they've got my back Miss"*. D was a whāngai child, in the care of her biological Nana along with her other siblings she was the oldest of five siblings. D said her Nana was okay but didn't understand her and was too busy with her other brothers and sisters, *"she's the one that made me go on this dumb course, it's the same as school... dumb as Miss"*. I suggested it was a good indication that her Nana cared about her. When we spoke about her goals, she said she did not really have any and the things she liked to do most were eat and sleep. Eventually the paint was dried enough for D to add more art resources. D chose feathers and sequins, using a hot glue gun she attached them to the front of the mask, when she had finished, she put the mask on and began to take 'selfies' on her mobile phone. This gave the impression D was proud of her work.

During the next session D spent some time sorting through all the magazine clippings, returning to her work, *"I've found the perfect thing, it's really what I'm about, mean"* D declared and glued the clipping to the inside of her mask. The magazine clipping had the words 'young blood' this confirmed what D had explained in the previous session regarding her sense of belonging and identity within the street gang she affiliated to.

Participant VC 1

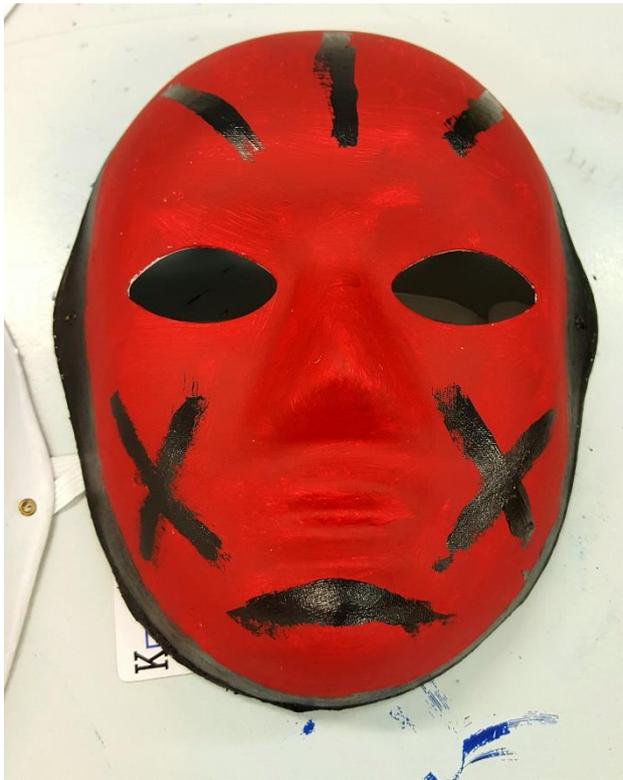


Figure 54 “Bloods”



Figure 55 “My Bro”

During the first session participant VC1 painted the outside of his mask with the same red D had used to represent the same street gang which he affiliated to. VC1 explained the blackened mouth represented his loyalty to the bros, the black crosses and forehead markings reflected his Māori cultural identity. VC1 was a very fair-skinned Māori which he said sometimes went against among the bros, while his Māori surname he thought often caused discrimination when he had to deal with services such as Work and Income, “*Yeah Miss I reckon they see my name and straight away they’re down on me*”. During the week in between the two parts of this exercise, participant H’s 17-year-old cousin suicided, the cousin was also one of VC1’s best friends and associated with the same street gang. In the second part of the exercise VC1 painted the words, Love, Pain, Anger and Hate. VC1 explained that partly related to his ‘bros’ suicide and to his own anger, pain and hate he felt towards some of the people who he said had treated badly, “*I’m angry at the system Miss, it*

feels like everyone is against me, I failed at school cos I hated going, hated the things they made you do at school, the teachers didn't care about the one in class that didn't understand the work, I ended up just no going. Then dealing with WINZ is bullshit" VC1 admitted to having a problem with alcohol which is what he used to make his angry, painful feelings abate temporarily, I asked him if got any support to overcome his problem with alcohol, *"My girlfriend is always there for me, she calms me down"*. VC1 said making the mask helped to *"let out some of the pain and anger"* that he felt.

Participant H



Figure 56 "The Hood"



Figure 57 "Whānau"

Participant H described the outside of his mask as representing his taha Māori the struggles in his life and the street gang he associated with (*H had no real fixed abode, few personal belongings and only one set of clothes*). On the inside of the mask H used a mixture of fluorescent colours and wrote the words. "Kia Kaha". H explained the colours represent different parts of his whānau, the religious influences of his mother (pink) the yellow

illustrated the inspiration and love he got from his whānau and the orange H associated with his father’s strength and power. It said he had scribbled the colours on to represent the confusion and chaos he and his whānau felt about his 17-year-old cousin’s recent suicide. H told me that he was the last person his cousin had spoken to before he took his own life. H was clearly in shock, he told me his was not sure how he will cope without his cousin around. Jennifer (RAG member & Regent Training centre general manger) had informed me that the centre was concerned for H’s wellbeing and the centre’s counsellor was working closely with H. I pointed out to H that it was good to see he was able to express the love and support he felt from his whānau and that the confused feelings were normal considering the tragic incident. I reported back to Jennifer after the session H’s self-disclosure about his emotional state. Jennifer was appreciative of the additional sensitive information and passed it on to the counsellor.

Participant G



Figure 58 “Mama Bear”



Figure 59 “Music in my Soul”

Participant G & F worked closely together on both parts of the mask making exercise, sharing bench space, ideas, and skills. Both participants made a genuine mistake and used the outside of a second mask in the second part of this exercise to illustrate the inner perspective of themselves.

The mainly black coloured mask represented how G considered the outside world saw her. The black representing her Māori identity and the stereotyping she experiences often. The blue patterns and small sequins on the forehead reflected her femineity. The mainly red coloured mask (ki roto) represented the love she had for her two babies, motherhood and some of her best friends who affiliated to the same gang D and VC1 associated with. The word music and musical notes expressed her love for singing, especially to her babies. G disclosed she had two young children, but neither were in her care, instead in the care of her mother. G disclosed she struggle with motherhood she had her first baby at 16 years old and the second one at 18 years old, she suffered with depression and anxiety and found it hard to access or find the right support from the mental health services.

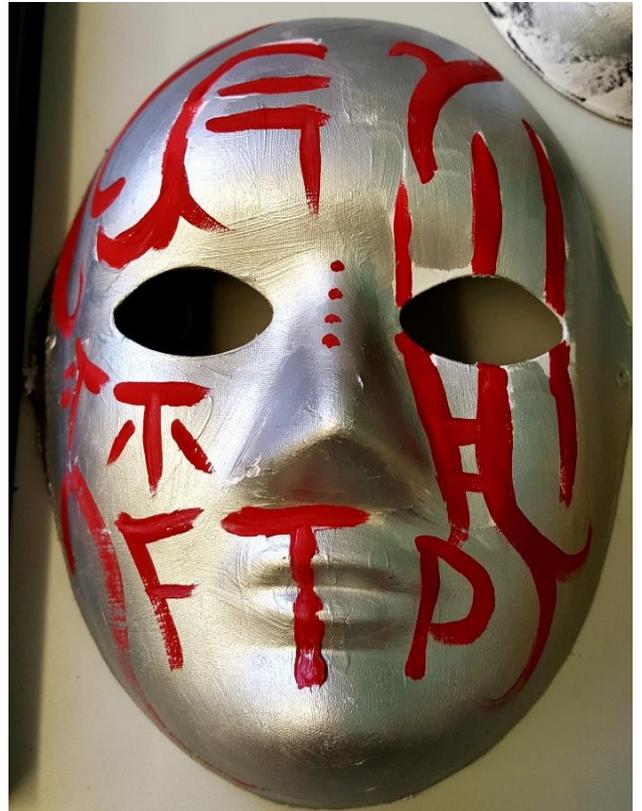
G admitted she had asked F to help her with the musical design. F wrote the word Music in a unique stylized font. G added the music note and lines. G asked again could she continue her work after the session closed, this was agreed to. G said she was really enjoying the art exercises, she found them relaxing and fun.

Participant F

Figure 60 “The Bash”



Figure 61 “Fuck the POLice”



In the first part of this exercise F’s mask was literally oozing with the abuse he had experienced in his younger years this was represented with the red paint coming out of every facial orifice. F explored several different resources, he added further details using three pieces of ‘air dry’ clay which he had fashioned into the shape of nails and painted silver fixing them to the forehead of this mask with hot glue. F had also covered the eye sockets with red coloured cellophane which he said reflected a blurred vision for the future and how he saw the world through his abusive past experiences. F commented, *“Miss this is the first time I’ve ever told anyone about my shit childhood, I was uplifted from my whānau cos of all the beatings. They put me in care with another whānau that’s how come I’m up here. Making that mask was awesome Miss, it felt good to pour it out like that, I love art Miss”*. I commented that it was great witnessing him engage and benefit so much from the sessions.

The silver mask with FTP and flashes of red represented ‘how he saw himself’ F painted it silver and decorated it with red patterns and the alpha F T P, which he explained was an acronym for Fuck the POlice (F emphasized the letter O in his pronunciation of Police) . F and I discussed what that meant, this was the first lengthy conversation F and I had shared. His demeanour was introverted, usually busy drawing or designing tattoos on paper or tagging the massive black chalk board wall in the classroom before the sessions started with his hoodie pulled up over a baseball cap. F talked about systemic failure, structural violence, assumptions about cultural identity, poverty, whānau violence, he said, “*and then the police step in and cause more shit*”. I agreed that sometimes different situations can create unwanted contact with the police, some experiences can leave a bitter taste in our mouths, and create feeling of anger, frustration, and injustice. F said, “*it is soul destroying Miss, when you get stereotyped all the time, or judged on your past*”. F and I discussed the freedom felt through creative expression, the anonymity ambiguous qualities that can keep the creator ‘safe’ to express deep seated emotions.

F disclosed he wanted to become a tā moko artist and spent a lot of his time designing different tattoos for his friends and whānau, this together with Rap music, graffiti or tagging were his main interests.

Participant B



Figures: 62 & 63 The process

Participant B first tore his mask in half, holding the lower part up to his face, he yells out, “*Chur dis is real gangster.*” On one side of the half mask he took his time focusing on a pencil drawing of the letter C. B chose blue acrylic paint and applying it with his fingers he covered the other side of the half mask. B’s demeanour was at times intimidating and manipulative. “*Come on bro your Cribs, make ya mask like mine*” he said to participant C.

Figure 64 “C Hard Out”



Participant C

Participant C had been present during the research and Toi Ora programme's introduction session and had indicated his interest in participating on the programme. However, he had not attended the first session, this gave me little to go on with regards to his place in the group or how it might impact the group dynamic. During the second session it quickly became apparent that participant B and C had a close friendship.

"Hey bro, check out what I did to my mask, its gangster as, you should do it to" B suggested to C holding up his half mask to his mouth. C responded to B's suggestion but instead of tearing his mask in half C cut it in half using scissors. C also opted to use a paint brush to apply the same blue paint as C had used, *"that's a gay way to do it C"* B taunted.



Figure 65 Half mask C's

Participant VC2 was a newcomer to the Health and Fitness course his enrolment had been delayed due to being involved in a Corrections process. VC2 was the oldest student

participant 22 years old, he arrived to start the session with B and C, VC2 had an electronic monitoring device which did inhibit his participation in some of the Health and Fitness course field trips. I introduced myself and welcomed him to the session. B, C, and VC2 caused some disruption during the power point presentation, which was a good opportunity to explain to VC2 the group contract and remind the other two about the group agreement regarding respect for everyone in the group. Some of the other participants backed me up, participant G adding that she had really enjoyed the first session and wanted to continue to enjoy the rest of the sessions. VC2 sat with participants B and C, he sat staring at the blank mask, while B and C began their work. “*Bro do the C on it*” participant B suggested as he started pencilling on the side of his mask. VC2 laughed and replied “*whatever bro.*” Eventually VC2 got a pencil and began drawing on his mask.

The trio seemed intent on distracting the other participants, B taunting the participants using the red paint as he knew they were using it to represent a rival street gang to his. I reminded them again of the respect for each other and for the work being produced that had been agreed to in the group contract. Participant B laughed and said in a childish tone, “*yes Miss sorry Miss, I’ll stop it now Miss*” participant C and VC2 laughed along with B, I chose to ignore them. B did stop his taunting, once he realised none of the others were responding to their gibes.

During the second session of this two-part exercise, VC2 did not attend. However, participants B and C did. Before the start of the second session I met with Jennifer RAG member, who informed me there had been an altercation between participant C and the tutor of another course in the classroom next door to the Health and Fitness course classroom. Additionally, there had been complaints from students on other courses that participant B had been using intimidating strategies to get cigarettes and money from them. Both had received disciplinary action in the form of a final warning, any further inappropriate

behaviour towards staff or other students would lead to them being stood down from the Health and Fitness course. This pre-session information was helpful and prepared me for the possibility of challenging behaviour from the two participants. During the second session C gave me his version of the altercation with the other tutor, which was backed up by two of the other participants, I listened and suggested C kept focusing on the goals he had developed for the Health and Fitness course. C agreed and said he felt listened to and thanked me for giving him the opportunity to talk about the incident. Both, B and C sat together chatting and laughing while they worked on the inside of their masks with pencils and coloured felt pens. I heard them both mocking the tutor of the Health and Fitness course who was absent that day. Their demeanour was less hyped, and they interacted with the other participants and me with more respect, contributing to the music selection during the session and making plans for that day's lunchbreak.

Participant A



Figure 66 “My Identity”

Participant A was the tutor of the Health and Fitness course who had opted to be a participant on the programme. A seemed detached from the rest of the group as he worked quietly on the outside of his mask, choosing red and black paint and feathers, he said it represented his Māori identity. A did not attend the second session because of sickness, and the Health and Fitness course had a substitute tutor who was invited to participate in the mask exercise, which he did.

During the closing component of the session, some of the participants expressed how much they liked the mask making exercise, others began to tidy up the resources, C and B left the room to use the toilet. The completed masks were left on the tables where they had been made. I asked the remaining participants if they would like to display them on the walls, or take them home, my suggestions were met with mostly silence, some said they did not care. I collected up all the masks, some still had wet paint, and I placed them all side by side on a table not normally used in the far corner of the classroom. B and C re-entered the classroom, their demeanour had changed, “*So Miss what are we doing next week?*” C asked. I explained the session would focus on Music for wellbeing. “*mean Miss me and the bro will be into that*” B said speaking on behalf of C.

In the week in between session three and four, I spoke to Rawiri the RAG kaumātua about participant B and C’s intimidating and disruptive behaviour. Rawiri advice to me was go to the next week’s session on my Harley Davison motorcycle, as Rawiri said he thought B and C considered me a ‘push over.’ I took Rawiri’s advice and rode to the centre as I was parking up on my motorcycle most of the participants were outside having their morning break. Participants, B, C, and H, came over to see who had arrived on a loud motorcycle, “*Wow Miss is that your bike?*” I heard H ask as I took my crash helmet off. “*Kia ora guys, Yes this is my bike*” I replied to H. “*Too much Miss you’ve just gone up a few more levels of meanness Miss*” H replied, C walked around the bike, “*Far out Miss my bros got a mean as bike like*

this” he said as he looked over my bike. “*Bullshit Miss that’s not yours.*” B said doubting me “*Yip it sure is*” I replied “*give us ago then Miss*” he replied laughing. The trio returned to the other participants sitting outside on their morning break, I could hear them telling the others about my bike and how they thought I was means as, just like the bros they knew who rode bikes like mine. It seemed that, Rawiri’s simple advice to change B and C’s perception of me was effective and invaluable in breaking down a barrier, a strategy that was meaningful and generated relatability. A final finding from the mask making sessions worth mentioning,



is when I entered the classroom at start of the following weeks all the masks had been thoughtfully displayed on one of the classroom hessian display boards. I asked the participants who had done it, C answered “*me and the bro H did it Miss, what do ya think?*” “*It looks great, it’s awesome to see the work that you all put a lot of effort into om display.*”

Figure 67 Mask wall display

Summary of Findings session two and three

Finding common ground was important in developing the relationship between the participants and myself, seeking ways to break down the barriers central to fostering the

relationship the concept of koha is evidenced here. Demonstrating to the participants I was not stereotypical of the teachers and support services personal they had experienced in the past, there was no power and control in the relationship we were equal and had common interests. The process of the Arts therapy-based exercise presented an opportunity for some of the participants to express for the first-time deep-seated emotions that related to early experiences that impeded on their current reality demonstrated they felt safe and at ease. Finding the exercise helpful expressing their past experiences when words often failed them. Through creative expression some participants were able to gain and understand how their inner perceptions of themselves sometimes affects the way they present to the outer world. For others, the exercise had the capacity to consolidate and confirm their identity and sense of belonging among groups of people they valued either whānau, street gangs or other peer groups. Finally, most participants articulated their enjoyment in participating in the sessions in some way. Thus, demonstrating concepts of mauri ora and kaitiakitanga.

4.9. Sessions Four .

Music for Wellbeing: Session Four

Seven participants that took part in this session (A, B, C, D, F, G, VC), this was the lowest number of participants in attendance thus far. There were concerns for H's wellbeing, it was unusual for him to be absent from course. VC1 had a Work and Income appointment he had to attend, and VC2's absence was unexplained.

The Arts therapy-based exercise developed for this session and the following week's session was in response to the participants interest in music, especially the Rap music genre. I was interested to know more about why many of the participants idolised the American Rap scene. After listening to some of the artists that the participants had recommended to me, I gained some understanding about why the participants related to the American rappers' songs. Based largely on topics such as cultural injustices, impoverished upbringings, drug and gang association and the objectification of woman I could make various connections to some of the lyrical narratives. However, there seemed many incognisances between the Americanised lifestyles and glamourized notoriety all the American rap artists sang about. Further, the two street gangs that clearly divided the group or participants also had their foundation rooted in America culture.

The directive for the first of this two-part session focused on a past lived experience or situation that was challenging in some way or conversely an experience or situation that was significantly empowering. The first part the exercise invited the participants to design a record album cover that visually express their experience or a situation. During this process and the week in between the two sessions they were encouraged to write down key words that related to the challenging experience/situation in preparation to compose a rap song in the second part of this music Arts therapy-based exercise. The aim of this exercise was to

help the participants gain further understanding of how music can be used as a conduit to express, identify and harness the skills and strengths they may have gained from their experience or situation, enabling them to realise how resilience is developed from the challenges they had faced.

Session four: Part 1 Whakataukī

“Turangatira~Presence: Tama tu, tama, ora, tama noho, tama mate~He who stands, lives, he who, sits, perishes” (Aslop and Kupenga, 2016, p. 54).

Session five; Part 2 Whakataukī

Ngākau Mohio~Understanding

“Tēnā te ngaru whati. Tēnā te ngaru puku ~ There is a wave that breaks, there is a wave that swells” (Alsop & Kupenga, 2016, p. 137).

Participants A B C D G F H VC VC2

Part One Key Findings Observations and Narratives

Eight Participants were present

Participant B's Record Album Cover and Song Title

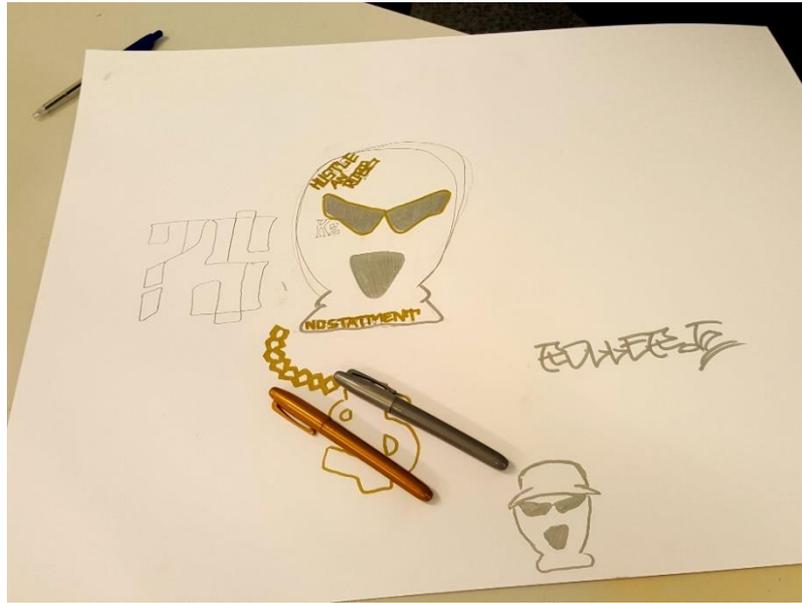


Figure 68 “Keep it Covered”

Participant B explained his illustration was about life in the Hood.’ He referred to the gangsters he grew up around and with. B told me he had learnt a lot about how to survive in life living among the gangs. B spoke positively about gang life, *“anything ya want my bros go and get it, fuck the system, the rules they are shit always against us Māori.”* B went on to disclose a significant incident he instigated and was the key perpetrator at the age of 16 year old. *“Yip Miss, down the line I did over an ATM machine, I got heaps of cash and those mofo cops couldn’t catch me.”* Eventually the police did find B, he was arrested, and the outcome of the court case saw B detained in a Youth Justice residential facility for a length of time. It was during this time of incarceration that he first began to write poetry. The title of his album cover illustration he said related to *“covering up when ya on the street an doing a job, and the bros always got my back, they keep it covered.”* In some ways the covering up can be considered as protection, hiding their identity like the tagging with its hidden identity that B spoke about. B disclosed he had written some technical poetry that related to that incident, which he said he had not finished and was now inspired to complete.

Participant C



Figure 69 “Fuck the World~Feed the Whānau”

Following the power point presentation which introduced the exercise to the participants, C said, “*Miss the power point was mean as, Tupac and Marley... too much. But Miss I don’t get what I have to do.*” I sat down beside C, using my laptop I searched Youtube for a Rap song that had supporting lyrics. I found Tupac Shakur’s song “Dear Mama” the song recounts significant events, situations and experiences in his life which his mother supported him through, it speaks of the unconditional love she had for him, Tupac’s opening line to that song is, “you are appreciated.” Tupac is referring to his mother, I asked C what do you think that would look like if you illustrated your appreciation for someone? C laughed “*Cher Miss I get it now*”.

C shared that he had written about an experience/situation he was involved with at the age of 14 years old. An incident he was involved in led to his arrest and consequently a two-year

incarceration period at a youth justice facility, this is where C and B first met. C said he wanted to turn the words he had written into a rap song. I asked C if I could read what he had written, he seemed amazed I was interested and immediately located them handing me his written work. As I read, I became aware of the desperation and seriousness of his situation. At fourteen years old C had committed an armed robbery of a shop. C explained *“I was pissed, and the cops caught me, do ya know I always wanted to be a policeman when I was a kid but those mofo’s are scum, nobody sees how they treat you behind closed doors, they gave me the bash.”* I asked C what made him commit the crime, C explained, *“Me and my little bro and cuzzies were hungry, Miss, I had to do something.”*

C began working on his album cover illustration. First C drew an image of a skeleton clinched fist with the middle finger erect. C seemed obsessed with the image I had seen the same illustration on many of C’s personal items and he frequently ‘tagged’ the class’s black board in yellow chalk with this image. C explained that the image was part of a ‘back patch’ from a gang that he admired and affiliated to. I assumed C’s use of alpha in his illustration was an abbreviation for Fuck the World. C explained it had a double meaning, that was his original meaning, it was an emotionally charged response to his experiences going through the Youth Justice process. However, after our conversation about the aim of Arts therapy-based exercise earlier FTW also stood for Feed the Whānau. I said to C that I could understand his anger, as his intention for robbing the shop was the need to feed his younger siblings and other whānau members, which really at 14-year-old should not his responsibility.

As I continued to read through C’s work, C remained focused, absorbed in his work, he occasionally held one hand in the position of the hand gesture he was trying to replicate. After reading all his work, I asked him how he felt after writing it down, C said he felt better. As part of C’s two-year sentence, he completed a six-month mandatory rehabilitation

programme. I asked C aside from his experiences with the police and others in justice system was there anyone during the process that helped him or at least understood him and the desperateness of the situation that had driven him to commit the offence. C described his rehabilitation experience as *“it was shit Miss, those mofos don’t get it, what it’s like to grow up hungry, getting bullied and being scared. Nah Miss they treat you like a kid in rehab I don’t think anything they did really helped me in anyway. They just tick the boxes to say I did the shit they wanted me to do, none of em really listened to me”*.

I asked C why he had enrolled on the Health and Fitness course, C laughed, *“cos I’m shit at spelling Miss and I have to be on one of these courses otherwise my unemployment benefit gets cut.”* I commended C on his choice, aiming to better himself by learning new skills. *“Thanks Miss, this is a mean as programme it’s much more interesting than some of the other stuff we do on the course”*. *“That’s good C you’re getting something from what we are doing on the programme”*, I mentioned once we have finished the music for wellbeing sessions I was hoping to move on to graffiti. C immediately blurted out to the other participants that they will be doing graffiti. *“True Miss”* participant F asked. I explained to the whole group that I was hoping to negotiate with Jennifer an opportunity to do some graffiti on an eternal wall, nothing was confirmed though. My reply was met with cheers. *“That’s mean as Miss”* participant F said, C spoke up, *“Mean Miss graffiti is my thing”*. I could sense the excitement, however pointed out at this stage it is not confirmed, *“Jennifer won’t let us do it she’s cool but straight as Miss”* C added. *“Let’s see what she says when I talk to her.”*

Participant VC2

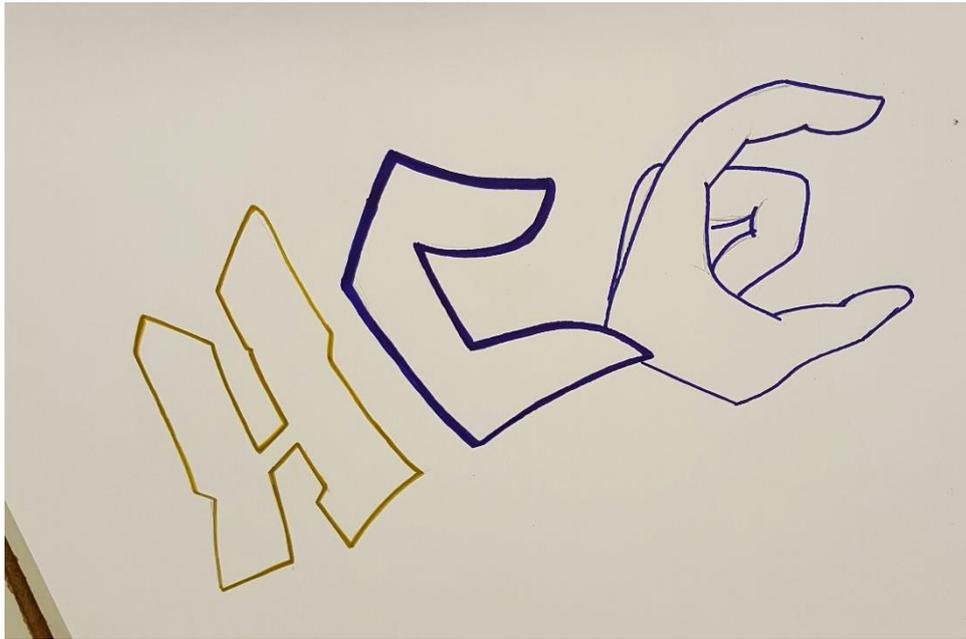


Figure 70 “Cribs Hard Out”

Participant VC2 had difficulty engaging in this exercise, displaying similar behaviour as he had during the previous session. “*Nah Miss I ain’t into this*” he said as he slouched onto one of the reclining chairs that were position in a back corner of the classroom. I suggested perhaps he would like to choose some music to play during the session on my laptop. I reiterated my objection to music with abusive lyrics and the volume had to be at a low level, both points were agreed to during the development of the group contract and I asked him to be respectful of my equipment. VC2 took up this suggestion agreeing to the conditions.

Participant B and C worked on the tables close to where VC2 sat. VC2 chose to search for music on his mobile phone, participant B interacted with VC2 as he searched for music. B asked me if I wanted to see some ‘Rap’ music videos on youtube, I agreed and VC2 held up his mobile phone so I could see what they were watching. The youtube video was by a rap artist called Young Jeezy an African American. The lyrics I found abusive, objectifying woman, indorsing violence, glorifying drug dealing and consumption, and described some

adverse life experiences, and situations in another country, with urban street life in an American city where the rapper's gang affiliation and membership were a key part of his lyrical rap. The video explicitly echoed the content of the lyrics, with scenes of intimidation, and idolization of the rapper who was draped in chunky gold necklace threatening to *'smoke you niggers*. Both participants waited for my response. I asked them why they were so engrossed in the American 'gangster' rap, was there any New Zealand rap artists they liked. B laughed, *"what don't you like the nigger Jeezy Miss?"* I explained that I had never been interested in Rap music, because the rhythm never appealed to me, but admired the rapper's ability to create technical poetry that reflected their experiences/situations and emotional expression.

B and VC2 went back to their search and I went to talk to participant C. VC2 *"hey Miss I'll find you some good sounds from New Zealand, it's made by my bro's inside."* Suddenly he declared, *"I've found it, those mofo's inside are having a ball"* C shoved his mobile phone into my view, *"listen to the bro's this is there rap"*. It seemed the video clip was of four or five young Māori males inside a small room, their rap lyrics chorus was *'Fuck the police.'* I asked VC2 how his 'bros' were able to make a video and send it to him because my understanding was that there were stringent restrictions on the possession of mobile phones among other items inside prisons and detention centres, B laughed at my comment VC2 explained, *"you can get anything you want inside if you know how, it's like a hotel, food, warm bed, hang out with the bro's"*. *"I'd prefer my freedom"* I responded.

Eventually, VC2 found some Rap music that was reasonable, and decided to engage in the Arts therapy-based exercise. Selecting a pencil, he began to draw, using the same technique of holding up his hand in a pose that represented the hand gesture which identified the street gang he was affiliated to.

Participant F



Figure 71 'Beast mode'



Figure 72 'Protection'

Participant F engaged immediately, after watching the power point presentation F quickly selected his arts resources, a black marker pen and a sheet of paper and sat beside G as usual. I heard F encourage G, “*go on get some paint and get into it.*” F’s comment motivated G to go and check out the arts resources. G returned with a selection of coloured paints. F chatted to G while maintaining his engagement with his own work, G sat watching F’s pen move across his paper.

The main part of the session was ending when I revisited F, he had completed two album cover illustrations. The first F described his illustration as “*Beast Mode it’s about my experience growing up, it’s how I survived Miss. Beast Mode comes from a computer game that I used to play heaps when I wanted to forget all the shit going on around me. Beast Mode is indestructible, it can smash through anything nothing can get to you when you’re in Beast Mode, I’m unbreakable!*” “*That’s an interesting strategy, a powerful tool to use, harnessing the characteristics and strength of Beast Mode!*” I commented, “*Yip Miss when*

people are pissing me off or I'm in a tough situation, in my head I go into Beast Mode.” F replied and then moved on to his second illustration I commented, “F you’re are a natural artist, your illustration shows the strength and intensity of Beast Mode.” “I love art, it helps get things out, I’m shit at writing I can’t spell, but my art keeps me going.” He explained. We talked about the communicative of qualities of creative expression “that’s why I believe the arts can support the restoration and maintain wellbeing” I added. I asked F if he took art as a subject at school. F commented, “they never encouraged me when I was at school, I was always told off for doodling in my schoolbooks during class, I hated school the subjects were boring, I used to bunk school all the time Miss.”

Participant A



Figure 73 King P

Participant A engaged in the arts exercise from the start, A went over to the arts resources and selected a collection of different coloured felt pens and began to draw. A was again detached from the others in the group, he never interacted with any of the other participants during the main part of the session. Instead he sat with his headphones on listening to his

music as he drew. A explained his album cover illustration represented his Māori identity, the P related to his name, the crown and wings represented the band he was part of in which he sang and played guitar.

4.10. Session Five

Part Two of the Music for Wellbeing exercise

Eight Participants present (A B C D F G H VC VC2)

The altercation which C was previously involved with related to the loud volume and objectional lyrics of the Rap music he had been playing in the classroom. Therefore, I was conscious of the noise levels being produced in this week's session. Jennifer and I considered other classrooms for this session. However, the tutor of class next door decided to take her class on a field trip that day. Participants C, B and H shared the noise level liberating news as they helped me unload and set up all my musical equipment in the classroom, I asked the three participants, who had written any lyrics in preparation for this session, C and B had and H said he had some ideas. Participants, F and G opted to continue with their album cover designs from the previous week. D immediately began to explore and experiment the wide selection of percussion instruments available, and within moments started tapping out a rhythm and adding words. Participant C enthusiastically connected the microphone and looper to the amplifier, "*Chur Miss you got mean gear, I've always wanted a go with a looper*" he added. Participant B grabbed the Jambe drum, "*this is a jungle drum mean Miss*" and immediately started banging it. Participant A sat behind his tutoring desk, again detached from the group. C was having difficulty using the looper VC2 tried to help, but was not successful, I gave them both a demonstration, it is a complex piece of equipment however, once you understand the basics you can produce limitless variations of beats and voice alterations. Participant H joined C and VC2 exploring the looper. D nudged VC with a tambourine "*Hey have ago*" VC took the tambourine and the pair began experimenting with

different rhythms. At times, the eclectic blend of different beats, voices and instruments being explored created a chaotic din which was a challenge to control. I decided not to intervene as everyone was enjoying the exercise and nobody was complaining. “Miss, so you got a Rap ya wanna do?” Participant B yelled above the din. “Yip B I did write down some lyrics” “True Miss” B replied. C overheard “Come on Miss bust out the beats” B, C and VC2 all laughed at once. I grabbed the Jambe drum B had finished bashing on, and started hitting it, finding a rhythm, all three participants were watching while the others continued with their musical experimentation. I started,

*Hey, sup you, I'm Miss Chris from the Rei, sitting here at RTC reminiscing one day.
Thinking about my punk rock days in my old London hood, school sucked no one
understood, given the chance I'd runaway if I could.*

*Cold dark days hanging about up the alley experimenting, booze and smokes were
always tempting, Da cops turned up told us kids to skat we just ran to a delict flat
where I got my first tatt. With no hope, I didn't want to succumb to the dope.*

*I made da choice, shared ma voice to get some equipoise. Den I packed up my bags,
I was gone looking for another place to belong. Roaming da world exploring
cultures to find a new life I could sculpture. Aotearoa land of the long white cloud
is the country I'm now proud.*

I stopped there as that was all I had written, the trio cheered, and laughed, “Miss your da bomb, that was mean as” C commented, “We're you a punk Miss” H asked with a chuckle. “Yip, H I was about 18 when I got a mohawk and dyed it bright orange” H laughed. “Your Rap was cool Miss, I liked how you rapped about your youth, did you drop out of school to Miss?” H continued to question. “Yip I sure did H, like you guys I struggle at school, the only think I liked was art. I never felt any of the teachers understood me or my situation, I

had a lot of things going on at home” I explained. *“That’s why you get us Miss”* C commented.

“So, what’s some good Punk sounds Miss?” VC2 asked. *“The Sex Pistols were my favourite band when I was a teenager, one of my older mates introduced me to them. “Youtube Never Mind the Bollocks, that’s the best album by them I reckon.”* VC2 laughed *“that’s an out of it name.”* I explained, that was one of the songs on it was banned. *‘God Save The Queen’* when it was first released in 1977 as it was considered to be rebellious, anarchistic and anti-establishment, yet it actually spoke many truths about huge inequalities between the working class and the snobby wealthy upper class, *“ yip I think the Crown sucks to”* I added, the trio laughed. As the session was coming to an end, many participants commented on how much fun the session was, only C and I gave a short performance with the lyrics we had written. However, the engagement, exploration and experimentation provided evidence of the benefits of a music for wellbeing session.

During the closure part to the session, I shared with the group that Jennifer had given the go ahead for the Graffiti sessions. The two large external walls of the classroom block that partly surrounded a common area for all the campus that the students, staff, and visitors shared had been allocated for the propose. This news was received with cheers, whistles, and claps, I set the participants a task. Explaining that I had never done any graffiti before, I had no idea about which aerosol paint was best or the amount needed for the wall space allocated. Immediately participants C, B, F, H and VC2 started sharing advice on where to buy the best and cheapest aerosol paints, which size and shape nozzles create different effects and what colours they preferred. I asked them how many aerosol cans it would take and safety equipment such as masks to avoid inhalation of the paint fumes and rubber gloves to avoid their hands covered in paint. B and VC2 laughed, *“you’re onto it Miss”* C grabbed a pencil and paper, *“come my bros let’s check out the walls”* the five participants left the room

together. The rest of the participants helped me pack away the musical equipment and went on their lunchbreak. Participant A remained in the classroom, he shared with me that he had resigned from his Health and Fitness course tutoring role and would be leaving in two weeks. Before I could comment the five participants returned, *“too much Miss that’s a mean space”* F said, C passed me the piece of paper, *“It’s all there, Miss what you need to get”* VC2 added. The list was comprehensively itemized, with all the resources needed. the colour preferences and a recommendation for the best shop to buy it all. H added, *“Hey Miss I’d come with you to buy it all, but they know me there and won’t serve me”* he said laughing, F added laughing, *“Yip there’s not many places in town that’ll sell Māori youth aerosol cans, they think we’re up to no good.”* Participant A got up to leave the room, *“What do you reckon A, you said you used to be into graffiti when you were our age”* C asked A. A replied to C’s question, *“I reckon you boys have got it sussed.”* A left the room. *“Have you heard the good news Miss”* C asked, the rest of the participants laughed, *“what is the good news?”* I replied. *“A’s leaving”* C explained. *‘Oh, that news, yes he just told me.’* I replied. *“Sweet, I reckon he was full of shit Miss”* B added. I did not reply clearly the participants were relieved A was leaving, I picked up the list, *“ok guys, I’ll get this sorted for next week’s session”*. *“Tu meke Miss, your da bomb”* participant F commented.

Summary of Findings

There was an observed shift in some of the participant’s attitudes, both relating to their engagement in the sessions and their perception related to past experiences. The enthusiastic experimentation and exploration of the musical equipment I witnessed was heartening. The previously observed division among the participants as they staunchly maintain their loyalties to the street gangs each, they each affiliated to momentarily dissolved. There was laughter, conversation, and encouragement as they engaged in the second music experience. Sharing my attempt at Rapping which revealed parts of my own story as a youth served as a

further tool of relatability, reconfirming to the participants there was no power and control in our differing roles, the dynamic of equity enabled the strengths-based approach to be fostered. Meeting the participants 'where they were at' using their interests, experiences, skills, and strengths communicated to them that they were key contributors to the process validated their stakeholder position. Demonstrating that there are many ways to reach prescribed learning outcomes and that they had the capacity and ability to self-determine how they achieved the learning outcomes.

In the discussion regarding the planned graffiti session, the interest and passion was clear. Working out how much paint was needed to cover the available walls, would have seemed like a boring and challenging algebra task had it been presented in a textbook approach. By presenting in a concrete form, that incorporated a subject of high interest made the task meaningful, concept of kaitiakitanga was evident as the five participants took on a leadership role with regards to the resources and graffiti activity planning. The concept of koha, was demonstrated both in the music session and in the planning of the graffiti session, participants from the two different street gangs let down their guard, enthusiastically spontaneously working together on the common interest-based activities. Thus, indicating the sense of safety they felt within the creative space environment which allowed movement of mauri ora. The participants ability to apply their existing skill sets to explore the task set to them provides the evidence, their focused engagement enabled them to effectively work together to generate a formula to meet the outcome of the task I had set.

4.11. Sessions Six and Seven.

‘Graffiti for Wellbeing’

Part 1 Participants present (A, AB, C, D, F, G, H, VC2)

Before the session I met with Jennifer in her office. During our meeting Jennifer shared that there had been further altercation and complaints made about participant B during the week in between the sessions. B had continued with his intimidation strategies trying to extract money and cigarettes from the other students. He had also been caught selling cannabis on campus, this time C had only been involved as a bystander and not directly involved in the interactions. In accordance with the training centre’s policy on zero drug tolerance and considering B’s previous and continued intimidating demeanour. B was suspended from the Health and Fitness course. For Jennifer this was a last resort, as she was passionate about supporting the taiohi to turn around their lives. However, B’s behaviours were compromising the wellbeing of other students and were detrimental to the reputation of the centre. Jennifer also expressed her concern about the possibility of B seeking revenge for the decision to suspend him, she feared B may try to destroy or damage some of the centre’s property. Jennifer also informed me of a tragic incident, participants C’s younger brother (13 years old) had died during the week. Jennifer was unsure of the circumstances but had real concerns for C’s wellbeing, C had a history of ‘self-harming’ and that C had, had a strong bond with this younger brother. The previous incident in which C was the key perpetrator of the armed robbery that led to his arrest and incarceration at a youth justice facility was driven by the need to feed his younger and other siblings. Therefore, C’s wellbeing was a key concern and all staff at the centre were alerted to this and instructed to be extra vigilant.

Both VC and VC1 had called Jennifer to tell her they would be absent, VC1 had an appointment with Mental Health and Addictions and VC was going as his support person. I

commented to Jennifer that it was great that he had finally got an appointment as VC had disclosed to me, she thought VC1's alcoholism had becoming more of a problem, and he had been getting into a few fights and missing course work because of it.

The final piece of information that Jennifer shared during the meeting was another tutor had been appointed to take over the Health and Fitness course. The new tutor had been spending time with the students, during the existing tutor's resignation period as part of the hand over process. Therefore, he would be present in the Toi Ora programme's morning session. With the intensity of all that news I gathered all the resources from my car and made my way to the classroom to set up while the participants were on their morning break. Participant, H, VC2, and B saw me unloading all the resources, they came to help and investigate my purchases, bombarding me with questions about the aerosol paints, nozzles, and colours.

Once in the classroom I left them to explore the resources while I returned to my car to retrieve some remaining resources. On my return to the classroom I bumped into participant C, his demeanour was sombre and empty, a stark contrast to his usual upbeat, mischievous, and slightly staunch character, it was heart-breaking to witness. "*Kia ora C how are you doing?*" I asked. C raised his head "*my little bro is dead Miss*" C replied as silent tears rolled down his cheeks. "*Oh, C I am so sorry to hear this*" I hugged C and explained that he did not have to attend the session I would completely understand his absence. Wiping away the tears, C replied. "*Miss its graffiti week, my little bro loved tagging and graffiti like me, I want to tag something for my little bro, then my auntie is coming to get me after the session, she's gonna take to my little bro.*" We both entered the classroom together, "*go and check out the resources C*" I encouraged him to be part of the group already looking through the collection of aerosol paints. The new tutor was also in the room, "*Kia ora, I'm AB the tutor taking over from A.*" I introduced myself and briefly shared information about the Toi Ora programme. "*Yip I've heard about your programme. These guys have told me all about it*

and they are all pretty amped about the graffiti session today” AB commented. I invited AB to participate, explaining I had given the option to other tutor, he could either remain in the tutoring role or join the programme in the capacity of a participant. *“Mean, I’ll jump on board and be a participant with these guys if that’s ok?”* AB replied. When all the participants were settled, I presented the power point presentation, I reiterated that because the wall allocated for the graffiti work was a public communal space, there were restrictions, no offensive language and gang affiliation symbolism would be allowed. Participant H spoke up, *“Miss I want to put my dad’s gang symbol up, my dad and his bros mean a lot to me.”* Validating H’s reasoning I commented, *“Instead of using the gang symbol to represent how much he and his mates mean to you, you could do something that reflects the concept of whānau and kinship ties, what are the qualities in the relationships you particularly admire?”* H looked a little disgruntled as he thought about my suggestion, *“we’re blood Miss”* he eventually replied, *“I got an idea Miss”* he added. The rest of the participants had already started to take the resources out to the communal area where the graffiti was to take place.

Session Six Part one

Whakataukī

Māramatanga~Perspective

“He pakaru a Waka e taea te raupine mai/A damaged vehicle can be repaired.” (Alsop & Kupenga, 2016, p. 114).

Participants A C D F G H VC2 AB

Session Directive: Let your graffiti define who you are, include your strengths, your identity, relationships, your beliefs, values, goals, aspirations, and future. You could include

something that expresses your experiences at the Regent Training Centre. The same directive applied to both parts of the Graffiti for Wellbeing exercise.

Key Findings Observations and Narratives

Participant F Figures 73-77 the process

Participant F chose a part of the wall hidden around the corner from the main part which the other participants were using. F chose to use the safety mask and gloves and immediately began

to engage in the exercise. C went to watch F builds up his illustration and seeks advice from F. F remained focused continuing his work only interacting with the other participants when they came to watch or seek advice.

Figures 74-78 Participant F process

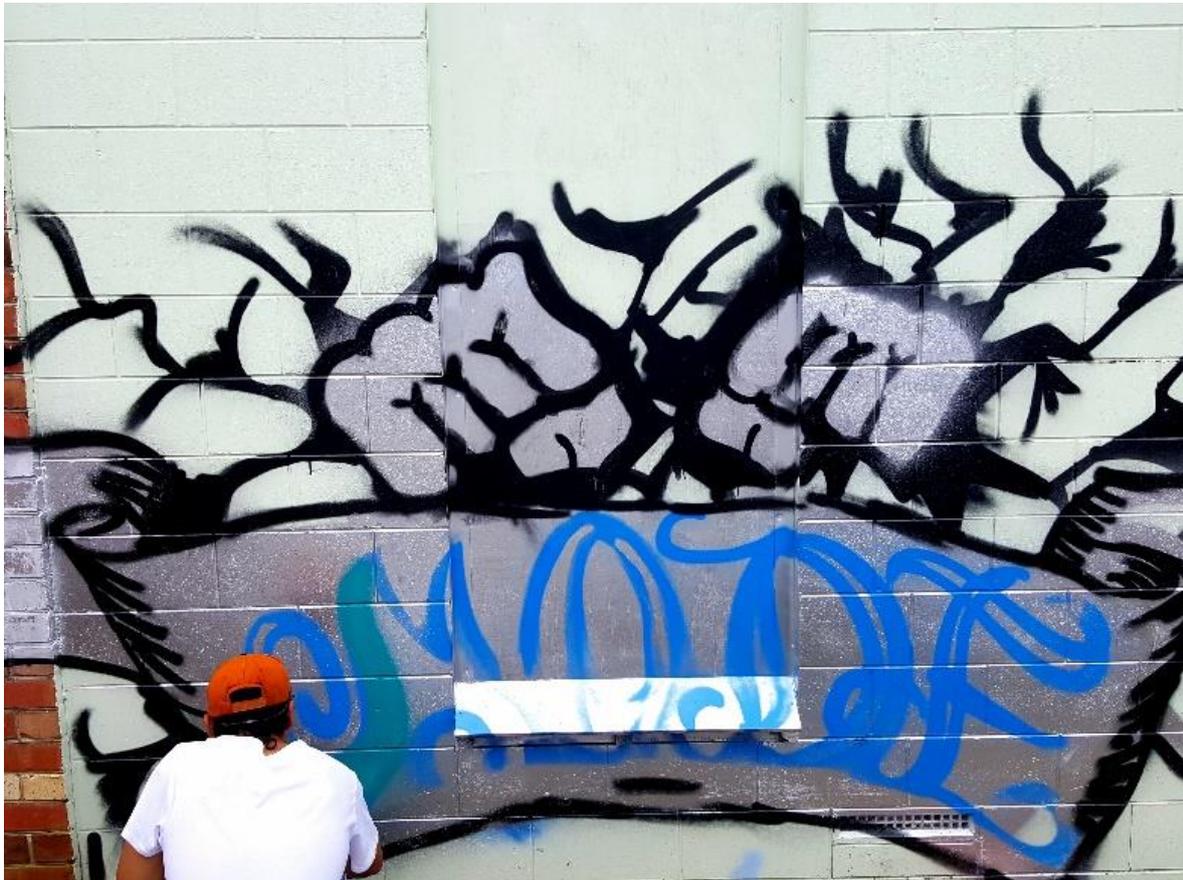




F's continued focus and evident natural talent drew the attention of not only the other participants but also some of the other staff and students who were passing by, after watching F at work they went to tell others of the graffiti exercise. Before long there was a significant audience with students leaning out the windows of their classrooms that surrounded the common area where the graffiti session was taking place. *"Wow that is really cool F, looks like you know what you're doing"* the RTC counsellor said as he stood watching F *"Thanks sir"* F replied. Participant G had opted to be an observer in this exercise, she stood watching F. *"Kia ora G, it looks like F is really enjoying what his doing."* I commented. *"Oh yeah Miss he was so excited about coming to course today because of the graffiti thing you told us about last week, F loves drawing, he has done some graffiti before but the paint is so expensive and it can be tricky getting it, most places you need ID to buy that stuff probably because heaps of kids go and spray it all over town."* I agreed with G, *"yip I guess the places that sell the aerosol paint would be suspicious if a young guy came in wanting to buy lots of different colours. I must admit I can understand why they check their ID, I've seen some shops, and other buildings tagged inappropriately, which can give a project like this a bad name. A lot of people view graffiti, street art or tagging as vandalism, yet when it is done with the intention to beautify somewhere it can be an empowering experience for both the people creating it and the public that see it."* I commented *"That's such a cool way to look at graffiti Miss, I know a lot of my friends would be so into doing something like this, its heaps better than the boring stuff we learn at school."* G replied. I did ask F in a previous session about his experiences at school in relation to his artistic talents. F told me, *"that the art classes at school were dumb, so boring he didn't want to go to them."* F recalled once he was caught drawing/tagging on an interior toilet wall, *"all the bros thought it was mean and made the toilet wall look cool, but the teachers didn't think so and I got suspended."* F recalled.

I asked G about the illustration F was creating, it looked a little like one he had done for his album cover. G explained, “*Yip Miss it’s Beast Mode, F is obsessed with the Beast Mode, it makes him feel strong and helps him cope with stuff*” G added.

Figure 79 Protective Beast Mode



Participant C

Participant C had commented on the whakataukī for the session following the power point presentation relating it to his album cover illustration and the shift in the perception of what his abbreviated FTW stood for. Although now tinged with deep sadness C explained to class how a shift in your perception of something can change how you communicate something. Before the graffiti session started, C disclosed to me he feared making a mistake. “*Does that concern you when you go out tagging the buildings around town?*” I asked. C laughed, “*not even Miss*” C replied. “*Anyway, if you’re really not happy with what you’ve done, it can always be painted over*” I added. C chose part of the wall which was in full view of the

communal area. In a tagging scribe he wrote the word Money, and later added his little brother's initials.

Figures 80-82 Participant C Graffiti work



C continued with his tag styled font to write the letters RTC in the same shade of blue, this gave an indication of his understanding of the connection between the exercise and his goals and his success on the Health and Fitness course. C went on to use other colours to create other tag styled words. Jumping down off the chair he was using, he stood back and looked back at his work.

Figure 81 process



Figure 82



Then C disappeared around the corner where F was working. C was gone for about ten minutes, he returned, *“my work looks shit Miss”* he said shaking his head. *“And what’s he doing there his overtaken my wall space”* C was referring to participant A who had started to work close to where C had been working. C was clearly upset, I explained that the wall was a shared space and participant A had the right to access some of it. C turned to A *“what the fucks that you’re doing anyways, looks shit”* C had never been overtly angry at anyone on the programme before, the intensity of his words perhaps a reflection of his personal situation and the grief he would have been feeling. A responded to C’s verbal outburst, *“Its Tweetie Pie”*. C burst out laughing, *“Whatever it looks dumb there, anyways I thought you said you used to do a heap of graffiti when you were our ages, I saw ya looking at ya phone suppose you were copying that off the net.”* A did not answer and I encouraged C to regain focus on his own work.

Participant AB

AB expressed how excited he felt being invited to be a participant on the programme, even though he had started late, missing the first five sessions. AB had asked C if it was okay to work on the other side of his work in the far corner, C agreed. This was a key difference in

the approaches taken by A and AB. AB engaged in the exercise and worked in a cheerful interactive encouraging manner.

Figure 83 In process Participant AB on the left Participant A on the right



Participants G, D and VC2 opted not to engage in the graffiti work, instead adopted support roles, D took control of the music being played throughout the session, G offered support taping around the windows and VC2 interacted with the participants engaged with the graffiti work, other students and staff who came to see what was happening. Participant H was still adamant he wanted to graffiti his dads gang symbol, knowing this was not allowed he also opted to only interact with the other participants encouraging them and questioning their techniques or design. H said he would think about something to graffiti for the second session the following week.



Figure 84 AB's work far left, C's middle & A's right.

AB described his graffiti work as representing his Māori identity and his passion for working with taiohi/youth. AB said he felt blessed to be appointed as the Health and Fitness course's new tutor and he planned to introduce a break dancing/crumping dance activity in the physical exercise component of the course.



Figure 85 The graffiti work at the end of session six to be completed in session seven.

Session Seven

Session Seven Part Two Whakataukī

Tūmanako~ Hope

Kia mau kit e tūmanako, te whakapono me te aroha~Hold fast to hope, faith and love (Alsop & Kupenga, 2016, p. 130).

Participants AB F G H D VC2 E

At the end of session six I asked participants C, F, and AB what colour paints needed replenishing for the next session, VC2 wrote the list as the other three participants verbalised what they wanted. Participant H and D added to the list indicating that they wanted to have a go in the next session.

When I arrived for the seventh session, I met with Jennifer. She informed me that participant VC2's dad had suddenly died in his hometown near Tauranga, arrangements had been made with Corrections to escort VC2 there to attend the tangihanga. Participant C was spending time with his whānau following his younger brothers tangihanga, the whānau had real concerns for his wellbeing following the death of his younger brother. VC1 was also unable to attend the session due to a support service appointment. Participant A had not returned to service his second and final week's resignation notice, AB had stepped in and had been facilitating the Health and Fitness course. There was a newcomer to the Health and Fitness course, Jennifer said she had informed the new student about the Toi Ora programme, and that she needed to speak to me about it for further information and participation.

Participants in attendance AB, D, E, F, G, H the lowest number of participants to attend a session so far. I had added some different slide to the graffiti power point presentation I wanted to introduce the participants to a famed Māori graffiti artist/Mr G or Graham Hoete. I used some images of his work, I wanted to share Mr G's story of how his art helped him

through his dark days of depression and helped him create future direction. Hoete, speaks of the communication qualities of art, how it helped him to express internal emotions, relating to his cultural identity among many other things. I thought by sharing Mr G's journey from darkness and depression to the international famed street artist he is today would be a source of inspiration and foster the participants' vision for the future. Mr G's story also supported by the Whakataukī of the session, which AB applauded, *"I love that Whakataukī, I always keep the faith and count my blessings!"* AB commented. I mentioned to the participants who were going to engage in the graffiti this session to be thoughtful about the work already on the wall by participants who are not here this week. The participants present were eager to get involved, H and F grabbed the bag of extra aerosol cans, AB, D and G followed them outside to the wall space. I stayed behind to explain to participant E the newcomer about the programme and my research. E was enthusiastic about the arts exercises, I explained there was only this and one other session remaining of the programme. However, going by the interest shown by many of the students on the other courses and by the enthusiastic engagement from the participants of the programme it was likely the programme would run again soon, and E could be part of it. E was excited at the prospect and asked if she could join in the remaining sessions of this programme, I agreed she could. By the time E and I had joined the rest of the participants at the graffiti wall, participant F had already begun, and he had immediately covered up participant A's Tweetie Pie. H saw me looking, *"Arh Miss A didn't give a shit about us he was in the mahi for the money"* F looked up, *"Sorry Miss but we all hated tweetie pie, none of us understood the connection with what you told us this exercise was about and A's stupid yellow bird."* I did not verbalise but did agree to what F had said. *"Ok, please be careful around C's work though!"* *"I'm going to make C's RTC bigger, boulder and brighter, C will be into that"* F commented. F had already gone

over part of C's RTC, so I thought he better finish the job. H stood by F encouraging as he sprayed, "Mean bro C's going to love what you're doing!"

Figure 86 & 87 Participant F engaged and focused on his graffiti work



Figure 88 The Graffiti exercise attracts the interest of other students

Participant H sat next to G, he was choosing the background music and chatting to G. It was a beautiful sunny morning, and like the previous week the graffiti exercise attracted the interest from many of the other students, soon there was a large audience. Jennifer and Jane came to see the progress, they were both impressed by the work being done and the level of interest the exercise was generating among other students at the centre.

Participant H disclosed he was going to have a go, participant AB encouraged him, *“Come bro we can start on the wall over on the other side of the door.”* AB took a selection of aerosol cans and made his way over to the wall. I asked H *“Are you going to have a go this week H?”* *“Err yeah Miss I think I’ve got an idea what I want to do, but I’m going to wait and see what AB starts off doing, we’re going over there to do the wall by the door.”* H replied, *“Ka pai H I’m glad you have thought about it and decided to have a go.”* I replied. Eventually H made his way over to the wall where AB had started his work and stood watching as AB sprayed.



Figure 89 and 90 AB engages in the graffiti while H watches

Eventually H joins in, adding to AB’s graffiti. H explains, *“this is all about whānau Miss, some of my whānau I love so much I keep them close to me, while others float about on the outside, I still love them I just don’t see them that much these days”*

Figure 91 H engaging in the graffiti

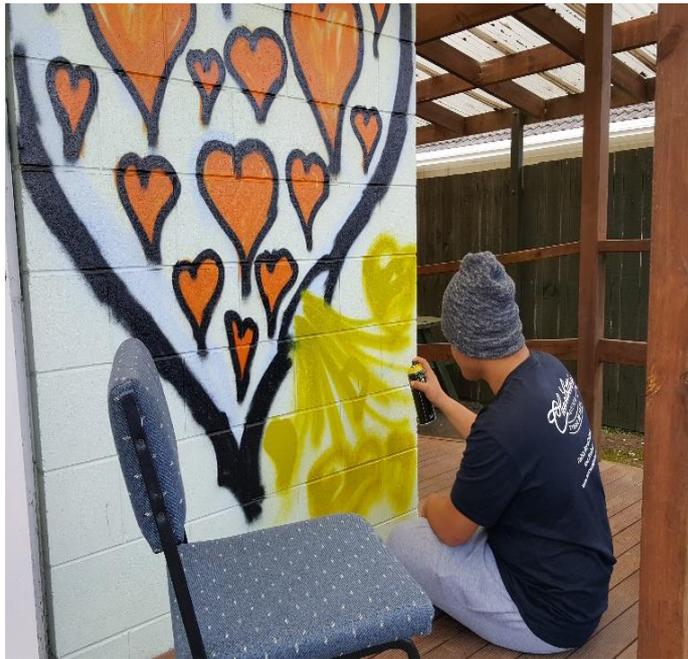


Figure 92 'Whānau'



Summary of Findings Observations and Narratives

A key finding from the graffiti sessions was by making exercises meaningful through incorporating the interests of the participants, relatively complex tasks such as the compiling

the list of resources needed for the graffiti sessions was met with enthusiasm and completed through teamwork. This was also evident with both in the attendance commitment and focused engagement levels. An example of this is evident with C's situation, although consumed by grief in the wake of his young brothers' death, C turned up for the first graffiti session as graffiti was his and his younger brother's passion. I considered had the session focused on textbook mathematical algebra would the participants have attended and engaged in the sessions with the same enthusiasm? The participants who opted not engage in the graffiti work itself, were content to engage in support of their participant classmates, encouraging and adding music, conversation, and laughter as they observed them graffitiing. There was a sense of pride and hope in the messages portrayed in the graffiti work that related to both the participant's personal experiences and the role the Regent Training Centre had in supporting them to achieve their goals. Conflict was evident between participants A and C the two contributing factors were the distress C was under considering his current situation and A's resignation and attitude towards the students. The latter was visible when AB asked C if he could graffiti in the space beside him, whereas A had not showed this type of consideration and respect. A final noteworthy finding which was also revealed in previous sessions, is with the right type of encouragement and support the participants who were initially reluctant to engage in the activity eventually became involved. Additionally, a shift in their perception changed the way they communicated what was important to them. This enabled aspects of their experiences and lives which often contributed to the stereotyping and stigmatising they frequently said they experienced, to be expressed in positive ways, and ultimately contributed to debasing the stereotypical attitudes that existed. Evidence of this can be seen in participant H's desire to express his love and respect for his father through graffitiing the symbol of his father's gang, instead chose to represent this love and respect for his father through a series of heart shapes in his graffiti work, adding his narrative that

related to the concept of whānautanga which he felt among his whānau. All four key concepts of the conceptual framework were demonstrated during the graffiti for wellbeing sessions. Clear evidence of them can be found in both the interactions between each other and myself.

4.12. Session Eight

Pātai Panui, Whakahoutia me te Katinga - Revised Questionnaire, Evaluation and Closure



Figure 93 Complete Graffitied Front wall

Whakataukī: Whakapono~Belief Taumauri ~Philosophical “E huri to aroaro ki te ra tukuna to ataarangi ki muri I a koe~Turn and face the sun and let your shadow fall behind you” (Alsop and Kupenga, 2016, p. 132).

Participants (AB, C, F, G, H, E, D, VC, VC1 E)

This session was different to the previous seven in that there was no power point presentation or planned arts exercise. The session was centred around a shared kai, and a group discussion

which focused on evaluation of the programme and revising any of questions in the pre-programme questionnaire that the participants wanted. Explore further.

The aim of the evaluation form (Appendix F) was to evaluate each session. However, on the advice of the Health and Fitness course tutor participant A, it was decided to formally evaluate the whole programme, rather than on a weekly basis.

Self-Selected Questionnaire Questions

Revised Pre-Questionnaire

Only three participants had completed the questionnaire, while the others had partially completed it. There were several factors that contributed to small numbers of participants completing the questionnaire before the programme commenced. These include limited timeframe, a newly appointed tutor, and the amount of questions.

At the start of the eighth session I invited them to review their answers and/or questions they had missed out, and offered the opportunity to expand on their answers, answer any they had missed or share any answers that might have changed following their participation in the Toi Ora programme. The following are the key findings from each of the four dimensions of wellbeing presented in the narratives shared by the participants. The following are the questions the participants chose to review, there is a range of answers and at least one question relates to one of the four dimensions of Te Whare Tapa Whā (Durie, 1986).

During the session I also asked the participants about their use of the visual diaries, had they made use of them, if so, did using them help them in anyway with the Health and Fitness coursework or explore the Arts therapy-based sessions further? Two of the participants said they had used them at home throughout the term, participant F said that his visual diary was full. He had used it to design tā moko which was his passion and to illustrate some of his ideas and feelings around his self- disclosure which he indicated was an ‘uplifting’

experience, this was something he had not explored in a creative way before. Another participant explained that they had used it mainly to write ideas down but had not drawn much in it. Four participants said that they had not used the visual diary at all, three of them honestly declared they did not know where their diaries were.

Below are the questions that the participants selected to discuss during the session eight.

Taha Whānau – Social relationships

1. Do you feel a good sense of belonging in peer groups? What are some of the things that make you feel like you belong or not in peer groups?

Participant F

“When I feel like I can trust da bros, and I know they have my back, those are the bros that know me best. At the Regent I get a feeling like I belong, there are a lot of us Māori here that have had shit experiences in the past, they get me”

Participant G

“Mates that I can trust, that listen to me when I’m feeling down that always helps. It takes me ages to trust my peers though. I got the blame at school for smoking weed when it was a bunch of us. The others didn’t speak up they watched me get kicked out of school, I thought were my mates. When I know I can trust people, I start to feel like I belong.”

I asked G what support she received from the school guidance counsellor following this incident. *“None, Miss, they just suspended me, they didn’t listen to my side of the story, its cos I’m Māori Miss, they think we’re all troublemakers.”* I asked G what she did after she got suspended from school. *“Miss I was suspended when I was fifteen, I got pregnant and had my first baby at sixteen and my second baby at seventeen. It was tough cos their dad didn’t stick around. I did my best to be a good mum. They said I had post-natal depression.*

My mum looked after my babies. I'm working towards getting them back, my babies are the main reason why I'm doing this Health and Fitness course, I want to better myself and be a good mum."

Participant C

"Yeah Miss, I kinda had the same thing happen to me, my bros shit on me to. The bros put the pressure on, and I robbed the dairy cos me and my little bro wanted food we were hungry, and the others wanted some cash and smokes. I was fourteen, I got caught by the cops and the other bros ran off. I ended up in Youth Justice, I met some solid bros inside though, some of their whānau belonged to the same gang as my whānau. One of the bros is still a good mate, I know he has always got my back after what we went through together inside."

Participant VC 1

"The bros I can have a laugh with, they don't take life to seriously. Some of the bro's are into rugby, I play a lot and I like being part of a team. Playing the game is good bonding time, we talk shit sometimes and have a good laugh. Then I got my bros who I drink piss with they understand all the shit I've been through"

Participant H

"I keep to myself Miss, don't really talk to my mates about my stuff. I talked to my nana she's cool she tells me to keep my faith and to trust in the Lord that's how she teaches me to stay out of trouble. When I'm with my dad, its different his mates are gangsters, my dad's 2 IC in his gang and his gang is solid they got each other's backs they look after each other Respect!"

Participant VC

“I don’t have many friends Miss, I don’t really have much contact with my old school mates. I mainly hangout with my boyfriend and his mates. When we all go out partying, they all get pissed and I look after them make sure they’re okay.” I used to look after my mum when I was younger, she had a lot of mental health issues, so I know what to do and how to take care of others.”

Participant D *“Nah Miss I can’t be bothered with mates most of the time, unless they’re ‘Bloods’ then we’re mates, we’re tight.”*

I asked D what gave her a sense of belonging with the ‘Bloods’. *“They get me Miss and I get them, I live with my nana, brothers and sisters even some of my younger cousins, the house is full and I’m the oldest, so I do lots of stuff for the others, but sometimes I don’t go home cos I’m over that stuff, the Bloods are like another whānau to me.”*

Participant E *“I get along with lots of people Miss, I did get bullied at school heaps, that’s why I left early. I think I’ve got over that though, I don’t care what people think of me now I’m older.”*

2. What are your previous experiences in education?

“Miss, I hated school, school was stupid and boring.” **Participant D**

“Not always positive” **Participant AB**

“I learnt some stuff, but mostly not good, I didn’t get it and the teachers didn’t have time for kids like me.” **Participant H**

“I liked performing arts at school but wasn’t really encouraged, where’s that gonna get you? Most people said. I have also been involved in a pilot programme that helped me plan for the future ‘workwise’ that was heaps better than the school stuff.” **Participant G**

“School was dumb Miss, they just wanted you to do what they want you to do, tough luck if you didn’t like it or had trouble understanding it.” **Participant E**

“Art was my favourite thing but I didn’t want to do the stuff they wanted us to do it was boring, then I got kicked out, after being caught tagging, but it was cos I’m Māori they just kick ya out other pākehā kids never got kicked out for that sorta thing.” **Participant F**

“I never felt like they understood me, I didn’t get much of the stuff they were teaching us.”

Participant VC

“I only went to school to hook up with my bros and play rugby.” **Participant VC1**

“School sucked Miss, I wasn’t any good at learning that stuff, but I did like Math. Yip Miss like VC1 I used to mainly go to hook up with my mates” **Participant C**

3. How do you feel and what do you do if you feel someone is trying to challenge you about your thoughts, ideas, and behaviours?

“Challenge them back,” **Participant VC1**

“Tell them to shut up.” **Participant D**

“Not sure Miss, try to ignore them I suppose.” **Participant F**

“I’m open to all opinion with valid reason.” **Participant G**

“I’m quiet Miss, nobody really challenges me, I just get on with my own stuff.” **Participant VC**

Taha Tinana/Physical wellbeing

1. What makes a good learning environment for you?

“Hands on learning, outside learning environments are best.” **Participant H**

“When the tutor listens to me when I am having trouble understanding something.”

Participant VC1

“Learning along with the bros, we can have a laugh I guess learning can be fun.”

Participant C

“Anywhere, I like to learn, a good tutor makes all the difference, sometimes you can tell if they really are interested in you,” **Participant G**

“When learning is fun, at course sometimes, I’ve learnt a lot about myself doing this art stuff.” **Participant H**

“When I’m given time and support to understand things, I just go quiet when don’t get stuff. Doing some of the stuff with you Miss, making my mask helped me to understand how I can be misunderstood sometimes” **Participant VC**

“When I’m learning something useful or I’m interested in what I’m learning, and you know the teacher/tutor is really there for you” **Participant C**

2. When you are feeling unwell do you take care of yourself?

“Yip I go to the doctors my nanna gets on my case to make me go.” **Participant D**

“Sleep, and rest.” **Participant F**

“Rest” **Participant G**

“I need to go to the dentist my teeth are really bad, but I can’t afford it” **Participant C** (all other participants agreed dental care was financially inaccessible).

“Sometimes you get mucked about, especially with mental health, when I eventually get an appointment it usually means I have to miss out on course time” **Participant VC1** (Participants G and C agreed with this).

“I get sick of waiting for appointments, it’s a vicious circle, got no money to go to the doc’s, wait for WINZ to get you an appointment to get money. I get really stressed trying to get to appointments, budget service, mental health, WINZ, an all the rest of them, sometimes the process isn’t worth it, that’s why I drink my problems away” **Participant VC**

3. What sort of things do you do for self-care? For example, balanced diet, get good sleep, or limited intake of alcohol?

“I try and eat healthy food, but food is too expensive, I like the kind of food you brought today Miss” **Participant G** (all participants agreed).

“2minute noodles, Miss I have them twice a day most days” **Participant C**

“Alcohol is good Miss it helps me cope with life. But I know I go to hard sometime. Doing that Mask thing with you Miss made me realise I was in a bit of a mess with the booze”

Participant VC

“Miss, I love sleeping, I’d rather be sleeping than come to course some days” **Participant D**

Taha Hinengaro/Emotional/Mental wellbeing

1. What inspires you and what sort of things motivate you?

“My two beautiful kids inspire and motivate me.” **Participant G**

“Family and achievement” **Participant VC**

“My girlfriend and her whānau” **Participant VC1**

“I get inspired by creative people I reckon they think differently” **Participant F**

“Dunno, nothing really” **Participant D**

“Sometimes Miss, I get a bit fucked up when I think about where I’m heading so I don’t think too much about the future **Participant C**

- 2. What helps you bounce back when things have not gone the way you thought or wanted them to go?**

“Nothing sometimes, cos it all gets too hard” **Participant H**

“My girlfriend” **Participant VC1**

“Family, my kids, always. I like helping others and that helps me to refocus when things go wrong” **Participant G**

“My art Miss” **Participant F**

“My Blood bros and sisters” **Participant D**

- 3. What are your strengths?**

“Communication” **Participant G**

“Sense of Humour” **Participant VC1**

“I like to organise stuff” **Participant VC**

“Loyalty” **Participant C**

“My art” **Participant F**

Taha Wairua

- 1. What do you value most about yourself?**

“My kids and singing” **Participant G**

“That I don’t give up.....never!” **Participant F**

“When I get determined to do something, I can do it” **Participant VC1**

“My whānau” **Participant H**

“I care about others” **Participant VC**

2. Do you think your cultural identity is acknowledged and/or incorporated into educational environments or the learning activities/exercises?

“Don’t really care” **Participant D**

“dunno” **Participant VC1**

“Sometimes” **Participant G**

“Nah Miss, it’s the total opposite, being a Māori at school always seemed to go against me”

Participant F (all the participants agreed with F’s response)

“Tokenism, but Miss I felt good about the Māori stuff you did” **Participant C**

“Naah not really, not like you did Miss in the arts programme” **Participant H**

Out of the six questionnaires filled out the taha hinengaro and taha wairua sections had the least completed questions. I point this out to the participants and asked them why they had been missed out. Generally, the participants, said it was difficult to talk about their emotions, mainly because they feared peer group stigmatisation, some simply didn’t know how to express different emotions, they didn’t feel safe to talk about emotions/feelings/challenges or that by expressing their emotions/feelings/challenges would increase the stereotyping or they would be misunderstood. Many felt disconnected from their taha wairua, although most expressed a good connection with their whānau. It was encouraging that they felt at ease to express some of their experiences, thoughts, and feelings within the group and during the arts therapy-based exercises.

4.13. Toi Ora Programme Evaluation

Participant Comments:

Participant H

“I liked mucking about with some of the art stuff Miss, those magazine pictures and words helped to think about things, especially the Māori words, cos sometimes Māori words explain a lot of stuff going on in my life. I reckon we should do more stuff like this on the course. The power point presentations were mean Miss, they helped me understand what we were doing every week”

Participant VC

“Miss, I really liked doing the Mask thing, it was hard at first to think about how I thought others saw me and then how I actually saw myself. I’ve never really thought about that before. Because I did inside and outside all on the outside of the mask, I could see how people sometimes misunderstand me and started to understand how I can change the way I do things, and how I communicate with people. Some people say I’m shy I’m not really. I just don’t know how to communicate well especially how I’m feeling. Sometimes I don’t feel like I fit in because I’m a fair skinned Māori. I guess that’s why I often feel misunderstood and then get confused by the way some people are with me. I didn’t come to all the sessions, but the ones I came to I felt relaxed and that helped me think about things I either avoid or overlook.”

Participant VC1

“I never realised how angry I actually get until I started thinking about it during and after we did the mask thing. It made me think about the amount of alcohol I’ve been drinking with

the bro's; I was numbing the anger. So, I'm glad I did this stuff even though I didn't come to all the sessions, I did come to were helpful. I would come on your programme again Miss".

Participant F

"Miss, I liked everything we did, art is my world and my medicine. I want to be a tattooist, this programme has help me understand how art is a good way to tell ya story. Like tā moko tells you about your whakapapa, all art can be a way to communicate your experiences. I think doing the mask thing was mean, that was the first time I've ever spoken to anyone about that shit, I felt safe to talk, funny all the bros thought my mask looked was choice, but I don't think they would think the beatings were though!

Doing the graffiti was mean to, I've never had a tutor that let me do graffiti before, in fact that was part of the reason I got kicked out of school cos I got caught tagging. The graffiti here was different though, it felt good to have the freedom to do it. The power point presentations were mean, an awesome way to introduce what we were going to do in each session."

Participant G

"Miss, I liked the weekly power point presentations you gave before we did stuff. The whakataukī and pictures on the slides helped me understand what we were going to doing and why we were doing to do it. I looked forward to the Friday morning sessions with you Miss, I know I'm rubbish at art, but it was good to have a muck about with all the paints and stuff, it was good time out from the usual course stuff. It gave me time to think about the weekend and how I was going to spend the time with my babies, I have even started getting them into painting at home they love making a mess with me."

Participant D

“it was boring at first Miss, I’d rather sleep, the mask thing was ok I spose, it was cool to have time off the Health and Fitness course that was boring too.”

Participant C had disengaged with the group discussion, his head down he is focus on the paper I had given everyone to doodle on throughout the session. C had returned after a week’s break with his whānau following his younger brother sudden death, I noticed several deep wounds on his forearms which were beginning to heal over. Jennifer had disclosed previously C had, a tendency to self-harm in the past and thought perhaps he may return from his brother’s tangi in this state. I asked C if he would like to contribute to the evaluation of the programme.

“Yeah Miss I’m pissed off, when I got back here this week, someone’s covered my tagging with graffiti that sucks.” I understood C’s frustration and explained I had asked for other participants to respect other participants work in their absences, which C was one. Participant F spoke up *“Sorry bro that was me, I wanted to cover that stupid tweetie pie A did, some of the spray went on your stuff bro, then I thought I’d make what you tagged bigger and bolder.”* *“Whatever”* C replied. *“Your idea and work planted the seed that inspired that whole side of the wall”*, I added. *“Yeah that tweetie pie was dumb, and my tagging was shit I spose,”* C commented. *“C you were the one that worked out how many aerosols cans we would need for the graffiti sessions, you thought about how much wall there was to cover, and made a calculation, your good at math, your contribution to the graffiti sessions was so valuable.”* I commented *“True bro I had just enough to finish the job”* F added. C looked up *“yeah well I do like math, I get most of the math stuff we do on the course.”* *“yeah and you help us all out when we don’t get it”* added G. Following this discussion C decided to add to the group programme evaluation session.

“Miss I liked the programme cos you always listened to what I had to say, even if I was just talking shit about the gangster rap music or what me and my bros got up to and didn’t judge us, only that you didn’t like the beat of Rap, then you got stuck into it, your rap song was the mean Miss. Miss Chris, is a cool rap name. can we do another programme with you Miss, will there be another next term?” All the participants agreed with participant C, expressing their enthusiasm and interest in another Toi Ora programme in the following term.

Participant AB

“I really enjoyed being part of the last two sessions, it’s a shame that’s all I got involved in coming late onto the programme. I’ve got plans for next term I’m going to introduce these guys to ‘crumping’ it’s a good way to keep fit and express all kinds of emotions, especially anger. It would go well with your programme. I like the way you make your sessions align to the Health and Fitness coursework, learning outcomes and four wellbeing dimensions. From what I observed during the graffitiing sessions your approach is a great way to get everyone involved”. I explained to AB there were many modalities in Arts therapy I would like to try further including the different approaches to drama therapy, clay work and movement/dance and even organise an art exhibition if everyone agreed. *“Mean, I’m into that idea.”* All the participants agreed that would be an awesome thing to do

I was also interested to know how the participants felt about engaging with the arts exercises and specific directives and supporting whakataukī for each session in a group forum and how it might have changed their perception of their peers, themselves and /or their past experiences and vision of the future. I invited the group to choose one word to describe their peers, and the Toi Ora programme the following are some of the words the participants used:

‘Caring, creative, quiet, sharing, humble, chilled, talented, kind, funny, thoughtful, grumpy sometimes, honest, and talkative.’ Two of the participants commented on how they did not

realise participant F *“was so into his art and really good at it!” “Watching F get stuck into it, helped me to start doing it to.”* **Participants H & C** *“Oh and the swearing thing Miss, the swear box was a dumb idea, cause ya gonna swear when I’m rapping, it was awesome you didn’t mind”* **Participant C**

“I like how we could talk heaps to each other when we were doing the art things.”

Participant G

“It was cool you let us have the music we liked, normally Rap music wasn’t allowed in class, we had to have A’s boring music choices, you let us choose stuff. Miss it was mean when you brought all your gear in, I’d never seen an RC30 looper before, it was a laugh trying to suss out how it worked then freestyling with my words that was mean as, I’ve never done that before.” **Participant C**

“Some of the art things we did, made me talk about different things in my life, stuff that I wouldn’t normally talk about with my classmates. I never realised how much they cared about me and all the shit I’ve been through.” **Participant VC1**

“I started to see some of the others differently when I saw some of their art, because it seemed different to how I saw them. Like when the bro did the bashed-up horror mask, it made me think of all the shit I went through when I was younger, I got bullied at school I thought I was ugly. Seeing that mask made me wonder if the bro had been through some shit to.” **Participant H**

“I liked the way you didn’t pressure me to do the art stuff, in the end I actually liked doing some of it.” **Participant D**

“Doing the programme Miss, I’ve gained a lot, I understand myself better since I got the chance to talk and make art about the shit times in my past. Getting everyone else’s feedback including yours of my art has encouraged me to follow up on my dream to become a tattoo

artist. I think this kind of programme should be in schools to help students learn about themselves and their experiences” **Participant F**

All the participants agreed with F’s closing comment which related to the need for programmes like the Toi ora programme to be in schools to support the students that either didn’t enjoy school and/or having difficulties in their personal lives. Participants G and H added that they thought the approach I took, made them feel unjudged and comfortable enough to explore some of the barriers they faced trying to apply themselves to learning.

The feedback from all the participants confirmed some of the observations I had made during the sessions, the data correlated with what some of the participants had experienced. Different aspects of the Arts therapy-based exercise or process provoked different emotions and how they viewed their past, present, and future. For many, the realisation that they were not alone, sharing similar experiences, and being able to identify some of the challenges that either related to their current realities or past experiences was empowering in some way for each participant. Some expressed they liked the sense of freedom to explore, as it helped them to engage more easily. Thus, confirming the notion that given the right environment, approach and resources that reflected their interests and appropriate support the participants were able to make choices, self-determining the process and outcome of each session, this in and of itself was empowering for many of the participants. Meeting them at their level, being non-judgmental and finding common ground all fostered the therapeutic relationship between myself and the participants, as the weekly sessions unfolded, the level of trust grew. The participants who were reluctant to engage in the exercises initially, eventually made a choice to become involved. Social skills development was also witnessed, with the apparent rivalling street gang affiliations that divided the group initially began to dilute and dissolve during the last four sessions. With Arts therapy-based exercises based on their interests offering them common ground that promoted social interactions. The power point

presentations were an effective tool to introduce the idea that the arts can be used in creating balance to wellbeing. With visual examples of the different exercises, accompanied with the experiential directives and whakataukī an opportunity to explore, release and express internal conflict, and unresolved experiences was offered. Self-discoveries were made, evidence of reconnection to aspects of their cultural identity emerged, and perceptions of selves and their environments shifted, all of which contributed to supporting the participants to realise their resilience and further potential.

CHAPTER 5. Ngā Hua~Results

Table 1 Participant Attendance of the Eight Sessional Programme

Participant ID	Programme Attendance
A	Five sessions attended, missed one due to illness and final three due to leaving his role as tutor at the Regent Training Centre
B	Five sessions attended missed three sessions due to being suspended from Health and Fitness Course
C	Six sessions attended missed first session due to late enrolment and one due to a tangi (younger brother 13yrs old)
D	Eight sessions attended
F	Eight sessions attended
G	Eight sessions attended
H	Seven sessions attended missed one due to attending a tangi (first cousin 17yrs old)
AB	Three sessions attended missed the first five due to his late appointment as a tutor at the Regent Training Centre
VC1	Four sessions attended missed four sessions one due to sickness three due to appointments with outside support services (WINZ, Budgeting Services and Mental Health)
VC	Five sessions attended missed three sessions due to illness and whānau issues
VC2	Five sessions attended missed one due to late enrolment onto Health and Fitness course, one due to attending compulsory Corrections appointments, and one due to tangi (father 40yrs old)
E	Two sessions attended due to late enrolment onto the Health and Fitness course.

Three participants out of twelve attended 100% of the programme. Another three participants attended 100% of the sessions for the time they were enrolled on the Health and Fitness

course. One participant completed 90% of the programme. Another completed 80% of the sessions and final three attended at least 50% of the programme.

The three deaths of three participants close family members naturally had an impact on the participants directly affected and the wider group and communities they came from. Participant H's 17-year-old cousin who had suicided was the best friend of participant VC1, all three affiliated to the Bloods street gang along with another two participants. The ripple effects were profound with glimpses of the emotional discharge visually evident in both participant H and VC1's creative work in the session that followed the news of the suicide. The responses witnessed among the wider group included restlessness, withdrawal, and defensiveness from the other three Bloods affiliated participants, with the rest of the participants, there was a sense of normalised hopelessness. The ripple effect was felt throughout the community at the education and training facility, staff were on high alert with their attention focusing on the wellbeing of the students. Students from other courses who affiliated to the Bloods street gang found strength in each other and other students lowered their staunch persona in common grief. Three weeks later, following the sudden death of participant C's younger brother, the ripple effect was evident again throughout the group, the sense of melancholy was collective. C affiliated to the rival street gang the Crips. It was participant C's demeanour and narrative he shared with the group that his little brother loved graffiti which further prompted the group on to engage with the graffiti exercise. The following week the sudden death of VC2's father occurred, which shook the group once more. After the appropriate arrangements were made with the Ministry of Corrections for VC2 to attend his father's tangi VC2 returned and came to the last session, empathy for his situation was clearly verbalised among the other participants.

Another aspect that had an impact on the group of participants was the instability and suitability of the Health and Fitness course tutoring role. The term began with the unexpected

resignation of the original tutor who worked with many of the participants in the previous term. A new tutor was appointed and started in the second week of the term, then after five weeks tutoring the Health and Fitness course had resigned and a third tutor was appointed in the seventh week of the eleven-week term. This unpredicted changeable situation impeded on the development of rapport, trust, respect, commitment, and engagement all which I observed lacking from tutor/student relationship, coursework and in the classroom environment at times. The only relational cohesion I initially witnessed was among the participants and their respective street gang affiliation, the environment felt unorganised and hostile. This in turn had an impact on the development of the rapport between me and the participants, together with their ability to engagement with the Toi Ora programme. However, the programme became a safe creative space for the participants to vent their frustrations about how they felt regarding this and other issues. The appointment of the third tutor highlighted how the approach to his practice determined the effectiveness of the learning experience and authenticity of the relationship. Highly motivated and committed to his role AB introduced a new energy into the group that confidently communicated his Māori identity through a contemporary perspective, which reinforced the Kaupapa/focus of the Toi Ora programme.

Corelated Chronogram Data

The chronogram circle (Appendix D) is divided into thirds two of equal size representing the first 15mins introduction to the session and 15mins closure parts of the session and the largest part representing the 60mins of the Arts therapy-based session (Appendix D). Table One shows which aspects of the participants behaviours were observed throughout the whole session with thematic coding and directional arrows used on the chronogram to indicate each behaviour/interaction. Depending on the Arts therapy-based exercise, resources and experiential directives, there were some variations to the types of behaviours observed. To

capture further details the chronogram for each session had additional space to write observations which focus on the key behaviours indicated (Appendix D).

Table two shows the converted data from the chronogram used in each session. It presents the number of times each behaviour was observed in each third of the session (1st, 2nd, 3rd).

From this data patterns of behaviours were recognised, and themes identified or themes that began to emerge. The data formatted in this way also provides insight into the barriers to wellbeing and learning, allowing strategies or solutions to overcome them to be sought. Finally, by using the chronogram data collecting tool in the weekly sessions, evidence of the benefits of the Toi Ora programme are revealed in a progressive way and/or enabled facilitative approaches to be adapted.

Table 2 Thematic Coding

Thematic coding used during the sessions were the same in all the sessions.

1	Verbalisation relevant to exercise <ul style="list-style-type: none"> • Positive/Negative (P/N) • Asked question (Q) • Commented on introduction (C)
2	Verbalisation not relevant to session
3	Body language <ul style="list-style-type: none"> • Relaxed (R) • Closed (C) • Distracted (D)
4	<ul style="list-style-type: none"> • Engaged in all parts of session (A) • Engaged mostly (M) • Disengaged (D)
5	Asked relevant questions (Q) Contributed to group discussion (CG)
6	Explored arts/music resources and made choices

7	Self-disclosed personal information that related to barriers (SD) Or personal interests (PI) Indicated benefits of exercise (IB) Supported Health & Fitness learning outcomes (S) Self-Awareness (SA) Goals (G)

Table 3 Converted Data Session One Mandala

<i>I</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>
<i>A</i>	<i>1st 2 x P C I</i> <i>x Q</i> <i>2nd 4 x P</i> <i>2xQ 3 x C</i> <i>3rd 2x C</i>	<i>1st 1</i> <i>2nd 3</i> <i>3rd 2</i>	<i>1st R</i> <i>2nd R</i> <i>3rd R</i>	<i>1st A</i> <i>2nd M</i> <i>3rd M</i>	<i>1st 2 x Q</i> <i>CG x 1</i> <i>2nd 5 x C 1</i> <i>x Q</i> <i>3rd 2 x Q</i> <i>CG x 1</i>	<i>Explored only</i> <i>one type of</i> <i>arts resource</i> <i>multiple</i> <i>colours</i>	<i>IB</i> <i>S</i> <i>SD</i> <i>PI</i>
<i>B</i>	<i>1st 3 x N</i> <i>2nd 4 x N 1 x</i> <i>P</i> <i>3rd 3 x N</i>	<i>1st 4</i> <i>2nd 7</i> <i>3rd 4</i>	<i>1st D</i> <i>2nd D & R</i> <i>3rd D</i>	<i>1st D/M</i> <i>2nd M/D</i> <i>3rd D</i>	<i>1st 1 x Q</i> <i>CG x 1</i> <i>2nd 2 x Q</i> <i>3rd 1 x Q 2</i> <i>x CG</i>	<i>Hesitant to</i> <i>explore used</i> <i>one resource 2</i> <i>x colours</i>	<i>PI</i> <i>IB</i>
<i>D</i>	<i>1st 2 x P 3 x</i> <i>N</i> <i>3 x C</i> <i>2nd 1 x P 4 x</i> <i>N 3 x C 1 x Q</i> <i>3rd 1 x P 1 x</i> <i>N</i>	<i>1st 3</i> <i>2nd 6</i> <i>3rd 4</i>	<i>1st D & C</i> <i>2nd D, R & C</i> <i>3rd D</i>	<i>1st</i> <i>A & D</i> <i>2nd M & D</i> <i>3rd D</i>	<i>1st CG x 1</i> <i>Q x 1</i> <i>2nd CG x 2</i> <i>Q x 1</i> <i>3rd CG x 1</i> <i>Q x 1</i>	<i>Hesitant to</i> <i>explore used</i> <i>one resource 3</i> <i>x colours</i> <i>(pens)</i>	<i>PI</i> <i>SD</i> <i>SA</i>
<i>F</i>	<i>1st 1 x P 2 x</i> <i>C 1 x Q</i> <i>2nd 2 x C 1 x</i> <i>Q</i> <i>3rd 2 x C 1 x</i> <i>Q</i>	<i>1st 1</i> <i>2nd 7</i> <i>3rd 3</i>	<i>1st R & C</i> <i>2nd R</i> <i>3rd R & C</i>	<i>1st A</i> <i>2nd A</i> <i>3rd A/M/D</i>	<i>1st 1 x Q</i> <i>2nd 0</i> <i>3rd 1 x Q 1</i> <i>x C</i>	<i>Took time to</i> <i>explore</i> <i>resources</i> <i>careful</i> <i>selection of</i> <i>paints/brushes</i>	<i>IB</i> <i>PI</i> <i>SD</i>
<i>G</i>	<i>1st 3 x P 4 x</i> <i>C</i> <i>2nd 4 x P 3 x</i> <i>C 4 x Q</i> <i>3rd 3 x C 2 x</i> <i>Q</i>	<i>1st 2</i> <i>2nd 8</i> <i>3rd 2</i>	<i>1st R</i> <i>2nd R</i> <i>3rd R</i>	<i>1st A</i> <i>2nd A</i> <i>3rd A/M</i>	<i>1st 3 x Q 2</i> <i>x CG</i> <i>2nd 4 x Q 3</i> <i>x C</i> <i>3rd</i> <i>2 x D 1 x Q</i>	<i>Took time to</i> <i>explore</i> <i>resources</i> <i>careful</i> <i>selection of</i> <i>paints/brushes</i> <i>multiply</i> <i>colours used</i>	<i>PI</i> <i>IB</i> <i>S</i> <i>SA</i> <i>G</i>

H	1st 2 x P 3 x Q 3 x C 2 4 x C 3 x Q 3rd 3 x P	1st 3 2nd 7 3rd 2	1st R 2nd R 3rd R	1st M 2nd A/M 3rd M/D	1st 4 x Q 2 x C 2nd 4 x Q 6 x C 3rd 3 x CG 1 x Q	Explored one resource in-depth and used two different resources multiple colours used	IB S G SA
V C	1st Q x 2 P x 2 1 x CG x P 2nd 2 x Q 2 x C 3 x P 3rd 2 x Q	1st 2 2nd 3 3rd 1	1st R/C 2nd R 3rd R	1st A 2nd A 3rd A/M	1st 2 x Q 1 x CG 2 2 x C 1 x CG 3rd 1 x Q	Quickly selected art resource used one only multiply colours used	IB S G SA
V C 1	1st 1xp 2nd 2 x C 3rd 2 x p	1st 2nd 1 3rd	1st C/R 2nd C/R 3rd C/R	1st M 2nd A/M 3rd M/D	1st 0 2nd 1 x C 1 x Q 3rd 1 x C	Briefly explored arts resources chose one recourse in several different colours	IB S PI G

Analysis of data collected using the chronogram presents evidence of differing levels of engagement which can be seen throughout the process. The quality, and focus of the engagement is also evident, as is the differing levels of exploration with the arts resources. The power point presentation provoked several questions or comments on the Arts therapy-based exercise. Four of the participants were engaged throughout the entire session, two of those four had closed but relaxed body language. Two of the participants were hesitant to engage, one engaged 10 minutes into the session, the other was adamant not to engage but did later in the session, both participants were frequently a distraction to the others. Many of the participants presented relevant questions either regarding the Arts therapy-based process and/or the arts resources, and some verbalised they understood the connection between the exercise and the Health and Fitness course learning outcomes. Most indicated they benefited in some way from the exercise and over half, shared specifics about their goals for the Health and Fitness course.

To conclude the findings from the first session an indication of the benefits is clear. Given the freedom to explore and express themselves in a different way enabled the participants to disclose personal issues, interests, and goals spontaneously. It provided insight into issues that they felt held them back, depleted their confidence interacting with others and in themselves. Others identified their strengths or coping strategies when they felt stressed. All participants mentioned the value of their support networks, whether it was from whānau or the gang they associated with, all acknowledged the support they received was valuable. Through a reflective lens these observed behaviours and shared narratives enabled the next sessions to be further tailored to suit the participants. Themes identified include supportive kinship (Whānau/street gangs) participants personal and collective interests, and cultural identity. Through the lens of the conceptual framework evidence of the key concepts is profound. The results directly and sometimes indirectly demonstrate all the core qualities of each key concept which is evidenced among the participants interactions, through the creative experience, within the therapeutic relationship and in the professional practice.

Table 4 Session Two Part 1 Mask Making Ki Waho/Outside

A	<i>1st 1 x P C I x Q 2nd 2 x P 1xQ 1 x C 3rd 2x C 1 x Q</i>	<i>1st 2 2nd 1 3rd 2</i>	<i>1st R 2nd R & C 3rd R</i>	<i>1st A 2nd M/A 3rd M/A</i>	<i>1st 1 x Q CG x 1 2nd 1 x C 1 x Q 3rd 1 x Q CG x1</i>	<i>Chose 2 paint colours &multimedia resources (feathers and glue)</i>	IB PI
B	<i>1st 2 x N 2 x C 1 x Q 2nd 2 x N 1 x P 4 x C 3 x Q 3rd 1 x Q 3 x C</i>	<i>1st 5 2nd 4 3rd 3</i>	<i>1st D & R 2nd D & R 3rd D & R</i>	<i>1st D & M 2nd M/D 3rd D</i>	<i>1st 1 x Q CG x 1 2nd 2 x Q 3rd 1 x Q 2 x CG</i>	<i>Explored resources, chose one colour paint used hot glue gun</i>	PI IB SD SA
C	<i>1st 2 x C 3 x Q 1 x P 4 X C 3 x Q 2nd 5 x C 4 x 3rd Q 2 x P</i>	<i>1st 4 2nd 5 3rd 2</i>	<i>1st D & R 2nd D & R 3rd D & R</i>	<i>1st M 2nd M/D 3rd M/D</i>	<i>1st 2 x Q 2nd 2 x Q 1 x CG 3rd 1 x Q 2 x CG</i>	<i>Explored resources asked questions and chose one paint colour</i>	PI SD SA

	<i>3 x C 1 x Q</i>						
<i>D</i>	<i>1st 1 x N 3 x C 2nd 1 x P 4 x N 3 x C 3 x Q 3rd 1 x P 1 x C</i>	<i>1st 3 2nd 4 3rd 1</i>	<i>1st D, C, R 2nd D, R & C 3rd D & R</i>	<i>1st M & D 2nd M 3rd D</i>	<i>1st CG x 3 Q x 2 2nd CG x 1 Q x 1 3rd CG x 1 Q x 1 2 x CG</i>	<i>Hesitant to explore used one paint colour and multimedia resources</i>	<i>PI SD</i>
<i>F</i>	<i>1st 2 x P 2 x C 1 x Q 2nd 3 x C 2 x Q 3rd 2 x C 1 x Q</i>	<i>1st 1 2nd 5 3rd 3</i>	<i>1st R & C 2nd R 3rd R & C</i>	<i>1st A 2nd A 3rd A/M</i>	<i>1st 1 x Q 2nd 2 x Q 3rd 1 x Q</i>	<i>Took time to explore resources, experimented with several resources</i>	<i>IB PI SD</i>
<i>G</i>	<i>1st 4 x P 2 x C 3 x Q 2nd 4 x C 4 x Q 3rd 4 x C 2 x Q</i>	<i>1st 2 2nd 6 3rd 2</i>	<i>1st R 2nd R 3rd R</i>	<i>1st A 2nd A 3rd A/M</i>	<i>1st 3 x Q 2 x CG 2nd 4 x Q 3 x C 3rd CG x 2 2 x Q</i>	<i>Took time to explore resources careful selection of paints/brushes multiply colours used</i>	<i>PI IB S SA G</i>
<i>H</i>	<i>1st 3 x P 3 x Q 3 x C 2nd 3 x C 3 x Q 3rd 3 x C 1 x Q</i>	<i>1st 2 2nd 5 3rd 2</i>	<i>1st R 2nd R 3rd R</i>	<i>1st M 2nd A/M 3rd M/D</i>	<i>1st 3 x Q 3 x C 2nd 3 x Q 3 x C 3rd 3 x CG 1 x Q</i>	<i>Explored resources in- depth and used two different resources, multimedia resources</i>	<i>IB S SD G</i>
<i>VCI</i>	<i>1st Q x 1 P 1 x C 2nd 2 x Q 2 x C 1 x P 1 x N 3rd 1 x Q</i>	<i>1st 3 2nd 2 3rd 1</i>	<i>1st R & C 2nd R & C 3rd R & C</i>	<i>1st A 2nd A/M 3rd A/M</i>	<i>1st 1 x Q 1 x CG 2nd 2 x C 1 x CG 3rd 1 x Q</i>	<i>Quickly selected art resource used two paint colours</i>	<i>IB S G IB</i>

Analysis of data collected during sessions two and three (Mask Making) is analysed together as it was a two-part exercise spread over two sessions.

Table 5 Session Three Part 2 Mask Making Ki Roto

ID	1	2	3	4	5	6	7
B	<i>1st 2 x Q 3 x C 2 x N 2nd 2 x N 5 x P 3rd 1 x N 1 x Q</i>	<i>1st 4 2nd 8 3rd 3</i>	<i>1st D & R 2nd D & R 3rd D</i>	<i>1st D & M 2nd M & D 3rd D</i>	<i>1st 1 x Q 2nd 2 x CG 3rd 1 x Q 1 x CG</i>	<i>Hesitant to explored resources Blue paint & pencil selected</i>	<i>SD IB</i>
D	<i>1st 1 x Q 3 x C 2nd 4 X 4 3 x Q 3rd 4 x Q</i>	<i>1st 1 2nd 6 3rd 3</i>	<i>1st C & R 2nd C & R 3rd C & R</i>	<i>1st M 2nd M/A/D 3rd M/A</i>	<i>1st 2 x C 1 x Q 2nd 2 x C 1 x Q 3rd 2x CG 2 x C</i>	<i>Took time to explore resources chose a specific shade of red paint and Multimedia</i>	<i>SD IB</i>
F	<i>1st C x 1 Q x1 2nd Q x 1 4 x C 3rd 1 x P 1 x C</i>	<i>1st 0 2nd 5 3rd 1</i>	<i>1st R 2nd R 3rd R</i>	<i>1st A 2nd A 3rd A/M</i>	<i>1st x Q 2nd Q x1 3rd CG</i>	<i>Experimented with a wide variety of arts resources</i>	<i>SD SA IB G</i>
C	<i>1st 1 x Q 2 x C 2nd 5 x C 2 x Q 3rd 2 x Q</i>	<i>1st 3 2nd 6 3rd 2</i>	<i>1st R 2nd R 3rd R</i>	<i>1st A/M 2nd A/M 3rd A/M/D</i>	<i>1st 1 x Q 2 x CG 2nd 2 x Q 3rd 2 x CG</i>	<i>Took time to explore resources. Selected blue paint</i>	<i>SD IB SA</i>
G	<i>1st 2 x Q 3 x C 1 x P 2nd 2 x Q 4 x C 2 x P 3rd 2 x Q 1 x C</i>	<i>1st 2 2nd 5 3rd 2</i>	<i>1st R 2nd R 3rd R</i>	<i>1st A 2nd A/M 3rd M/D</i>	<i>1st 2 x Q 3 x CG 2nd 4 x CG 1 x Q 3rd 1 x CG 2 x Q</i>	<i>Explored the resources available decided to use two different pint colours and explored</i>	<i>SD IB SA G</i>
H	<i>1st 1 x P 2 x Q 1 x C 2nd 4 x C 2 x Q 3rd 2 x C</i>	<i>1st 2 2nd 4 3rd 1</i>	<i>1st R & C 2nd R 3rd R</i>	<i>1st A/M 2nd A/M 3rd A/M/D</i>	<i>1st 2 x Q 2nd 2 x C 3rd 2 x CG</i>	<i>Explored and used multiple coloured felt pens</i>	<i>SD IB SA G</i>
VC	<i>1st C x 1 2nd Q x 2 1 x C 3rd 1 x P 2 x C</i>	<i>1st 1 2nd 3 3rd 0</i>	<i>1st R & C 2nd R & C 3rd R & C</i>	<i>1st A/M 2nd A/M 3rd A/M</i>	<i>1st 1 x CG 2nd 2 x Q 3rd 3 x CG</i>	<i>Took time to select arts resources chose multiple coloured paints and pen</i>	<i>SD IB G SA</i>

Analysis of data collected in the first session of the two-part mask making exercise

Ki waho/outside

In the first session the power point presentation informed the participants of the session's Arts therapy-based exercise. This proved to an effective method which provoked questions and stimulated ideas. In the first session a few participants hardly interacted within the group discussions keeping their social interactions to a minimum and only with specific participants. An increase in the level of socialisation from two of the more introverted participants is evident and a general relaxed atmosphere among the group emerged as the session progressed. Genuine enthusiasm and interest in the Arts therapy-based exercises was witnessed as participants explore and engaged with the art resources. The Arts therapy process revealed key themes that related to tensions of street gang rivalry, whānau connectedness and/or alienation/dysfunction, cultural identity, self-awareness and street gang identity, intergenerational trauma, social development support services failings, and systemic racism and/or discrimination.

The third session part two: Mask Making

Ki roto/inside

The power point presentation again worked well, effectively supporting the participant's engagement and focus, which prompted several questions and comments. Another noted useful quality of the power point presentations was that they became a tool to support cultural reconnection. The experiential directive of the Arts therapy-based exercise was aligned with a whakataukī. Images based on the participants favourite musicians, art genre, or other interests were accompanied by either quoted words/lyrics from a favoured musician or a contemporary proverb that related to the whakataukī and directive. This technique was valuable in that it supported the participants to make connections and gain an understanding

of the exercise. By linking the experiential directive with traditional cultural knowledge and aspects of the participants contemporary realities, fostered reconnections to the participants cultural identity to occur. Evidence of this is demonstrated when participant H recall's his nan reciting one of the whakataukī during his childhood, H also shared how he interpreted the meaning and applied it to his life.

The experiential directive of the first part of the exercise guided the participants to look inside themselves and illustrate the mask as they saw themselves, the supporting whakataukī focused on their strengths and beliefs. During the power point presentation and group discussion we talked about how past experiences could also sometimes shape how we view ourselves. The participants became mindful of the separation between experience and self. This directive challenged the participants to analyse what motivates them, what disempowers them, their ability to trust, in fact a whole range of identity traits which aimed to enable the participants self-awareness to evolve. In between the second and third sessions the event of a close and personal experience with suicide shrouded the third session with two participants directly affected, the atmosphere was sensitive and emotionally despondent. Most participants engaged immediately and chose arts resources quickly. The participants chose to have background music playing in both sessions, there was low level conversations that related to the exercise, their personal lives and some mentioned the coursework.

Key themes that emerged through both the narratives shared and the participant's creative work, included, Stereotyping, Discrimination, Emotions (frustration, anger, love, confusion, Hope) Drugs and Alcohol, and Whānau, Gang Affiliation. The process itself was beneficial supporting the participants to understand themselves more with a connection between, beliefs, feelings, thoughts, and actions. The tabled data conveys the increased level of contribution to group discussion, relevant questions and comments made, with a reference

to three of the more introverted or disengaged participants who contributed and self-disclosed the most.

Table 6 Session Four Music for Wellbeing

ID	1	2	3	4	5	6	7
A	<i>1st 1 x C 2nd 1 x C 3rd 0</i>	<i>1st 1 2nd 0 3rd 1</i>	<i>1st R 2nd R/C 3rd R</i>	<i>1st A 2nd A 3rd M</i>	<i>1st 1 x Q 2nd 0 3rd 1 x Q</i>	<i>Selected a variety of coloured felt pens</i>	SD
B	<i>1st 1 x Q 2 x C 2nd 2 x N 2 x P 3rd 1 x C</i>	<i>1st 4 2nd 11 3rd 2</i>	<i>1st D & R 2nd D & R 3rd D</i>	<i>1st D & M 2nd M & D 3rd D</i>	<i>1st 1 x Q 2nd 2 x CG 3rd 1 x CG</i>	<i>Distracted took time to select resources chose pencils and 2 x metallic pens</i>	SD IB
D	<i>1st 1 x Q/C 2nd 2 x Q 4 x C 3rd 1 x C</i>	<i>1st 1 2nd 5 3rd 3</i>	<i>1st C & R 2nd C & R 3rd C & R</i>	<i>1st A 2nd D 3rd M/D</i>	<i>1st 1 x Q 2nd 4 & Q 1 x CG 3rd 1 x CG</i>	<i>Took time to selected resources eventually chose coloured pens but did not engage</i>	SD
F	<i>1st C x 1 Q x1 2nd Q x 2 3rd C x 3</i>	<i>1st 0 2nd 5 3rd 1</i>	<i>1st R 2nd R 3rd R</i>	<i>1st A 2nd A 3rd A/M</i>	<i>1st x Q 2nd Q x2 3rd CG x 2</i>	<i>Experimented with a wide variety of arts resources</i>	SD IB
C	<i>1st 2 x C 1 x Q 2nd 5 x Q 2 x C 3rd 2 x C</i>	<i>1st 2 2nd 6 3rd 4</i>	<i>1st R 2nd R & D 3rd R & D</i>	<i>1st A/M 2nd A/M 3rd A/M/D</i>	<i>1st 2 x CG 1 x Q 2nd 2 x CG 3rd 2 x CG</i>	<i>Took time to explore resources. Used pencils and coloured felt pens</i>	SD IB S SA G
G	<i>1st 2 x C 1 x Q 2nd 4 x C 3rd 3 x C</i>	<i>1st 1 2nd 6 3rd 2</i>	<i>1st R 2nd R 3rd R</i>	<i>1st A 2nd A/M 3rd M</i>	<i>1st 2 x CG 1 x Q 2nd 2 x CG 3rd 3 x CG</i>	<i>Explored the resources available decided to use several different paint colours</i>	SD IB S G
VC	<i>1st 1 x C 1 x Q 2nd 2 x C 3rd 1 x C</i>	<i>1st 2 2nd 3 3rd 0</i>	<i>1st R & C 2nd R & C 3rd R</i>	<i>1st A/M 2nd A/M 3rd A/M/D</i>	<i>1st 1 x Q 2nd 1 x CG 3rd CG x 1</i>	<i>Took time to select arts resources, choose red and black</i>	SD IB S G

Table 7 Session Five Rap Music for Wellbeing

ID	1	2	3	4	5	6	7
A	1 st 0 2 nd 1 x C 3 rd 0	1 st 1 2 nd 1 3 rd 1	1 st R/C 2 nd R/C 3 rd R/C	1 st A 2 nd A 3 rd M/D	1 st 0 2 nd 0 3 rd 0	Disengaged	
B	1 st 1 x Q 3 x C 2 nd 2 x Q 5 x Q 3 rd 1 x C	1 st 5 2 nd 10 3 rd 4	1 st D & R 2 nd D & R 3 rd D	1 st D & M 2 nd M & D 3 rd D	1 st 1 x Q 2 x CG p 1 x CG n 2 nd 4 x CG 3 rd 1 x CG	Explored, experimented with musical instruments	SD IB
D	1 st 1 x Q 1 x C 2 nd 3 x Q 3 rd 1 C	1 st 1 2 nd 7 3 rd 3	1 st R & C 2 nd R 3 rd R	1 st A 2 nd A 3 rd M/D	1 st 1 x CG 2 nd 2 x Q 1 x CG 3 rd 1 x CG	Explored, experimented with musical instruments	SD IB PI
F	1 st C x 2 2 nd C x 3 3 rd C x 1	1 st 1 2 nd 4 3 rd 1	1 st R 2 nd R 3 rd R	1 st A 2 nd A 3 rd A/M/D	1 st CG x 2 2 nd Q x 2 3 rd CG x 1	Opted to continue with album cover did not engage with musical instruments	SD IB
C	1 st 3 x C 5 x Q 2 nd 6 x C 5 x Q	1 st 3 2 nd 5 3 rd 2	1 st R 2 nd R 3 rd R	1 st A/M 2 nd A 3 rd A/M	1 st CG x 2 4 x Q 2 x C 2 nd 5 x Q 4 x C 3 rd 2 x Q 3 x CG	Explored and experimented with lots of different instruments and equipment, sang composed Rap song	SD IB PI G
G	1 st 1 x C 1 x Q 2 nd 2 x C 3 rd 2 x C 1 x Q	1 st 0 2 nd 4 3 rd 1	1 st R 2 nd R 3 rd R	1 st A 2 nd A/M 3 rd M/D	1 st 1 x Q x CG 2 nd 2 x CG 3 rd 2 x CG	Engaged with percussion instruments briefly but opted to continue with album cover	SD S IB G
H	1 st 2 x Q 2 x C 2 nd 3 x C 3 rd 2 x C	1 st 3 2 nd 4 3 rd 1	1 st R & C 2 nd R 3 rd R	1 st A 2 nd A/M 3 rd A/M/D	1 st 2 x Q 2 x CG 2 nd 3 x CG 3 rd 1 X Q	Explored and experimented with a variety of instruments and supported other participants	SD IB S
VC	1 st C 2 nd C x 3 3 rd 1 x C	1 st 2 2 nd 2 3 rd 0	1 st R 2 nd R & C 3 rd R	1 st A/M 2 nd A/M 3 rd A/M/D	1 st 1 x CG 2 nd 2 x CG 3 rd 1 x CG	Explored and experimented with percussion instruments	SD IB S G

Analysis of data collected during the first part of this twofold exercise (Session four) revealed most of the participants gained a good understanding of the exercise via the power point presentation. However, two disclosed they did not understand the experiential directive, and through further explanation using the quotes of their favourite musicians they were able to understand and relate to it.

Many participants commented that they liked the exercise in session four, although some thought they were not any good at it. However, they engaged in the drawing and verbalised they enjoyed expressing different aspects of themselves, their lives, and stories. Several barriers to wellbeing and learning were exposed as well as strengths and aspirations revealed through the participants creative work and narratives.

One of the most significant observations that related to the group dynamic, was participant A's obvious lack of enthusiasm, and general withdrawn demeanour. Some participants tried to interact with participant A, their effects were met with short concise answers. Participant A's closed demeanour and group disengagement in session four was fully understood during the following week's session. There was clear tension between two participants and A (the tutor) in session five. This followed an incident which occurred during the week in between sessions adding to the strained relationship between them. The two participants were involved in an altercation with another tutor in the next classroom, and participant A's (tutor) lack of supervision came under question as did the other participants threatening intimidating demeanour towards the other tutor and other students.

Despite this initial tension most of the participants engaged with the instruments and musical equipment. Participant A was completely disengaged and worked on his desk top computer throughout the entire session. Two participants had written down words to turn into the lyrics of a Rap song, one set of lyrics related to impoverishment which led to criminal activity and

incarceration, the other participants words associated to a girlfriend and the street gang the participant affiliated with. Many of the other participants verbally shared narratives about different experiences or situations in the past that left them feeling discriminated against, frustrated, or disempowered in some way and one participant spoke about a family reunion she enjoyed.

This exercise generated a lot of discussions, either with me or each other and/or contributed to a group discussion. Through the many narratives disclosed key themes such as racism, stereotyping, past experiences, future goals, gang and cultural Identity, mistrust, drugs and alcohol and poverty, future goals, and personal interests, came forth.

Table 8 Session Six Graffiti for Wellbeing

<i>ID</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>
<i>A</i>	<i>1st 1 x C 2nd 1 x C 3rd 0</i>	<i>1st 1 2nd 1 3rd 1</i>	<i>1st R 2nd R/C 3rd R</i>	<i>1st A 2nd A 3rd M</i>	<i>1st 1 x Q 2nd 0 3rd 0</i>	<i>Engaged in exercise but did not interact much with others</i>	<i>IB</i>
<i>D</i>	<i>1st 1 x Q 2 x C 2nd 4 x C 2 x Q 3rd 1 x C</i>	<i>1st 2 2nd 10 3rd 2</i>	<i>1st C & R 2nd R 3rd R</i>	<i>1st M 2nd A/M 3rd A/M</i>	<i>1st 1 x Q 1 x CG 2nd 4 x CG 3rd 1 x CG</i>	<i>Opted not to engage in Graffiti acted as a support participant helping the others organise the resources</i>	<i>SD IB</i>
<i>F</i>	<i>1st C x 3 Q x 2 2nd C x 3 3rd C x 4</i>	<i>1st 1 2nd 2 3rd 1</i>	<i>1st R 2nd R 3rd R</i>	<i>1st A 2nd A 3rd A/M</i>	<i>1st x Q x 2 CG x3 2nd C x 3 3rd CG x 4</i>	<i>Explored and Experimented with all resources</i>	<i>SD IB G SA S</i>
<i>C</i>	<i>1st C x 1 4x Q 2nd C x 4 3 x Q 3rd C x 3 1 x Q</i>	<i>1st 3 2nd 5 3rd 2</i>	<i>1st R & C 2nd R & C 3rd R & C</i>	<i>1st A/M 2nd A 3rd A/M</i>	<i>1st 5 x CG 2nd 3 x Q 3rd 3 x CG 1 x Q</i>	<i>Explored and Experimented with all resources</i>	<i>SD IB</i>
<i>G</i>	<i>1st 1 x Q 2 x C 2nd 5 x C 3rd 2 x C</i>	<i>1st 2 2nd 5 3rd 1</i>	<i>1st R 2nd R 3rd R</i>	<i>1st A 2nd A/M 3rd M</i>	<i>1st 2 x CG 1 x Q 2nd 3 x CG 3rd 2</i>	<i>Opted not to engage in Graffiti acted as a support participant helping the others organise the resources</i>	<i>SD IB</i>

H	<i>1st 1 x Q 2 x C 2nd 5 x C 3rd 1 x Q 3 x C</i>	<i>1st 3 2nd 5 3rd 1</i>	<i>1st R & C 2nd R 3rd R</i>	<i>1st A 2nd A 3rd A/M</i>	<i>1st 1 x Q 2 x CG 2nd 3 x CG 3rd 3 x Q</i>	<i>Hesitated to engage opted to support other participants</i>	<i>SD IB G</i>
AB	<i>1st C x 2 3 x Q 2nd 3 x C 2 x Q 3rd 1 x Q</i>	<i>1st 1 2nd 2 3rd 3</i>	<i>1st R 2nd R 3rd R</i>	<i>1st A 2nd A 3rd A</i>	<i>1st 2 x CG 2nd 2 x Q 3rd CG x 3</i>	<i>Explored and Experimented with all resources</i>	<i>SD IB S G</i>
VC2	<i>1st C x 1 2nd C x 2 Q x1 3rd C x 2</i>	<i>1st 2 2nd 5 3rd 4</i>	<i>1st R 2nd R 3rd R</i>	<i>1st M/D 2nd D/M 3rd M</i>	<i>1st 1 x CG 2nd 2 x Q 3rd 1 x CG</i>	<i>Opted to support and encourage other participants</i>	<i>IB SD</i>

Table 9 Session Seven Graffiti for Wellbeing

ID	1	2	3	4	5	6	7
AB	<i>1st 2 x Q 3 x C 2nd 3 x C 1 x Q 3rd 4 x C</i>	<i>1st 2 2nd 3 3rd 1</i>	<i>1st R 2nd R 3rd R</i>	<i>1st A 2nd A 3rd A</i>	<i>1st 1 x Q 3 x CG 3 x CG 2nd 1 x Q 3rd 4 x CG</i>	<i>Explored, experimented, and engaged with all resources throughout the session</i>	<i>IB SD S G</i>
D	<i>1st Q x 1 C x 2 2nd 2 x C 1 x Q 3rd 2 x C</i>	<i>1st 1 2nd 4 3rd 1</i>	<i>1st R & C 2nd R 3rd R</i>	<i>1st M/D 2nd A/M/D 3rd M/D</i>	<i>1st 1 x Q 2 x CG CG 2nd 1 x Q 3rd 2 x CG</i>	<i>Opted to support other participants and welcomed students from courses who were interested to come an observe</i>	<i>SD IB</i>
F	<i>1st C x 3 Q x 1 2nd C x 3 3rd C x 4</i>	<i>1st 1 2nd 3 3rd 1</i>	<i>1st R 2nd R 3rd R</i>	<i>1st A 2nd A 3rd A/M</i>	<i>1st Q x 1 2nd Q x 2 3rd CG x 3</i>	<i>Experimented with a wide variety of arts resources</i>	<i>SD IB S G</i>
VC 2	<i>1st C x 2 1 x Q 2nd C x 4 3rd C x 2</i>	<i>1st 3 2nd 5 3rd 2</i>	<i>1st R 2nd R 3rd R</i>	<i>1st M/D 2nd A/M/D 3rd A/M/D</i>	<i>1st 2 x CG 2nd 2 x CG 3rd 2 x CG</i>	<i>Opted to support other participants</i>	<i>IB</i>
G	<i>1st 2 x Q 2nd 5 x C 1 x Q 3rd 3 x C</i>	<i>1st 1 2nd 4 3rd 1</i>	<i>1st R 2nd R 3rd R</i>	<i>1st A 2nd A 3rd A/M</i>	<i>1st 2 x CG 2nd 5 x CG 1 x Q 3rd 3 x CG</i>	<i>Explored the resources available decided to use two different pint colours and explored</i>	<i>SD IB G S</i>

<i>H</i>	<i>1st C x 2</i> <i>Q x 3</i> <i>2nd 3 x Q</i> <i>3rd 2 x C</i> <i>1 x Q</i>	<i>1st 3</i> <i>2nd 4</i> <i>3rd 1</i>	<i>1st R</i> <i>2nd R</i> <i>3rd R</i>	<i>1st A</i> <i>2nd A</i> <i>3rd</i> <i>A/M</i>	<i>1st 3 x CG</i> <i>2nd 3 x C</i> <i>3rd 3 x CG</i>	<i>Engaged in Graffiti with the encouragement of others</i>	<i>SD</i> <i>IB</i> <i>S</i> <i>G</i>
<i>E</i>	<i>1st C x 1</i> <i>1 x Q</i> <i>2nd 3 x C</i> <i>2 x Q</i> <i>3rd 2 x C</i>	<i>1st 2</i> <i>2nd 2</i> <i>3rd 3</i>	<i>1st R</i> <i>2nd R</i> <i>3rd R</i>	<i>1st</i> <i>A/M</i> <i>2nd A</i> <i>3rd</i> <i>A/M</i>	<i>1st 0</i> <i>2nd 1 x Q 3</i> <i>x CG</i> <i>3rd 2 x CG</i>	<i>Opted to support other participants</i>	<i>SD</i> <i>IB</i> <i>G</i> <i>S</i>

Analysis of data collected using the chronogram presents evidence of the differing levels and types of engagement. In both sessions some participants opted for a supporting role instead of being directly involved with the graffiti work. These roles included, organising the sessions background music, taping up windows and door areas to avoid spray paint going on them, words of encouragement for those doing the graffiti work and discussions with students from other courses at the centre who were interested in what was going on. The participants who were involved with the graffiti work encouraged participants who were hesitant, one participant engaged following that encouragement. An observation of the dilution of the street gang rivalry was made, with both colours representing each street gang being side by side. Previously there was a noted clear divide in the classroom with participants who affiliated to one street gang only sitting and interacting with each other and the same occurred with the participants who affiliated to the rival street gang. The graffiti work was a group exercise which supported all the participants to engage and share either creatively or narratively.

In what ways has the Health and Fitness course and Toi Ora programme supported them to overcome their barriers to learning and wellbeing?

Identified or emerging themes that created barriers to wellbeing and/or learning.?’

- Societies stereotyping of the target population, racism/discrimination
- Inaccessible and/or inappropriate support service
- Awareness of the signs of transmission of intergenerational trauma (suicide, alcohol/drug use/abuse, whānau violence/dysfunction).
- Poverty (transient accommodation, affordability of nutritious foods, poor health care/dental)

Themes that relate to the participants strengths, interests, identity, and future aspirations which emerged or were observed during the Toi Ora programme.

- Willingness to explore resources and experiential exercise ● Determination ● Ability to engage and focus ● Enthusiasm ● Empathy ● Loyalty ● Consideration ● Acceptance ● Relaxed ● Goal setting ● Increased mindfulness/self-awareness ● Sincerity ● Effective communication/Self-expression/social skills ● Reconnection with cultural identity ● Pride ● Resilience ● Trust ● Optimistic ● Future Vision/direction
- Rap Music/Music ● Graffiti ● Art ● Whānau ● Street Gangs ● The Beach/Natural Environments ● Māoritanga ● Fitness ● Further training and Employment. ●Problems solving strategies.

A key factor that most of the participants conveyed contributed to their wellbeing was the sense of belonging they got from the training centre, they said they felt accepted and that they could identify with other students there. One area of the session which revealed itself to be challenging was the final fifteen minutes which was allocated for closure and tidying up. I had hoped a group discussion about their experiences during the session occurred during this time. On many occasions the participants were distracted by hunger as it was nearly lunchtime, packing away the resources, going to the toilet or on their mobile phones making plans for the weekend. However, during this part of the session, small group

discussions of about two or three of the participants often occurred which became valuable interactions in which the participants disclosed comments about their experiences and thoughts regarding the session.

Session Eight

Revised Pre-Programme Questionnaire and Narrative Data from Group Discussion

The final session was different in several ways to the other seven sessions. No chronogram was used, and the data was captured through note taking during a group discussion around questions of the pre-programme questionnaire that the participants self-selected. The data collected during this final session is presented largely in Chapter 4 Findings. However, to incorporate a correlated version of the findings from session eight offers a condensed analysis of what was found through listening to the participant's voices and the observations made throughout the programme.

There was a clear expression of the liberation felt by the participants, as they freely expressed themselves creatively knowing there was no judgement being made and that their interests, beliefs/values, situations, and cultural identity were all acknowledged and respected. All participants came to understand the Arts therapy-based exercises did not focus on aesthetic outcome, instead the creative process was of more valuable. All participants witnessed each other's as well as their own personal discoveries. And a shift in the perspective of self and past experiences highlighted to the participants their levels of resilience. For all participants, the programme offered them a forum to relax, talk about the Health and Fitness coursework or about their interests and plans for the weekend. The creative safe space offered the participants a pathway to wellbeing.

In summary the personal and collective benefits of the Toi Ora programme were numerous below is a bullet pointed list.

- A provision of a safe space express and explore emotions and past and present barriers to wellbeing and learning
- Supported the development of strategies to overcome identified barriers
- Cultural reconnection and strengthened cultural identity
- Shift in perspective
- Self-awareness
- Pro-social skills
- Increased emotional intelligence (Enabled participants to Understand their own Emotions and Others (Empathy))
- Identified strengths and resilience's
- Create and fostered vision and hope
- Time to relax and process course work
- Fostered a sense of belonging
- Improve Sensory-Motor Functioning
- Support Cognitive Development
- Cultivate Emotional Resilience
- Fostered Self-Esteem
- Promoted Insight and Fostered Intuitive Thinking and Behaviours (Self Soothing strategies)
- Reduced Conflict
- Enhanced Problem-Solving Skills
- Supported Emotion Regulation/Impulse Control
- Meaningful arts exercises and directives fostered engagement
- Promoted goal setting and achievement
- Provided a Sense of Belonging (Commonalties finding common ground)
- Gave them hope
- Reduced risk factors and increased protective factors
- Fostered the ability of the participants to choose what they want to become
- Support the participants to realise their full potential

CHAPTER 6. Matapaki - Discussion

To my knowledge this is the first research that has explored the use of Arts therapy with Māori taiohi/youth at risk of poor outcomes in Te Tai Tokerau/Northland. The Toi Ora programme was specifically developed as an open studio closed group Toi Ora programme for this target population. Further uniqueness of the programme is that it was designed as a component on an existing Health and Fitness course facilitated as weekly one and half hour sessions over an eight-week period in an educational training to industries facility. The purpose of this research was to increase the accessibility for Māori taiohi/youth to more appropriate interventions that foster wellbeing within an educational context. Hence the Toi Ora programme was developed based on the participants cultural identity, interests, needs, aspirations and aligned with the existing coursework schedule and learning outcomes. Facilitated in an open studio closed group scenario enabled twelve participants an opportunity to access the Arts therapy-based intervention programme.

Further research tells us that group settings are particularly effective with youth as they offer an opportunity to develop social skills, and empowerment. A group forum can offer support in moving away from self-focused or uncooperative behaviours and encourage positive choices. Change is not being forced rather the opportunity to explore the barriers that caused disengagement and distractive behaviours is presented. Supporting the taiohi/youth to move from a feeling of discouragement to feeling encouraged, which fosters openness to actively engage in the creative process, more receptive to learning and enhancing the effectiveness of the art therapy process (Kozłowska & Hanney, 2001; Sutherland, Waldman & Collins, 2010). The experiential directives and supporting Whakataukī that underpinned the Arts therapy-based exercises on the Toi Ora programme aimed to support the participants to identify any barriers to learning and wellbeing and help them to self-discover and self-determine solutions. The overarching aim of this research was through a collaborative process that set

out to discover the benefits of an Arts therapy-based programme in a community educational training facility for the target population.

To enable such programme to seamlessly fit into the existing course of study a conceptual framework was developed which served as a guide demonstrating how the Arts therapy process functioned. Detailed session plans were also developed which demonstrate how the arts-therapy-based experiential directives and whakataukī fit within Te Whare Tapa Whā (Durie, 1998) wellbeing model and aligned with the Health and Fitness course scheduled coursework and learning outcomes.

The Health and Fitness course which was being piloted at the Regent Training centre (2018) adopted physical education activities and approaches to wellbeing as a platform to deliver NZCA level one and two maths and literacy. This Health and Fitness course offered the students another opportunity to gain these foundational level qualifications having not completing them during their formal schooling leaving school prematurely for a variety of reasons.

The students on the Health and Fitness course were all identified as ‘at risk’ of poor outcomes with complex multiple factors contributing to this identified status. During the first term of the piloted Health and Fitness course it became evident there were several underlying issues that created barriers to learning and wellbeing for the students, which unless addressed could lead to repeated poor outcomes. The factors identified that contributed to their ‘at risk’ of poor outcomes status, included a lack of protective factors in their personal lives, inappropriate and/or inaccessibility of support services and previous experiences in education environments which diminished the student’s self-confidence and/or lowered their self-esteem. These together with the general stereotypical attitudes towards the target population Māori taiohi/youth aged between 16 and 24 years old, were identified as key contributors.

During the first phase of this research process specific literature was selected and reviewed to gain further insight into what the current inquiries, reports and research revealed about how and what placed Māori taiohi/youth placed ‘at risk’ of poor outcomes and what solutions were being explored to improve the outcomes. Additionally, a research advisory group (RAG) made up of Māori and non-Māori advisors who were considered experts in key areas, was assembled during the initial empirical phase. The RAG members were interviewed and through their contributions key factors emerged that clarified and confirmed many of the issues revealed in the literature review that contribute to the ‘at risk’ status. Through the many narratives shared during the RAG interviews, recommendations for experiential solutions were also discussed. The key factors from the first phase were organised into themes which during the second empirical phase were confirmed and extended upon by the participants of the Toi Ora programme. The Arts therapy-based exercises presented opportunities for the participants to explore some of these factors which they identified as barriers to their learning and wellbeing that challenged their abilities to successfully complete the Health and Fitness course.

The literature review and data gathered during the RAG interviews revealed fundamental break downs in the support services, inappropriate approaches that lacked acknowledgment of cultural identity and/or failure to consider the context of the contemporary realities or intergenerational factors that contribute to the issues many of the Māori taiohi/youth faced. These key themes highlighted and reiterated a paradigm shift was needed both in the appropriateness and accessibility of the support services and educational approaches available to the target population. Much of the literature reviewed in relation to how and what placed Māori taiohi/youth ‘at risk’ of poor outcomes, further suggested a paradigm shift was emerging, with solutions that are pro-active in maintaining the Māori taiohi/youth needs as a central focus, to consider their past experiences and view them in context of their

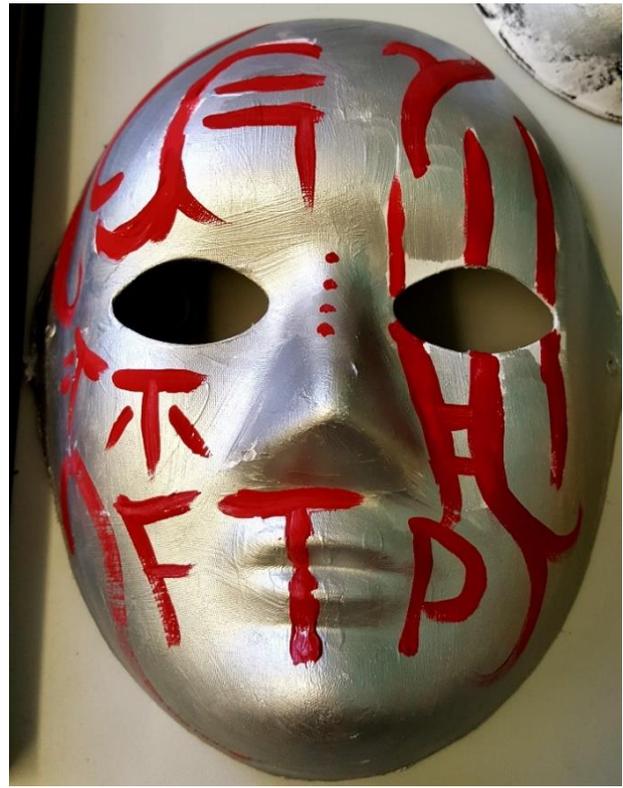
contemporary realities. There are several examples of how a pro-active experiential approach that maintained the participant as central focus can be effective throughout the sessions of the *Toi Ora programme*. Thus, highlighting the multiple benefits access to an Arts therapy-based intervention programme can offer both the individual and group or community.

The two literature review themes which concentrated on these aspects of this research were *Te Whakamārama me nga Urupare k inga Hiahia Korekore~ Recognition and Responses to Unmet Needs* and *Ko te rata o te toi me nga taiohi taketake, he aha te mea e 'Haumaruru Ana?'/Arts therapy with Indigenous youth at risk, what makes them 'At Risk?'* The report titled Taiohi (2015) published by Te Pou o te Whakaaro Nui identified the key factors as inaccessibility and inappropriate approaches of the support services that created barriers for Māori taiohi/youth. The Taiohi (2015) report made recommendations that a review which focused on the ways taiohi/youth enter and access the services was needed. This aspect of the transitioning into treatments and services was seen to play a significant role in determining Māori taiohi/youth engagement and effectiveness of the treatment programmes or services (2015). It can be argued that for all support services that aim to improve the wellbeing of tamariki/children and taiohi/youth the point of entry is vital in the effectiveness of any support service. Figure 93 offers some insight into the impact of exposure to whānau for participant F and Figure 94 offers insight into the effects of an 'uplifting' process orchestrated by Child Youth and Family. Figure 94 reflects to repercussions of inappropriate approaches and processes of the support service. For example, the way in which participant F entered the support service further compounded the trauma already being experienced. This early experience of support services has had a far-reaching impact creating barriers to both F's mental wellbeing and preventing him from seeking any support from the services available as a youth at risk or poor outcomes.

Figure 94 “The Bash” participant F



Figure 95 Participant F “Fuck the POLice



While participant F acknowledged his removal from his whānau may have been necessary to keep him safe at that time, the impact of that experience led to him to aversion or suspicions of any authoritarian person, this included schoolteachers, social workers, case managers and police.

Miss the bashings were bad, if I tried to protect my mum and defend myself, they just got worse. I had no control over them, then when I got taken, I had no control over that either, I hate people that try and control me now. That's why I got kicked out of school Miss. Nobody really gave me any support dealing with that stuff, this is the first time I've ever talked about it with anyone. I think I'm stereotyped by my past, and for those in authority it's easy to work with a stereotyped version of me than to listening to me, and my experiences to get an understanding of me and my situation. I've got real trust issues with most people those experiences taught how to go in into beast mode, and I use that mode now when I feel

challenged or threatened by people and situations or when I feel like things are tough, that's how I cope I focused and don't let anyone get to me, Miss". Participant F.

This year's (2019) legislation changes to the Children, Young Persons, and Their Families/Oranga Tamariki Act 1989 the new 7AA section of the Oranga Tamariki Act stresses several approaches that Oranga Tamariki will do differently now. It states that Oranga Tamariki will "acknowledge the Treaty rights of Māori to partner with us to actively protect tamariki Māori and our use of Māori cultural concepts and practice" (My Kete, 2019, p. 5). Why are they only now agreeing to make this acknowledgement? This highlights the decades of hegemony that existed in this support service, and with the absence of te reo Māori in the government's vision statement contained in the 7AA section. This provides an important example of how the hegemonic attitudes continue to exist and a paradigm shift towards a balanced equitable approach is hindered.

From a Strengths based perspective participants F's adaptive skills from his early traumatic experiences proved valuable. He learnt how to cope with adversity or when he is confronted by situations that trigger memories of his past traumas. This provides a demonstration of how through traumatic experiences and impoverished deprivation resilience can be developed. It further substantiates a well-researched Resilience theory (Shean, 2015), which is founded on the study of adversity and explains the ability to recover from trauma and become stronger from the challenge of working through the traumatic experience. "Resilience is a useful concept that can focus attention on the strengths as well as the vulnerabilities of people who have experienced trauma" (McCleary & Figley, 2017, p. 1). By focusing on the mechanisms of trauma and resilience, strengths can be identified and fostered during Arts therapy exercises, highlighting the usefulness of resilience theory when working with youth at risk of poor outcomes.

However, as participant F disclosed, he had real trust issues with people and that he had never disclosed details of his early traumatic experiences to anyone before. Herman (1992) who has researched extensively the impact of historical trauma brought about by the colonisation processes, and the repercussions which create an intergenerational recurrence of the original trauma believes that the recovery or healing process involves passing through three stages (Herman, 1992, cited in Archibald & Dewar, 2010). The first stage involves establishing safety and trust the second stage is a process of remembrance and mourning, and finally reconnecting with the self and others. Herman (1992) points out that addressing historic trauma is like addressing a singular traumatic experience, though there are added complexities. “Historical trauma is imbued in losses experienced by one’s people in addition to whatever the individual has experienced. Thus, learning about, mourning the losses of, and reconnecting with family, community, culture, and traditions are significant parts of the healing process” (Herman, 1992, cited in Archibald & Dewar, 2010, p. 12). Considering this, a clear benefit of the Toi Ora programme is that it offered a safe creative space for participant F and many of the other participants to explore their past experiences. Thus, initiating the recovery or healing process, compelling evidence of this is demonstrated through participant F’s ability to trust the Arts therapy process and myself, which enabled him to self-disclose for the first time about his early traumatic experiences.

While this research is an original idea here in Aotearoa/New Zealand, internationally there are a few examples of Arts therapy programmes with Indigenous youth at risk of poor outcomes, though none found were specifically designed as a component in an educational training to industries environment. However, the research carried out by Archibald and Dewar (2010) presents compelling evidence of the use and benefits of creative arts with First Nation, Inuit, and Métis, facilitated on healing programmes across Canada (Archibald & Dewar, 2010). Discoveries were made that show the clear links between, creative arts,

culture, and wellbeing. A key finding from Archibald and Dewar (2010) was “the idea that, when given the freedom to choose, community-based healing programs overwhelmingly include creative arts” (Archibald & Dewar, 2010, p. 1). Also, the inclusion of traditional creative arts supported the cultural reconnection process. However, in a series of interviews with many of the facilitators of the various Creative Arts for Healing programmes across Canada, Archibald and Dewar (2010) posed two separate questions first they asked about the healing benefits of creative arts in general and then the impact of engaging in traditional creative arts activities. The responses affirm that for many of the facilitators, “creative arts and culture are so intertwined that it is difficult to isolate what particular aspect or activity is responsible for the healing they observed in participants” (Archibald & Dewar, 2010, p. 17). They found that the inclusion of creative arts regardless of the artistic modality, together with the group forum, a connection, reconnection, and revitalisation of traditional cultural ways occurred. Thus, indicating the creative arts activity played an integral role in the healing process (Archibald & Dewar, 2010).

A key finding from the Toi Ora programme substantiated and extended on Archibald and Dewar (2010) findings. The inclusion of the Toi Ora programme promoted focus and engagement in the Health and Fitness coursework despite the continued adversities that arose in the participants personal contemporary realities. All participants on the Toi Ora programme expressed their appreciation of the Arts therapy-based exercises at various stages throughout the programme. All participants as well as other students at the Regent Training centre indicated their interest in the continuation of a programme in future terms. This presents evidence that the Toi Ora programme had the capacity to make connections, build relationships enabling communities to grow in a destigmatising non-threatening manner.

Participant H repeatedly expressed his appreciation for the variety of arts resources with specific reference to the inclusion of arts resources that reflected Māori culture, which he

used in his work frequently. Participant H commented that this inclusion of arts resources together with the use of Whakataukī made him feel accepted, understood and at ease, this sentiment was echoed by many of the other participants also. An example of the feeling of safety, freedom to express internal emotional chaos and cultural identity that participant's H and VC1 felt can be seen in the Ki Roto/Inside mask work following the suicide of participant H's cousin Figure 95 and the best friend of VC1 Figure 96. The directive for this two-part Arts therapy-based exercise was to support the development of self-awareness, which can be defined as an awareness of one's own authentic self, the capacity of introspection and the ability to distinguish oneself as an individual separate from environments and other people (Sandu & Pânișoară,2014. One further definition is, "self-awareness is the knowing one's strengths, weakness, drives, values and impact on others (Goleman, 1995, cited in Kalaiyarasan & Solomon, 2016, p. 20)

Given the recent loss of a loved one to suicide both participants experienced a sense of hopelessness, rage, guilt, and sadness, the emotional discharge is clearly visible in both participant's work. VC1 disclosed that his 'anger, pain and hate' came from the years of stereotyping, discrimination, and judgement he and his deceased friend experienced during their school years together. The love he felt was for his friend and the other 'bros' in the Bloods. Participant H's depicted the chaotic aftermath in the whānau following the suicide, 'kia kaha' participant H said was something all the whānau had to be in times like that.

Figure 96 Whānau

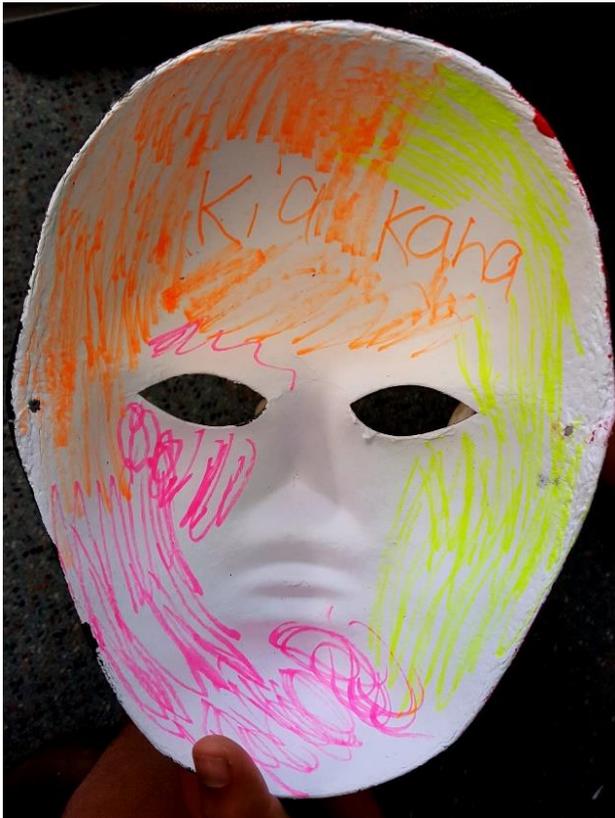


Figure 97 The Bro



A further example of the sense of safety, opportunity to self-determine their choice to engage, and/or redirect emotions amid the adversities presented in the participants' contemporary realities is seen with participant C's devastating situation. When participant C's younger brother (13yrs old) suddenly died, there was no expectation for him to attend the Health and Fitness course or Toi Ora programme. However, the graffiti for wellbeing sessions which participant C had contributed significantly to during the planning phase of the exercise gave him a reason to attend. Attending the session, the following morning after hearing of his younger brother's death provided participant C with a tangible coping mechanism giving him a sense of purpose and hope. Participant C disclosed, *"I'm here cos like me my little bro loved to graffiti, I can go to his tangi and tell him all about it afterwards."*

In the cases of participants H, VC1 and C the Arts therapy-based exercises and the closed group environment of the programme offered them a safe space to express the inner turmoil

they were experiencing. Witnessing their emotional discharge along with the narratives they shared during the creative process enabled any alarming concerns for their wellbeing to be conveyed to RAG member Jennifer, who alerted the campus guidance counsellor and other relevant staff. Thus, indicating a further important function of the arts therapist's role and programme, serving as a valuable mediator between other supports for the participant's wellbeing. Kim and Woo (2014) found in their study which used an art therapy programme in a Korean school as a suicide preventative strategy, that the Arts therapy exercises reduced suicidal impulses, anxiety, and depression, by increasing the happiness index. This increase in happiness served as a protective factor, together with better emotional stability, reduced stress and positive changes were observed among the student participants (Kim & Woo, 2014). Both participant H and VC1 commented that the Arts therapy-based exercise benefited them in some way. Participant H said the exercise made him realise how important his Whānau was, and that he played a significant role in it therefore, he had to stay strong. Participant VC1 said that the sheer release of emotions that exercise enable was valuable to him. While participant C commented that the graffiti work gave him some time to process his immediate shock before he went to his brother's tangi.

It can be argued to develop a therapeutic approach and conceptual framework which effectively responds to the contemporary issues that relate to acculturation there needs to be an authentic fusion of concepts of te ao Māori and appropriate compatible Western or non-indigenous approaches to well-being. As NaiNai, Bush and Epston (2017) emphasise the need to commit to building genuine relationships through active collaboration between Māori and Pākehā points of view when working with mental health and restoration of well-being. This collaborative unification is illustrated through whakataukī, 'āpiti hono, taa tai hono.' NaiNai explains, "Hono means to join, and this saying means, 'Let that which has been joined remain intact.' Tātaihono can be about reparation, reconciliation, collaboration,

and connection. It is about binding together, a kind of spiritual binding that gives unity and strength” (NaiNai et al., 2017, p. 7). They acknowledge the historical experiences and impact colonisation has had, and therefore it was necessary to find reconciliation and forgiveness to enable genuine relationships with professionals from different cultural backgrounds to develop. NaiNai et al., (2017) adds, “At the same time there is manaakitanga, giving mana to another person. Giving mana is for me the basis of mutual respect. Another thing that binds us together is our love for people” (NaiNai et al., 2017, p. 7). Therefore, this suggests that this love for people would be prerequisite for anyone working within all health/well-being and education professions. This love for the people/participants reveals itself as empathy and presents itself as non-judgemental willingness to understand people. Through this openness transference becomes the therapeutic tool for understanding an individual’s unconscious, frequently this is where the barriers or blocks can be found and often become visible as repressed emotions and feelings in the Arts therapy process. A good example of transference can be seen in the faces of the masks the participants created, along with the supporting narratives confirm emotional blocks or barriers were found and explored. Awareness of countertransference was essential, as many of the issues the participants had or while currently dealing with resonated with my experiences as a youth, and I remembered how angry and frustrated I felt with the world. Countertransference occurred a few times, with some of the participants redirecting their emotions towards me, I identified with the symptoms and understood some of the participants behaviours. However, I was unsure how to deal with it, and sort advice from the RAG. An example is seen when dealing with participant B and C’s staunch intimidating strategies, Rawiri suggested I rode my Harley motorcycle to the next session which I did. The outcome was that participants B and C realised I could also be staunch. Through this I became accepted as an ally rather than an enemy.

Rawiri, kaumātua of the RAG shared his experiences during Richardson's educational experiment at Oruaiti School which naturally combined both world views. Central to Richardson's philosophy was his use of the natural environment and local community which encompassed experiences of both Māori and non-Māori world views using the resources both offered to create an integrated programme of art and science, which spanned all curricula subjects. His child-centred approach encouraged students to work together regardless of their cultural identity to explore and experiment with real life problems and scenarios using the arts. Rawiri did not recall any separation or lack of acknowledgement of both world views everything was valid as an opportunity for learning, development and wellbeing enhancing. For me, there were questions around why Richards philosophy and approach were not adopted by the national education curriculum, as it would have benefited the wellbeing of all students of this bicultural nation. Perhaps it was seen by some as a threat, enhancing Māori when the general view at that time was to oppress Māori in education. This leaves me pondering what education actually means to the Ministry of Education and to those teachers who continue to maintain power and control by keeping the stereotypical views of Māori students alive, which all the participant expressed they had experienced during their stunted time in formal traditional education here in Aotearoa/New Zealand.

This understanding of the benefits of binding of the two world views offers an opportunity to develop an effective approach that has the capacity to respond appropriately to cultural identity. Additionally, the flexibility it poses enables the approach to be adapted for the contemporary realities many taiohi/youth face. A good example that demonstrates the effectiveness of the combined world view used in the approach applied to the Toi Ora programme is evidenced in the Mandala Arts therapy-based exercise. Participant A and participant VC positioned directly opposite each other both used Māori kupu in their Mandala segments to respond to the experiential directive that focused on their personal strengths and interests together with their

support networks or strategies they set and to achieve their goals on the Health and Fitness course. While the other participants working in the same mandala circle opted to depict their interests in sport, music, and other aspects of their lifestyles in their segments. Visible connections to taha wairua can be seen in participants A and VC's creatives expressions and support narratives. VC disclosed that the beach was her, 'go to' place, it is a place where she feels her wairua is nourished. Participant A said his illustration depicts a Manaia which is of significance to him and his Whānau. The word Mana written in a capitalised font styles, a bold statement relating to his desire to uphold the Mana of his people.



Figure 98 Mandala cultural connection

The Mandala Arts therapy-based exercise was facilitated in the first session of the *Toi Ora programme*. Through the Practice Based Evidence (PBE) research approach and a reflective practice taken the subsequent sessions were developed around the participant's interests, challenges they faced and aligned with the Health and Fitness scheduled coursework and desired learning outcomes. The participants were able to contribute their ideas to determine

what arts modalities were to be used in the following sessions. This approach validated them as contributors to the programme's development, acknowledged aspects of their contemporary realities that were important to them, and made the exercises meaningful to them. This approach enabled the programme to meet the participants where they were at, identify their motivators, barriers, strengths, interests and preferred learning styles, rather than stifling the participants with rigid constricts and expectations of how and what they needed to apply themselves to. This approach avoided any assumptions on how the participants identified themselves in a cultural context and presented an opportunity for their individual strengths, resilience, beliefs, and values to be recognised, acknowledged, and appreciated. Research now suggests that for people effected by historical and intergenerational trauma brought about by colonisation and acculturalisation, addressing the symptoms of the trauma needs to come before reconnection to one's cultural identity. The drive for approaches to adopt a trauma informed practice approach when working with indigenous people effected by historical or intergenerational trauma is becoming a common feature of professional practice with this identified population (Archibald & Dewar, 2010; Atkinson, 2013; Groen et al., 2017). Archibald and Dewar (2010) in their study found that often "it is essential to address the trauma before introducing culture. The roots are there in the culture when they are ready" (Archibald & Dewar, 2010, p. 18).

Figure 99 is an example that demonstrates how the freedom to explore the concept of self-awareness supported participant VC to express some of the barriers she experiences as a ‘fair skinned Māori.’ VC attended only the second session in this two-part exercise. Instead of following the experiential directive to decorate the inside of the mask with how she perceived herself and the outside of the mask to represent how she thought others or the outside world saw her, VC chose to use the front of the mask for both perspectives. VC described her mask as expressing her confusion and frustration being a fair skinned Māori . *“Miss sometimes I don’t know where I belong, on the outside I’m always smiling because on the inside I know where I come from, yet so many people make assumptions based on my white skin I never let people see how messed up that can make me feel inside, sometimes I think people misunderstand me, maybe that’s because I get confused how to be in different social situations. Making the mask felt good, it kinda gave me a different perspective on myself, and some understanding how I can be misunderstood by others sometimes”*.



Figure 99 “Confused and Misunderstood

Participant VC's disclosure indicates some of the complexities of "being caught between two worlds" (Gordon et al., 2017, p. 57). Research into the acknowledgment and recognition of the complexities of cultural hybridization is limited. "The process of hybridization in the deterritorialization of cultures and peoples demands new theories" (Papastergiadis, 2005, p. 1) and the need to rethink methods, and create new conceptual frameworks (Papastergiadis, 2005). Recent research that substantiates and extends on this in the context of Aotearoa/New Zealand highlights, "the hybrid cultural identification of being Māori and "another" is set to become a significant social and psychological reality, and one which acknowledges and indeed, strengthens the primacy of tangata whenua, the first peoples of Aotearoa New Zealand" (Grennell-Hawke & Tudor, 2018, p. 1543). In terms of the approach developed for Toi Ora programme participant VC's creative expression indicates the approach taken in the programme appropriately supports participant VC to explore and express some of the emotions and barriers she experiences attempting to identify herself to find unity and sanctuary in either Māori or Pākehā societies.

Frequently, the participants of the Toi Ora programme expressed that they often felt misunderstood, discriminated against, judged or stereotyped. Participants C, F, G, VC and VC1 all commented on how they felt support services and schoolteachers often referred to a stereotyped version of them rather than focusing on their individual situation, issues and needs that put them in the position they were in. VC1 expressed his frustrations at always feeling targeted, he said he was expelled from school in year 11, and now at 17 years old self-disclosed he has anger and addictions issues. His goals for the Health and Fitness course was to successfully achieve NZCA level one and two literacy and numeracy to be eligible as a NZDF cadet recruit. He considered joining the NZDF as an opportunity to change his life. However, his Health and Fitness course attendance was fragmented, this also became evident in his attendance rate on the Toi Ora programme. On three occasions VC1 was absent from

the programme due to appointments with outside support services. Work and Income and Budgeting services, and Mental Health and Addictions services had given VC1 appointment times that impeded on his ability to attend the course and programme. VC1 said that he had explained that he was supposed to be at course and that Mondays was the best day for appointments because there was no course on that day. VC1 explained “*it’s so frustrating I am trying to better myself, but they don’t care. I get angry trying to explain my situation, that’s when I can sense the stereotyping in how they talk to me*”. VC1’s situation provides an insight into how the support services break down and fail to support taiohi/youth effectively. This can be considered a barrier inhibiting the participant student’s commitment to change by interrupting and disrupting their ability to attend the Health and Fitness course as well as their participation in the Toi Ora programme.

Many participants commented that they had made the choice to enrol on the Health and Fitness course in a bid to better themselves which they hoped would improve their career opportunities, yet they feared the stereotyping would continue based on their past. Research substantiates the participants experiences and concerns for the future. Barnes, Taiapa, Borell and McCreanor (2013) point out that stereotyping is prevalent towards Māori and is undoubtedly linked to the “oppressive patterning where colonisation sought to assimilate Māori from their cultural roots” (Walker, 2004, cited in Barnes et al., 2013, p. 65). “This colonising agenda continues through social institutions (including the mass media), to undermine indigenous health and wellbeing through its normalisation of racialised framing and negative stereotypes” (Harris et al., 2006; McKenzie, 2003; Nairn et al., 2006, cited in Barnes et al., 2013, p. 65).

The impact of internalised racism, interpersonal racism, institutional racism, and societal racism all contribute and maintain the stereotypical attitudes towards Māori taiohi/youth. The impact of racist stereotyping has on health and wellbeing manifests itself as anticipatory

stress, distress, anxiety, low self-esteem, vulnerability, shame, and guilt. Houkamau (2016) explores stereotype threat theory in her research which investigates the impact of how do stereotyping, implicit bias and stereotype threat affect Māori health? “Stereotype threat theory holds that minorities subject to negative health stereotypes may avoid healthcare out of a sense of shame, embarrassment and anxiety that they will be stereotyped by providers (Abdou & Fingerhut, 2014, cited in Houkamau, 2016, p. 130). Many of the participants on the Toi Ora programme expressed that the threat of stereotyping not only deterred them from seeking medical help, it also prevented them seeking support from other services available to them.

The second and final inquiry reviewed led by MOE Education Matters is the 2019 publication titled *‘Not just about NEETs: A Rapid Review of Evidence on What Works for Youth at Risk of Limited.’ Employment*. This review conducted by the MOE with collaborative support from Ministry of Business, Innovation and Employment (MBIE) set out, “to determine how to improve interventions for young people who are likely to experience poorer than average employment over their lifetime” (MOE, 2019, p. 1). In the review’s recommendations attention is drawn to the intergenerational factors that affect employability. It stated, “young people may not be able to overcome intergenerational disadvantage without intervention that focuses on developing, compensating for, or otherwise responding to these disadvantages” (MOE, 2019, p. 21). The emphasis is on the students need to change attitude and fails to consider the services attitudes towards the student. A key point made in the recommendations of this rapid review report was to consider, “using indicators or assessments of individual motivation status or attitudes, as a basis for classifying different risk subgroups” and for matching different responses to them (MOE, 2019, p. 22). It was suggested that a motivation status could be assessed and estimated in relation to goals that relate to rapidity of finding employment or further training programmes. This recommendation adds that, “the potential

effects of sanctions for different target groups is also relevant to the issue of matching responses to current motivation status, or as triggers of change to motivation status (positive or negative” (Martins and Grubb, 2002, cited in MOE, 2019 p. 21). In light of VC1’s situation, and stereotyping, discrimination, racism and judgements based on cultural identity age and situation a suggestion would be to intensify a critical review of the deeply entrenched hegemonic attitudes and motivators of the support services, also be beneficial (Bishop-Berryman, & Cavanagh 2007; Milne, 2008; Meek, 2010; Sheriff, 2010; Williams, Broadley & Lawson, 2012; Came, 2012; Egan & Ford, 2014; Eruera & Ruwhiu, 2015).

Observing and listening to the participants frustrations and as participant VC1 referred to the seemingly relentless stereotyping as ‘soul destroying’ and in despite of this they kept striving to make positive changes to their lives, which was highly admirable. The power point presentation used to introduce each week’s Arts therapy-based exercise also became a tool to support the participants to shift their perspective on some of their previous stereotyped negative experiences, and how they could draw strength and resilience from the experiences. Rather than reacting in a negative way to the stereotypical, judgemental, or discriminative attitudes they often experienced they looked for ways to respond in a positive self-empowering way. In the music for wellbeing sessions participant C had demonstrated this type of perspective shift when he designed his music album cover, a skeleton hand with middle finger erect and the letters FTW which when he started the illustration it was an acronym for Fuck the World. However, following a discussion we had about graffiti and the stereotyping of people that do it, participant C explained FTW now stood for Feed the Whānau. Figure 100 and Figure 101 were two images used in the Graffiti for Wellbeing power point presentation to demonstrate how a shift in perspective can convey a message in a more empowering way debasing the stereotypical beliefs and attitudes they often experience. This provoked a group discussion, participant G commented, “*yeah it’s like*

showing them we're better than what they think of us" and participant H commented, "*mean Miss I get it, it's given me an idea about what I can graffiti instead of my dad's gangster symbol.*" The participants began to consider how their cultural identity could be articulated and become a strength and how they could support their success rather than being something, as perceived by wider society and used to bolster the existing stereotyping.

"There's a hope for the Māori generations [to] become something more than everyone's stereotypes for Māori students... it brings hope just to see that we can actually make a difference from what everyone actually thinks" (kep.org.nz p. 2). Through analysis of the chronogram data and observations a shift in perspective began to emerge that echoed the sentiments of this narrative message of hope.

Figure 100 An emotionally charge message that would add to the stereotyping





Figure 101 A strong clear message that challenges the stereotyping

A key feature of the group dynamic that emerged during the first two sessions the Toi Ora programme was the participant's affiliation to two rival street gangs. For many of the participants street gang association provided them with a sense of belonging, this either came from intergenerational Whānau gang membership. While other participants became involved with a street gang as they provided them with an identity and a sense of belonging in the absence of their own Whānau. Within the group of participants there was a clear 50/50 divide between two rival street gangs the Bloods (red) and the Crips (blue) that have grown out of America and established themselves here in Aotearoa/New Zealand.

In the He Waka Roimata report (2019) concern was expressed, that “if rangatahi are criminalised early, it is inevitable they will be drawn to gangs because of the perceived solidarity the gangs offer” (He Waka Roimata, 2019, p. 60). A further narrative shared in the He Waka Roimata report (2019) highlights how inappropriate approaches contribute to taiohi/youth gang membership, “Young ones coming into remand is just making them join gangs. It's not the right place for them. Manage them on the outside. It's become a training ground and recruitment area. The young ones are just looking to survive.” (He Waka

Roimata, 2019, p. 60). This aspect of youth justice is echoed in recent research involving other indigenous populations. Goodwill's (2009) study found that the correctional facilities in Canada were a breeding ground for gang recruitment among Native Canadian Indians, and that youth faced intense pressure to join up (Badger & Albright, 2000, cited in Goodwill, 2009, p. 3).

These voices of concern are categorically justifiable, two of the participants on the Toi Ora programme had previously met in a Youth Justice residential facility. Their bond was one of solidarity, founded on and through prior similar criminal activities, incarcerated experiences and forged together with their affiliation to the Crips street gang. Participant B dominated the friendship, B was often the instigator while participant C supported him upholding his loyalty to the street gang. Participant B's key social interactive approach was to intimidate others, which he used frequently to dominate and manipulate both the participants in the group and other students enrolled at the Regent Training Centre. Participant C often became his accomplice eventually the pair were reprimanded for their coercing approach. Participant C responded to the reproach cautioning, redirecting his focus back to the Health and Fitness coursework and Arts therapy-based intervention programme. However participant B continued with his intimidating threats towards the other students as he tried to extort money, cigarettes and deal drugs, eventually participant B was suspended from the Health and Fitness course.

There was a sense of relief among the group of participants following participant B's departure, some of participants had disclosed participant's B presences in the group was an unwanted distraction. While the participant's staunch localities remained with their respective street gang, the outcome of participant B's situation appeared to generate an unspoken unanimity among the participants. Evidence of this can be seen in photographic data collected during graffiti of wellbeing exercise, figure 101 shows how the two colours

(red and blue) that are representative of the two rival street gangs were used side by side in the graffiti for wellbeing exercise process. This unison was something that had not been seen in any of the previous sessions, signalling an acceptance of each other's affiliation to the two rival street gangs.

Figure 102 Acceptance Red and Blue



Haami's book *True Red* (2007), is a biography of Tuhoe Isaac, which tells the story of Isaac's life as a member of a notorious gang publicly feared for its unpredictable and dangerous reputation. Isaac does not dispute this public image but from a member's perspective he says the gang gave him, "a total sense of belonging at a crucial time" (Isaac & Haami, 2007, p. xi) in his life. This was a common reason why many of the participants affiliated to the street gangs, three participants adding that they felt accepted and not judged in the gang. Isaac said that he gained strength from his gang membership which enabled him, and the other members stand up against a society that outwardly hated them, "we just

reflected that hatred back” (Isaac & Haami, 2007, p. 1). “Living in the zone allowed me to embrace a rebellious life that was spawned out of neglect, abuse, poverty and loneliness” (Isaac & Haami, 2007, p. xi). The data collected during the Toi Ora programme correlated with the key motivators for gang membership that Isaac spoke about. All the participants Toi Ora programme, shared narratives during the therapeutic arts processes in the sessions that related Isaac’s situation. Either an experience in the past or in their current situations that involved dislocation/isolation from whānau and friends. Some of the participants were brought up amongst whānau dysfunction including violence and abuse, and/or ailing Whānau wellbeing especially taha wairua/spiritual and taha hinengaro/mental/emotional dimensions within their whānau. All spoke about expulsion from school, poverty, discrimination, and racism. Evidence of repetitive harmful patterns of behaviour emerged which were intensified by the way the authorities had dealt with them previously or support services continued failure to meet their needs now. Narrative data collected during the Toi Ora programme, also indicated this, the two participants who had been involved in Youth Justice both commented on the lack of appropriate rehabilitation processes, genuine professionals and that the punishment strategies made them want to rebel more.

Isaac spoke about their life during his years in the gang where there were many dehumanising occasions, situations and experiences that involved rape, violence and sometimes murder that left him questioning internally their morality. However, his loyalties to the gang remained and the deeply entrenchment way of gang life kept him from leaving the safe havens of gang life for many years. Leaving the gang meant that his commitment to change had to be as staunch if not more than their loyalties to the gang (Isaac & Haami, 2007). It was this change in moral perception that led to what Isaac describes as a “turning around 180 degrees-is an inward decision as well an outward momentum that moves you in a completely new direction in life” (Isaac & Haami, 2007, p. 105). Isaac decided to share his experiences and publish his

story partly to share his journey of redemption. Further to “give the public of Aotearoa/New Zealand a glimpse into the plight of the unwashed, the underprivileged, the unloved, the lost, the fatherless, the disinherited, the rejected, the disenfranchised, the poverty stricken and the uneducated” (Isaac & Haami, 2007, p. xiii).

This desire to share justifiable insight of the detrimental precursors to gang life was comparable to the narrative data collected from many of the participants who said they frequently felt misunderstood. Participant C’s involvement in an armed robbery which led to his arrest, conviction, and incarceration at 14 years old was driven by impoverishment. Participant C said, “*They didn’t look at my situation, I robbed the shop cos me and my little brother were so hungry,*” When adverse behaviours and/or symptoms are viewed in context it can provide an understanding of the adverse behaviour prompting effective solutions to be found. Taking the time to understand the participant’s past and present situations was central to both the research and therapeutic approaches taken during the programme. For many of the participants it was the first time they had felt genuine empathy which in turn led them to trust me enough to self-disclose. Evidence of this can be seen throughout the collected data presented in the findings. Further a clear voice regarding viewing the context and motivators of gang membership and gang exit intervention strategies is heard on the He Waka Roimata (2019) report, “You can’t just try to get rid of gangs; you need to think about the whakapapa of gangs and where they’ve come from.” (He Waka Roimata, 2019, p. 60).

From a strengths-based perspective the participants of the Toi Ora programme gang involvement highlighted their capacity to remain loyal to those who give them a sense of belonging or feeling of acceptance. Many of the participants presented valuable skill sets, such as organisational skills, vigilance, endurance, protectiveness, dependability, leadership, and commitment which they all related to their gang affiliation. Any gang intervention

strategy which aims to encourage youth to leave the gangs, needs to honour and incorporate the valuable skill sets that have been learnt through their gang affiliation. MacRae's (2013) research adds to this recommending that good "knowledge of the processes of gang entry and exit provide a foundation for determining best practice in gang exit strategies" (MacRae, 2013, p. 16). The approaches and processes to support youth to exit gangs need to reflect the varying levels of involvement together with the type of gang they are involved with. As we have discovered taiohi/youth are frequently drawn to street gangs because of impoverishment, and breakdown in conventional institutes such as schools or whānau dysfunction. Therefore, an approach that focused on building social capital would benefit. However, youth that affiliate to street gangs whose prime focus is organized crime then the intervention approach would need to include positive relationships and changing criminal values. When the reasons why youth become involved in street gangs are identified approaches that fulfil the unmet needs of the taiohi/youth can be incorporated into intervention strategies.

International researchers now "stress that unidimensional strategies are not effective, particularly those that are purely justice or punishment oriented, this was also raised in the He Waka Roimata (2019) report and echoed in the participants narratives. "Multiple sectors must be engaged to provide outreach, counselling, and opportunities for education, training, and employment" (MacRae, 2013, p. 18). As the findings from this research suggest that an effective appropriate approach to support taiohi/youth to move away from street gang culture, would be to include a wellbeing component on the educational/training courses available to them. A review of international research and strategies that are effectively working with indigenous youth populations could offer more insight on further understanding the lure of gang membership.

The two rival street gangs in the participants affiliated to have their roots in America. Goodwill's (2009) earlier in-depth research focused on the increased emergence of Canadian and American Indian urban youth gangs spreading into rural and reservation communities. Goodwill (2003) investigated this issue through a narrative inquiries approach that aimed to elicit ex-gang members perspectives and aligned her findings with several theories to develop solutions. Goodwill (2009) found that the research that applied strain theory, social control theory, and social learning in relation to resolving the high number of indigenous youths joining gang's theory suggested similar things. Goodwill (2003) writes,

Culture and familial relationships are posed as resiliency factors for Indigenous youth growing up with multiple sources of neighborhood strain (Yabiku et al., 2007). A health promotion intervention strategy based on social learning theory in combination with American Indian knowledge yielded positive health changes in the children receiving this intervention. Social control theory suggests that bonds between individuals, parents, family members, and community members are attachments that create conformity and decrease delinquency behaviours. Although these theories suggest different approaches to intervention with respect to delinquency, the parallel findings of importance are; familial relationships, culture, ethnic identity, and attachments to community and school. (Goodwill, 2003, p. 29).

Key findings from Goodwill's (2009) research found that from an Indigenous Canadian and American ex-gang members perspective effective intervention would include,

- The opportunity for legitimate employment.
- Accepting support from a partner or family.
- The opportunity to help others exit and desist from gang life.
- The desire to stay out of jail and accept responsibility for family.
- Avoiding alcohol.
- Participating in Aboriginal traditions.
- Experiencing Native brotherhood.
- Accepting offers of guidance and protection.

- Acknowledgement of the consequences of gang membership; and
- Learning self-control.

(Goodwill, 2009, cited in MacRae, 2013, p.14).

Both Goodwill (2009) and MacRae (2013) discuss the different types of environments that offer the best opportunities for youth development were found in community-based education and training settings that offered a variety of programmes. The findings from this research correlates and extends on the education and training concept adding, an example of an education and training to industries environment that incorporated Arts therapy-based wellbeing component. Many of the participants of the Toi Ora programme commented that they felt a sense of belonging at the Regent Training centre. Fostering a sense of attachment or belonging to either an environment educational or training to industries type environment and programmes can promote healthy relationships to manifest and practical industries-based skills to be gained. By adding an Arts therapy-based intervention programme as a component on an existing training course, the participants were offered a safe creative space as an outlet to explore and develop their strengths, interests and identity which enabled many barriers to be identified. Instantaneous benefits were observed, in the form of initial lack of interest an exercise to engrossed engagement and a hundred percent Toi Ora programme attendance recorded. Other benefits were revealed as the programme progressed and through the development trust in the therapeutic relationship and with other group participants. This progressed to some of the participants feeling confident enough to disclose sensitive personal issues, their narratives of their past experiences could be clearly linked to issues that impeded their wellbeing and learning, and so identified as barriers. Other researchers exploring indigenous youth gang culture, discuss the best practice in gang exit programmes. Decker and Lauritsen (2002) believe that a, “critical point for early intervention is when a youth is affiliated with a gang, but not a gang member (Decker & Lauritsen, 2002, cited in MacRae, 2013, p. 15). Intervention programmes with education,

training, and employment as a focal point need to also include pro-social activities and offer supportive mentoring relationships that foster a sense of belonging (Hastings, Dunbar & Bania, 2011).

It was encouraging to see in the Department of Corrections He Waka Roimata (2019) report, that finally acknowledgments the need to review and restructure the current approaches and processes that are evidently ineffective is apparent in the summary of this area to the report.

We heard that, rather than attempting to suppress gang activity, holistic, community-based responses are better able to provide long-term solutions that empower gang members to become positive members of their communities. Such an approach would require justice and social agencies to work collaboratively with communities, gangs themselves and other groups. This would ensure the ongoing support and services required to prevent harm caused by gangs and to keep gang members away from the justice system are in place (He Waka Roimata. 2019, p. 60).

A recommendation would be to incorporate a programme like *the Toi Ora Taiohi Ora Hauora/Arts for Youth Wellbeing* (2018) as part of a long-term community-based solution for redirecting the taiohi/youth who affiliate and have a growing interest in gang membership. This research substantiates MacRae's (2013) earlier research which highlighted the many studies that have; "Attempted to determine key points at which gang members may be open to intervention (MacRae, 2013; Hastings et al., 2011). A critical point for early intervention is when a youth is affiliated with a gang, but not a gang member" (Decker & Lauritsen, 2002, cited in MacRae, 2013, p. 15).

In many ways the participants of the Toi Ora programme identified more with their respective street gang culture than with their genetic cultural identity. However, the findings, analysed data and tabled results of this research strongly indicate that an appropriate approach to an effective intervention is to incorporate aspects of the participant's contemporary realities and traditional cultural background. The cross cultural and diversity of the resources that were

made available aimed to support taiohi/youth to either strengthen connectedness, and/or reconnect with the healthier familiar aspects of their communities and environments. Many concepts from te ao Māori were intrinsic revealing themselves fully in times of sadness and celebration. Whakawhānaungatanga played an integral role in the group dynamic when participant C's little brother died suddenly. Participant C affiliated to the Crips (blue). The acceptance of street gang rival differences appeared to be superseded by the Whānautanga witnessed in both the Graffiti work sessions and in the empathetic demeanour of the other participants from both street gangs. At the end of term and programme celebrations whakawhānaungatanga was visible with all the participants working together with the other campus students to prepare a celebratory feast. Thus, indicating the value of incorporating kaupapa Māori concepts into education and training courses to bridge the gap between current realities and the wisdom and ways of their ancestors. Therefore, community environments that offer educational and/or training courses to taiohi/youth at risk of poor outcomes need to reflect and respond to the whole student. Adding the Toi Ora programme as a component enabled the Health and Fitness course to offer a balanced approach to learning, which undoubtedly contributed to supporting the wellbeing and enhancing the learning and development of many of the participants.

The findings and results from the Toi Ora programme present compelling evidence that an Arts therapy-based intervention founded on a creative heuristic approach underpinned by Kaupapa Māori and an election of approaches like, trauma informed practice, strengths based and client-centred approaches that are supportive and correspond with concepts Te Ao Māori has a lot of potential. Offering opportunities for the taiohi/youth to self-development alongside their training courses. A summary of the key benefits of the Toi Ora programme respond in some way to all the recommendations found in the many inquiries and reports reviewed in Chapter Two. Key benefits include, a destigmatising approach that was

developed around the participants interests and aligned to the learning outcomes of the Health and Fitness course, made it doubly meaningful to them. A safe creative space that was non-judgemental enabled a trusting therapeutic relationship to develop. Engagement in the exercises elevated as the weekly sessions progressed, which increased self-disclosure. Multiple facets of their lives, past, present, and future which were both positive and negative, all became part of many conversations during the sessions on the programme.

Central to the effectiveness and multiple benefits that came from the Toi Ora programme was the trauma informed approach which was intrinsic in the design of the conceptual framework and the approach taken facilitating the sessions. Therefore, a strong recommendation for all support services available to the target population are informed by a trauma informed approach and a conceptual framework like *Ngaru o te Huringa ~ Waves of Change* developed for this research. *Ngaru o te Huringa ~ Waves of Change* demonstrated how cultural concepts can be combined with a strengths-based approach that supports the practice of a trauma informed care. A further point to raise, is the need for support services to include provisions that can support the wellbeing of the support/educational/training services personal. The background to the Toi Ora programme presents an example of this type of approach. I was contracted to facilitate Arts therapy sessions with all staff at the Regent Training centre following the devastating situation of a double youth suicide in the community. The Arts therapy sessions aimed to support staff process their emotions, and a substantial amount of suicide prevention information that had been presented to support their role and community.

The use of a trauma informed practice and workforce wellbeing approach is substantiated in a report published by Te Pou o te Whakaaro Nui in 2018. The report '*Trauma Informed care: A literature Scan*' emphasises on "knowing how to recognise and respond to trauma is not

just the responsibility of the health sector. It needs to be a broader public health strategy” (Shearer, 2018, p. 4). The report provides knowledge and resources for professionals, organisations, and communities to develop a trauma informed care approach. “Handran (2013) indicates worker wellbeing and resiliency are crucial and enhanced by an organisation creating a strengths-based trauma-informed culture. A strengths-based approach can be based on the compassion and satisfaction workers gain from working with people who have experienced trauma” (Handran, 2013, cited in Te Pou o te Whakaaro nui, 2013, p. 34). The report also emphasises the need for cultural appropriateness, given that trauma informed care approach, model and theory come from a Western paradigm services will need to incorporate cultural practices.

This community-based research essentially involved the community, it aimed to serve. Both the research design and approach to the Toi Ora programme were co-constructed with the participants in both empirical phases and me. In the first phase of this research the RAG engaged key members of the local community who have in-depth knowledge and experiences in key relevant areas this research ventured. Their contribution adding a localised perspective of current issues relating to the target population and research questions. While the multiple inquiries and reports reviewed provided a broader picture with a more national general perspective of the issues and recommendations relating to taiohi/youth wellbeing development. A further point to make is to draw attention to the usefulness of Arts therapy as a research tool. The non-threatening, explorative exercises made self-disclosure more fluid, which revealed a lot of concrete evidence that often speaks louder than words. However, with the added narratives confirmation and clarification around some of the issues that cause added stress to an already complicated and important transitional stage of learning and development, such as trauma both past and present, stereotyping, transient accusation,

alcohol and drugs. The Arts therapy-based exercises also uncovered indicative motivators could drive direction of an ongoing support taiohi/youth need to reach their full potential.

A wider view of the findings from this research, would be that they should be of interest to other Indigenous communities and organizations engaged in indigenous youth wellbeing and development. The discoveries made could support the review of mental health approaches and educational support services available to indigenous youth. A reform of the policies that maintain hegemonic practices and approaches, could highlight to funding bodies where and how funding would be allocated to program managers, counsellors, teachers, artists and arts therapist, governments, and academics. The scope for a programme such as the Toi Ora Taiohi Ora Hauora/Arts for Youth wellbeing is broad. The findings from this research highlights the many areas of youth development that could benefit from the access to an Arts therapy-based intervention. The Ngaru o te Huringa ~ Waves of Change conceptual framework designed and developed for this research could be adapted easily to fit within any existing course that is designed to support taiohi/youth wellbeing and learning.

CHAPTER 7. Te whakamutunga - Conclusion

A reiteration the questions here aims to clearly state how through the course of this research they have been answered.

What are the benefits of incorporating a culturally responsive group Toi Ora programme as a component on the existing Health and Fitness course for students identified as 'at risk' of poor outcomes enrolled at a tertiary education training centre in Aotearoa/New Zealand?

What places the Māori taiohi/youth participants at risk of poor outcomes? How can a group Toi Ora programme reduce the risk factors and increase Māori taiohi/youth wellbeing?

How can the Māori world view be infused with Western philosophies to develop an appropriate approach for a group Arts therapy-based for Māori taiohi/youth and expand the field of Arts therapy in Aotearoa/New Zealand?

How can a group Arts therapy-based programme 'fit' into a community based educational environ?

What is the scope for an Arts therapy-based programme for wellbeing in other areas of the community?

This research investigated the benefits of an open studio closed group Toi Ora programme as a component on an existing course of study for Māori taiohi who were identified as at risk of poor outcomes. What places the Māori taiohi at risk of poor outcomes? How can a group Toi Ora programme appropriate this target population and effectively reduce the risk factors and increase Māori taiohi/youth wellbeing?

In many ways' answers to these key research questions could be found before the facilitation of the Toi Ora programme. Compelling evidence of the benefits of creative therapies programmes in a variety of environments with both indigenous and non-indigenous youth at risk youth of poor outcomes has become widely available internationally. Therefore, the specifics of the target population together with the communities and environments this research took place became the key points of difference. Thus, presenting the benefits through a localised lens, which could also contribute to larger demographical studies and/or add to the now substantial global pool of knowledge which highlights the benefits to wellbeing creative arts therapies offers this specific of target population.

The research question, *what places Māori taiohi at risk?* Again, this could have been answered with a review of the current available literature which presents convincing evidence of the many failings of inappropriate approaches, attitudes and breakdowns in the systems and support services available to Māori taiohi. This combined with literature that indicate a lack of personal protective factors which are linked by the intergenerational transmission of trauma make the adolescent years particularly challenging for Māori taiohi/youth.

However, a key objective of this research was to design and develop an Arts therapy-based wellbeing programme for youth at risk in my local area. Therefore, ascertaining and responding to what they considered put them at risk of poor outcomes was vital to both the appropriateness and effectiveness of the Toi Ora programme. The key contributors that placed taiohi/youth at risk revealed in the literature reviewed suggest a fundamental factor which linked the 'at risk' status of many Māori taiohi/youth to the colonisation and acculturation processes of cultural oppression. Several of the current government inquiries and the subsequent published reports together with the NGO research investigations all highlight how hegemonic attitudes still exist in many of the systems and support service

providers approaches and attitudes. Frequently the support services available to Māori taiohi/youth were described as not appropriate or inaccessible. Thus, highlighting that the antiquated approaches that harbour neo-colonial attitudes need to change. The findings and recommendations from all the literature reviewed in relation to this aspect of this research, and the findings from this research strongly suggest a paradigm shift has been realised. However, how the systems and support service reform, and reframe mindsets is uncharted water and needs thoughtful navigating. It's time to throw away the outdated mindsets, the check lists and 'norms' that dehumanise us through standardisation, and invisible but painfully felt stereotypical attitudes entrenched in our systems, support services and communities. It is time for Aotearoa/New Zealand to forge its own way ahead in all social development, education, and wellbeing arenas, developing systems, approaches and support services that reflect and respond to the wellbeing needs of this nations peoples.

These key finding from the literature review were later confirmed and clarified through the narratives shared by all the participants of the Toi Ora programme. A recurring theme that emerged from the narratives shared was that the participants often felt stereotyped, discriminated and/or disempowered in some way based on their cultural identity and/or on their past experiences or situations some of which were caused by the inappropriate approaches design to support them. Their voices smothered with blanket assumptions. Considering the findings of the literature review that relate to this aspect of the 'at risk' status confirms that what the participants felt was real. This culturally based disempowerment was found to maintain the occurrence of intergenerational trauma, effecting the contemporary realities of the Māori taiohi/youth in many ways.

A further point to raise is that most of the participants identified as being of Māori and European descent of which many expressed their difficulties trying to exist in both worlds. Some participants voiced that they did not like being Māori as they felt it went against them

in situations such as securing house rentals, employment opportunities and their dealings with the support services. Others expressed that the dysfunctional whānau environments they grow up amongst inhibited their desire to reconnect or connect further to their Māori identity. Conversely, many of the participants also conveyed they were weary and felt unsuited trying to exist in a non-Māori frame, while others expressed caution and were wary of the support services available based on earlier traumatic experiences. Hence, this sense of cultural detachment or unfamiliarity to either a part of their culturally identity lead them to seek a sense of belonging elsewhere. Most participants found a safe haven within the street gangs, in which they felt understood and accepted. Considering this it can be easily understood why for many of the participants their identity was often portrayed through the street gang they affiliated to. Acknowledging and respecting this feature of the participants identity, together with identifying and embracing their interests and needs became a valuable pathway into supporting them to discover their authentic selves.

Many of the ways in which the participants characterized their street gang identities resonated with key wellbeing concepts of te ao Māori. The participants staunchly defended their respective street gang and supported those who affiliated with the same street gang. There were clear leaders, and followers among the two rival street gang affiliated participants, many of the participants, demonstrated organisational skills, and loyalty meant everything to them hence all upheld a code of confidentiality respective to their street gang affiliation. These qualities are the essences of whakawhānaunga/relationships, manaakitanga/support, aumangea/resilience, ngākau aroha/empathy the list is inexhaustive. Therefore, by embracing the participants strengths and what is meaningful to them, rather than stifling them with an assumption that the way to reconnect Māori taiohi/youth would be to immerse them in Kaupapa Māori frame would be more effective initially, and a way in

to begin the cultural reconnection process. The latter approach could be as damaging as the severe monocultural strategies of the colonisers.

A key feature of my approach to the programmes sessions was the adoption of a whakataukī to underpin the Arts therapy-based exercise experiential directive and adding quote or proverb that reflected the participants' contemporary realities. This approach served to support the development of self-transcendence, enabling them a means to shift their perspective on the negative or destructive aspects of their realities and find strength in who they are and ultimately create a more balanced wellbeing. The data collecting approaches and tools were pacifically chosen in the anticipation of capturing the key transformative and therapeutic qualities of the therapeutic arts process. Glimpses of the participants authentic selves were revealed in both the participants creative work or self-disclosed during quiet one on one interactions or in group discussions. There are many examples of the transformation found throughout the Toi Ora programme.

I recently attended a hui facilitated by Mahitahi Hauora Northland's newly reformed primary health organisation. The hui was one of four localised hui which sort to discover what was working well for youth the four difference communities. The hui had all the support service providers in one room working together and in separate room another hui was providing a platform for the youth to discuss what they think is working for them. It was pointed out by a Ngati Hine representation that perhaps it would be more effective to have the youth join in the support service hui, which I agreed with. A further reflection I made after attending the Mahi Tahi Hauora hui in Raumanga and considering the findings from this research was that further investigation needs to go into Clinical v's Non-Clinical practice. How 'Kawa' and 'Tikanga' can work together to present an alternative approach. None of the Toi Ora programme's participants and myself included liked the words, 'Clinical or Therapy.' These two terms were considered as continuing the stigmatisation and segregation the taiohi/youth

frequently felt, the latter clearly evidenced in the, approach taken in the Mahi Tahī Hauora hui. To further develop appropriate, effective responses to the learning and wellbeing of taiohi/youth, the support services need to find ways to effectively engage, listen and present opportunities for taiohi/youth to advise and guide support services to better respond to their needs. An example can be seen in way I invited all the participants to engage and be part of this research, of further significance was the opportunity given to the participants of the Toi Ora programme to contribute to the ongoing development of the sessions as the programme unfolded. The research advisory group members offered support with cultural knowledge, clinical practice advice, and guidance with the direction the approach in this research took. Their experience and knowledge from their professional practice and/or area of expertise working alongside taiohi/youth or in their capacity within community and cultural development and wellbeing in the local area was invaluable adding authentic essence which played a substantial role in the effectiveness of this research. A personal benefit gained from the RAG's presence in this research, was that the group's members offered support for my wellbeing and gave me encouragement to explore appropriate tools to self-determine the unique eclectic approach and facilitation of the Toi Ora programme. Finally, through the RAG member's contributions in-depth knowledge was gained which enhanced my professional practice, broadening my understanding of the taiohi/youth dispositions. Presented insight into the. impact cultural incompetency's and indicated how they thought existing approaches could create obstacles to the learning and wellbeing for taiohi/youth within mainstream environments. As a result, appropriate strategies were used to effectively overcome any barriers that inhibited the therapeutic relationship to evolve.

The environment, the therapeutic relationship and the Arts therapy process all played an integral role in the transformative capacity of the Arts therapy process, mobilising the energy necessary for the participants to identify their strengths and realise their potential. Indicators

of the transformative capacity were evident in subtlest ways such in the increased levels of engagement or desire to finish creative work or more profound with participant's F example of finding his voice through his creative work to speak for the first time of his traumatic childhood experiences. A further insightful exemplar demonstrates how the Arts therapy process and creative work can help to unpack and find relevance within the important messages contained in the participants narratives. In Figure 66 participant C began the Arts therapy exercise with an illustration that expressed his frustrations relating to a previous experience in which he felt misunderstood or not even heard. However, during the Arts therapy process we discussed how an emotionally charged message could bolster the stereotypical attitudes towards him and his experience. Participant C changed the meaning of the FTW message illustrated in his creative work. Instead of Fuck the World participant C explained it meant Feed the Whānau. This shift in perspective more accurately described the precursor to participant C's previous experience which he felt was not heard or considered at the time, given the lack of appropriate supportive responses he experienced during the rehabilitation period of the Youth Justice process. In that moment participant C laughed at the realisation of how he could better communicate his frustrations and justify them at the same time. The Toi Ora Taiohi Ora Hauora/Arts for Youth Wellbeing supported the participants to regain their voices. Their narratives were told in their illustrations, through Rap music lyrics or body language, sometimes with sadness but more frequently with laughter and intrigue.

Therefore, the research methods and data gathering tools applied during the programme's facilitation effectively captured, the parts of the Arts therapy process which were transformational points. Thus, providing a snapshot of what needs to be developed further to enable Māori taiohi/youth to grow, make choices and move on from their negative destructive realities, create vision and support their aspirations. In addition, the photographic data that

captured the participants creative work presented in both phases of this research speaks for itself or with the minimal accompaniment of words. It serves as concrete evidence of environments, experiences, and attitudes that shape or structure how we think feel and behave. A clear example of this can be seen in figure 13, *Mustering the hipi* by Rawiri Henare. Rawiri's creative work speaks of the child-centred approach in the education environment he experienced at Oruaiti school. The inclusiveness of Rawiri's cultural identity and environments or community he was raised are enabled through this this approach to education. Evidence can be found in both the topic of the creative work and in the title Rawiri gave to his creative work. This highlight's and validates the usefulness of the arts as a non-invasive research tool.

In terms of what new knowledge this research generated, it can be confidently said the new knowledge from research can contribute an indigenising extension to the Arts therapy discipline both here in Aotearoa/New Zealand and to global Arts therapy practice with indigenous populations. To refine this further, one of the issues this research overcame, was finding a suitable environment to facilitate the Toi Ora programme. The Arts therapy discipline here in Aotearoa/New Zealand is only recently began to be recognised an effective tool to attain a balanced wellbeing. Therefore, firstly, a suitable environment needed to have a basic awareness and appreciation of the Arts therapy discipline, together with an understanding of the effectiveness and benefits an Arts therapy-based programme can offer. Secondly the environment had to have an existing framework such as an educational curriculum or rehabilitation programme that Toi Ora programme could become a component. Of equal importance is the seemingly current drive for change in the approaches and practices across social development, education, and health sectors their need to be open to innovative programmes and present opportunities for programmes that can offer intersectoral action and/or transdisciplinary functioning.

The eclectic approach developed to facilitate the Toi Ora programme enabled another facet to the arts therapist's role to emerge. The role of a mediator between the participants and other staff at centre, evidence of this valuable aspect of my role came about following the suicide and sudden premature deaths of the participants close whānau and friends.

The practice-based evidence approach permitted the participants to self-determine many of the Arts therapy-based experiential modalities. In doing so the participants became instrumental in the development of the programme which empowered them to engage with the exercises, as they were meaningful to them. This, in turn enabled the barriers to be identified. And through this collaborative process many of the unique vulnerabilities of the target population were revealed. As the programme unfolded and external events impeded on many of the participants wellbeing, we worked collaboratively to shape the sessions to support their needs.

Further new knowledge generated by this research can be seen in the conceptual framework *Ngaru o te Huringa ~ Waves of Change* which enabled the Toi Ora programme to fit within an existing framework and align to the Health and Fitness course coursework and learning outcomes. The key concepts of the conceptual framework '*Ngaru o te Huringa ~ Waves of Change*' designed and developed specially to guide the facilitation of the Arts therapy process and overarched the Toi Ora programme aligned to the principles of the trauma-informed practice approach. The transparency to both the research and my professional practice enabled a sense of safety and trust to develop which aligns to the concept of āhurutanga. The group forum and many of the arts-therapy based exercises were based of whānautanga in which the concept of koha was activated, offering the participants to collaborate, and find mutual understanding and support. The concept of kaitiakitanga related directly to empowerment and choice. Mauri Ora the final concept of the framework could be considered as the desired outcome of the Arts therapy-based exercises and programme. The '*Ngaru o te Huringa ~*

Waves of Change' conceptual framework illustrates a process with the key concepts aiming to unblock barriers, using the barriers to harness further resilience, by clearing the pathway and stimulating the energy to fosters Mauri Ora, the fourth and final concept of the framework. The *Ngaru o te Huringa ~ Waves of Change*' is trauma informed, cultural responsive and client centred. Therefore, it could be applied to any environment that offers support services not only to taiohi/youth but because Māori come from a place of individual and collective intergenerational trauma as a result of colonisation Māori from all age groups would perhaps benefit from such an approach. The conceptual framework could guide practices to better align with the contemporary realities, harness creativity and foster further positive growth and/or reconnection with their Māori identity. Thus, the framework intentionally supported the process of change. A further point to add here, is that the conceptual framework could be applied in other support services as an integration tool, supporting the reformation process of culturally appropriate practices to evolve. Finally, the conceptual framework assisted with the analysis of the data gathered throughout the Toi Ora programme. As an analytical tool the conceptual frameworks key concepts enabled specific behaviours and/or emotions to be identified which highlighted the effectiveness of each session's directive, arts activity and facilitation strategies applied during the programme.

Essentially this research presents an example of a community-based solution which aimed to support taiohi/youth at risk of poor outcomes. It demonstrates how the Toi Ora programme that was co-constructed by a community of participants during both phases of the research design and implementation. Thus, providing an effective localised approach and response to better serve the community's needs, beliefs, and aspirations it set out to serve. Therefore, a recommendation would be for further localised research studies within the support services and the communities they aim to serve, would enable the support services to deliver a practice that better suits the needs of the community. It is important to be aware of the hegemonic

attitudes that are often deeply ingrained in approaches and practices. A further point to raise in this area of the discussion is for support services not to assume based on someone's cultural identity, rather let the taiohi/youth define their own identity. As this research discovered, that for many taiohi/youth is that their identity is partly shaped and responds to their contemporary realities. Therefore, a supporting approach that uses solely a Kaupapa Māori approach would have limited effectiveness and even possibly have a reverse effect turning taiohi/youth further away from their Māori cultural identity.

The main limitation identified was that the fact that the Toi Ora programme was a research study-based programme. This aspect of the research created initial suspicion among the participants, especially for those who had an aversion to signing forms, this came from misled past experiences. However, through a transparent approach and an interactive power point presentation that introduced and informed them of their involvement they became more relaxed. Clarifying their participatory role, the confidentiality ethos, and the purpose and uses of the data collected a trusting rapport was seeded. Three of the participants opted not to sign the research consent form but verbally agreed to participate in the research, which was accepted by my supervisor. This flexibility enabled both their choice to be respected and for them to be included in the programme.

One other limitation that was recognised through reflexive practice approach, was that the Health and Fitness course was a piloted course as was the Toi Ora programme. Therefore, a few 'teething' issues were discovered an example would be limiting the access of newcomers to the Health and Fitness course. Through negotiation resolution found, that allowed newcomers to join the programme when they enrolled on the health and fitness course. This changed the Arts therapy approach and the programme was essentially facilitated as to open studio closed group with two more new participants being welcomed onto the programme at

different times. Ultimately, this limitation created a scenario that increased the accessibility of the programme.

The benefits of such a programme could be predicted, as research tells us that creative expression is instinct to us all. Creative expression is therapeutic in and of itself. Therefore, the most obvious benefits could be identified presents practice-based evidence that demonstrated how a culturally responsive group Arts therapy-based programme can be effectively meshed into an educational environment as an open studio-based closed group Arts therapy-based component on an existing course. The benefits realised as the programme progressed. The creative process offered Māori taiohi/youth at-risk of poor outcomes additional support, reaching out to them in safe non-judgemental environment to creatively express many of the complexities that created barriers to their wellbeing and learning. Through allowing them to self-determine the types of modalities and Arts therapy-based exercises, was a way of meeting them where they were, finding their communication currency, through their interests, skill sets and strengths. Acknowledging and understanding them in a holistic context, enabled the creative exercises to align and respond to their interests and needs. With a carefully thought out whakataukī that underpinned the creative exercise and directive proved an effective way to both engage them with the creative exercise and reconnect them to an aspect of their cultural identity.

All participants on the Toi Ora programme had, had experiences with the department of corrections, youth mental health, parental and/or sibling suicide, drugs and alcohol issues, exposed to domestic/whānau violence or abuse in early childhood, and/or had difficulty establishing a stable place to live. All participants found the Toi Ora programme beneficial in some way. Some participants said the Arts therapy-based exercises encouraged them to speak about their past adverse experiences, which was something they had never been able to do before. They felt safe to explore and discover new things about themselves, some clearly

demonstrating a shift in their thinking and attitudes towards different aspects of their lives. Other participants said they felt ‘listened’ to and responded to, while a few of the participants expressed engaging in the Arts therapy-based exercises were relaxing and pleasurable.

This perhaps gives an indication of the scope a programme such as the Toi Ora programme has. Offering an alternative way in which to support taiohi/youth, focusing on the combination of wellbeing and education effectively encouraged the participants to engage with the Health and Fitness coursework. This debunks the dated and dysfunctional support services/treatment approaches which have been identified as inappropriate and ineffective. Through the introduction of a component that focused on the participants wellbeing on an existing training course contributed to identifying the barriers that block the pathway forward.

Essentially this research is aimed at those who work with or alongside taiohi/youth in clinical practice and non-clinical supporting roles, as well as those working in education pastoral care, social service, whānau ora/Hauora provision, health promotion, and community development roles. This research attempted to present an alternative approach, which exposes many of the dated support services approaches that are no longer appropriate or working efficiently or effectively. Retaining the aspects of them that are effective, adding to them with new research that is based on community wellbeing development, which can enable responses to be grown in a localised context. I believe the term ‘paradigm shift’ is also dated, having explored this in my 2010 clinical Arts therapy research, which further substantiated earlier research that focused on the need to shift perspectives, indicates terminology needs revising as a shift has already begun through the inappropriate practices exposed in recent government inquiries such as He Waka Roimata and He Oranga Tamariki. My closing thoughts on this, is the need for further direction for more research on how new appropriate approaches can disregard the ruminants of a system which was never designed

to empower Māori. Replaced by approaches that are compatible and consider the complexities of the contemporary realities, in a con-constructed fashion. This research serves as an example of a co-constructed approach, which enabled a supportive education/training provider to evaluate their student's access to better educational outcomes through allowing an opportunity to the student's wellbeing explored. The Toi Ora programme essentially became a mechanism through which the student/participants could view the barriers they faced. Therefore, the participants created their own picture or view of themselves, their lives, their experiences and future goals and the programme became the frame.

When the approaches and programmes are no longer governed by outcomes that are based on funding and statistical outcomes, instead come from a place transparent with a genuine desire to support taiohi/youth to grow into who they choose to become, the effectiveness will be witnessed. I came to Aotearoa searching for a place to belong, I experienced both embracement and suspicion from tanagta whenua, now I have a more in-depth understanding of both the historical factors and kaupapa Māori dynamic. I believe the kaupapa Māori approach to wellbeing and view life is logical, and effective. However, much of kaupapa Māori was conceived in natural undisturbed environments. Considering the damaging impact of colonisation, the acculturated contemporary realities faced by taiohi/youth can be distorted in contrast to the traditional approach to wellbeing. With traditional systems fragmented, this together, with the stereotypical attitudes that are automatically attached to this target population cultural reconnection needs to be negotiated in the participants terms. The taiohi/youth are continually fighting a battle trying to coexist in systems that are essentially grounded in Victorian England, I see this clearly. Finding ways in which both systems can coexist effectively can only be discovered by a co-constructive approach. Applying the international theories and approaches that resonate with the wellbeing concepts of te ao Māori is vital. The Trauma inform approach is a baseline recommendation, along

with Māori-centred/person centred approaches. Adding an approach that addresses one's spirituality at the forefront of wellbeing, such as Jung's Collective Unconscious would support the mobilisation of the taha wairua, aspect of wellbeing. This dimension of wellbeing which has been totally overlooked, neglected, and/or misunderstood, now needs, and demands recognition.

I have felt the effects of stereotyping in relation to my cultural identity first-hand from both Pākehā and Māori, many assuming I am Pākehā which has been frequently reinforced by the limited selection of ethnicity identity categorisation of personal details in this counties systems. I now indicate to be as coming from an 'other' ethnic group, instead of European/Pākehā which I am neither. This type of cultural categorisation can bolster stereotypical views which can led to assumptions. Stereotyping was a key finding, as a barrier to wellbeing and education for taiohi/youth, their voices relating to this are heard loud and clear throughout the Toi Ora programme. The Arts therapy-based exercise interventions gave them the opportunity to express themselves, the safe space and creativity gave them the opening to voice their experiences and lives. Therefore, a recommendation would be for further research to investigate how to eradicate this insidious behaviour from this nations systems and support services. Rethinking, and reforming approaches to better respond to taiohi/youth needs, and aspirations essentially must include their voices, and respond with no bias assumptions or judgements.

To define this research in terms of its uses, the core characteristics were indigenising community-based participation in the education/training to industries sector of youth development. However, that is based on this research alone, the opportunity to adapt the programme to response to different cohorts of people is possible. Initially, this research, aimed to address all youth, however the cultural identity factor was brought about by the participants enrolled on the Health and Fitness course. This indicated two things, the

statistics that identified Māori taiohi most at risk of poor outcomes are correct if not even worse. And that Māori taiohi have the capacity to make a choice to self-determine their futures, by enrolling on the Health and Fitness course and participating on the Toi Ora programme.

My philosophy towards my life and work has always been, to work with what I have, and to do what I can. This perspective on life I believe comes from operating in the survival mode, which I went into following the discovery of my mother's dead body at 15 years old. Operating in the survival mode for any length of time is exhausting. This, together with a deeply entrenched self-critical perspective and limited understanding or clarity of what unconditional love was and/or felt like, meant trusting people and even life itself was traitorous for me.

I understand to some extent, how the transmission of trauma forever present in many Māori people's lives, being further reinforced by systems built on neo-colonial theory, can become soul destroying. For me, the changing point in my life was to physical remove myself from an environment that saw me as a victim, in the wake of mum's suicide and a life changing motorcycle accident I experienced shortly after my mum death. Convinced, I would be considered a victim by others, even though I saw myself as a survivor. In a way I was able reinvent myself, relocating first to the Netherlands, Germany, India, South East Asia and finally Aotearoa, which I now regard as, my place of belonging. Had I stayed in the environments in which I experienced the trauma, I believe would have stunted the development of my wellbeing. The memories that trigger the past trauma provoked by revisiting where the traumatic events took place daily, and the people reminding me of what happened to me with their well-meaning questions all would have contributed to maintaining the victim characteristics. When it is not possible to remove yourself from negative environments, creating a new vision, looking at life through a broader lens, expressing

yourself and your experiences in different ways can all contribute to finding new pathways to realise and reach your full potential. Awareness of the transmission of trauma, as a young solo mother here in Aotearoa I found sanctuary in the natural environments, eventually put my faith in the people around me that I felt love from and engaged in the arts when I felt challenged by what was in front of me. Creativity is the essence of resilience, an ethnographic arts-based approach made resilience visible to the participants and served to engage the harder-to-reach taiohi/youth in this community. The Narrative inquiry approach enabled the participants externalise internal issues and gain some understanding of their behaviours, instead of an unchangeable aspect of themselves. The outcomes were significant, benefiting the participants a stronger self-identity and greater confidence to achieve their self-developed goals.

To feedback on the progress of the participants on the Toi Ora Taiohi Ora Hauora/Arts for Youth Wellbeing programme (2018), I was invited to the end of year graduation. Four of the participants were present at the graduation ceremony. Participant F had been offered construction/labouring work in Auckland, which he said was good as he needed the money. However, following his experience on the Toi Ora programme, which he whole heartedly embraced sharing his aspirations to become a tā moko artist, his long-term goal had now become to study Arts therapy. Participant G had secured employment in a local café and was having more access to her two young tamariki. Participant H had enrolled in another course of study/training at the Regent Training Centre and had a new girlfriend. Participant AB was embracing his new role as the tutor of the Health and Fitness programme, and participant C had decided to return home to the far north and was working with his whānau. Participant VC2 had been transferred to Tauranga to be closer to his whānau in the wake of his father's sudden unexpected death. Participant D was not present and none of the others knew what she was doing. Participant VC and VC1 were still in a relationship and were working

together to support each other achieve their goals. At the graduation celebration the participants who were present thanked me and asked again if and/when the next Toi Ora Taiohi Ora Hauora/Arts for Youth Wellbeing programme was going to run. I explained that it would depend on funding allocated for another programme for it to go ahead. Adding that the research data generated through their participation in the first Toi Ora programme, the need for such programmes is recognised, expressing my gratitude again for their willingness to participant in the research.

To conclude this research serves as insight into the development of an open studio closed group Arts therapy-based programme for taiohi/youth in a community-based educational and training environment. The facilitation of the Toi Ora programme enabled it to be tested with multiple benefits for the taiohi/youth discovered. It is hoped that this research researches and is embraced by other arts therapists working with Indigenous populations. It is a hopeful notion that this research could serve as a type of blueprint for other non-Māori therapists/researchers with an equal commitment to empowerment and social justice for at risk Māori taiohi/youth, and for organisations who will take these findings forward to adapt and improve the support services they provide. Globally it is my hope that this research contributes to the developing knowledge base of Arts therapy practice with other Indigenous populations.

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Dictionaries

Two on-line dictionaries were used and personal communications with RAG members

<https://Māoridictionary.co.nz/>

www.Māoritranlation.co.nz

Appendices

Ethics Consent



Te Whare Wānanga o Awanuiārangi

24th February 2016

Christine Meek
16B Memorial Drive
Parihaka
WHANGĀREI

Tēna koe Christine

Re: Ethics Research Application ERC2016.02.0074

At a meeting on 24th Feb 2016, the Ethics Research Committee of Te Whare Wānanga o Awanuiārangi considered your application. I am pleased to advise that your submission has been approved.

You are advised to contact your supervisor and the Ethics Research Committee wishes you well in your research.

Nāku noa,

Na

Associate Professor Te Tuhi Robust
CHAIR
Ethics Research Committee

cc: Associate Professor Virginia Warriner

Private Bag 1006

Francis st Whakatāne 3158 Aotearoa Waea / Telephone :(07) 307-1467

Waea Whakaahua / Fax :(07) 307-1475 Ipurangi / Email: ssc@Wānanga.ac.nz

PaeTukutuku/Website: www.Wānanga.ac.nz

Appendix A



TE WHARE WĀNANGA O
AWANUIĀRANGI

Name and Address of School

Te Whare Waananga o Awanuiārangi

School of Indigenous Graduate Studies

Rongo-o-Awa

Domain Rd

Whakatāne

Toi Ora Taiohi Ora Hauora~Arts for Youth Wellbeing Programme

Consent form

THIS CONSENT FORM WILL BE HELD FOR A PERIOD OF FIVE (5) YEARS

**I have read the Information Sheet and have had the details of study explained to me.
My questions have been answered to my satisfaction, and I understand that I may ask
further questions at any time.**

**I agree that photographs may be taken of the artwork produced during the Arts for
Youth Wellbeing programme and used**

**I agree to participate in this study under conditions set out in the Information Sheet
but may withdraw my consent at any given time.**

Signature: _____ Date:

Full name – printed:

—



TE WHARE WĀNANGA O
AWANUIĀRANGI

Name and Address of School
Te Whare Wānanga o Awanuiārangi
School of Indigenous Graduate Studies
Rongo-o-Awa
Domain Rd
Whakatāne

Arts for Youth Wellbeing Programme: *Mahi Toi Ora Taiohi Ora Hauora*

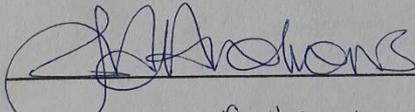
CONSENT FORM

THIS CONSENT FORM WILL BE HELD FOR A PERIOD OF FIVE (5) YEARS

I have read the Information Sheet and have had the details of study explained to me.
My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree that photographs may be taken of the artwork produced during the Arts for Youth Wellbeing programme and used

I agree to participate in this study under conditions set out in the Information Sheet, but may withdraw my consent at any given time.

Signature:  Date: 30/11/2017
Full name – printed: Jennifer H. Andrews – General Manager
Regent Training Centre Ltd.

Appendix B

Research Information Sheet for Māori Taiohi/Youth Participants

Naku te rourou nau te rourou ka ora ai te iwi

With your basket and my basket, the people live

Name of Research Project

Toi Ora, Taiohi Ora, Hauora - Arts for Youth Wellbeing Programme 2018

Kia ora koutou and welcome to the PhD research project.

The aim of this research information sheet is to provide you with information about the research project, and your role and rights taking part in the *Toi Ora Taiohi Ora Hauora-Arts for Taiohi/Youth Wellbeing programme*. The Power point introduction session extends on this, providing a visual presentation with examples of the types of arts experiences the programme can offer. You can ask questions during the power point presentation as they arise or during the group discussion that follows the power point presentation

As a student interested in taking part in the programme you need to consent or agree to take part in the research project. There is a formal consent form prepared for you to sign or verbal consent is also accepted.

Before the programme starts you are invited to take part in completing a questionnaire. The questionnaire poses questions about your past experiences in school/education or training, your understanding of wellbeing. It also includes questions about your support networks, interests, strengths, skills, and goals you are developing and aim to achieve on the Health and Fitness course. The questionnaire also aims to give me insight and gain an understanding of your interests and how you prefer to learn.

The information you provide will also help to decide what Arts exercises will be used during the programme and/or contribute to developing exercises specially based on your interests and needs. You have the right to not answer any question if you do not feel comfortable doing so.

The *Toi Ora Taiohi Ora Hauora-Arts for Youth Wellbeing programme* is not an extra part of the Health and Fitness course, rather it has been designed as a component of the course you are currently on. The programme will run for eight weeks of the Health and Fitness course in term three. Each week the session will take place on Friday mornings for one and half hours. The programme gives you an opportunity to explore your strengths, skills, barriers that may challenge you and your goals using arts-therapy based exercises, this could be music, painting/drawing, drama, 3D objects or dance and movement.

There no extra work outside of the Health and Fitness course hours, accept by choice to keep a visual diary, which will give you an opportunity to express yourself and your experiences during the programmes sessions or experiences outside of the programme in a creative way throughout the week until the next session.

When the eight-week programme is finished you are invited to complete a basic evaluation form and join in a group discussion in the final session about your experience on the programme. The questions asked will help me understand what you liked or did not like about the sessions and whole programme. Also, it will help me understand in what ways the programme supported you to set and achieve your goals and identify strengths, skills or challenges that may create barriers to achieving your goals. Again, you have the right not to answer a question if you do not feel comfortable to do so.

The information or data gathered during the programme process will be used in my PhD research. Your identity is protected using a different name and all information you provide

in the questionnaire, photos taken, or conversations/observations recorded during the programme will not disclose your identity and art works made or performed are kept safe in a place agreed on by everyone participating.

The programme has been designed and developed to empower and, support you, it aligns with the Health and Fitness course work, and allows you to have fun and be creative. If you have any problems with the programme or any of the research processes please talk to me, your tutor or Jennifer.

It is your right to withdraw/leave the programme at any point, with no questions asked.

Please feel free to ask any questions before, during or after the *Toi Ora Taiohi Ora Hauora-Arts for Youth Wellbeing programme*.

Thank you sincerely for your interest and participation.

Nga mihi nui kia koutou

Christine Meek MAAThr (1st class hons) DipEd, DipAdEd

Appendix C

Toi Ora Taiohi Ora Hauora~Arts for Youth Wellbeing Programme Pre-Programme Questionnaire

Tena koutou taurira

I would like to invite you to take some time during the week before the programme start date to read through and answer as many or as little of the questions that you feel comfortable doing so.

The questionnaire is design gain an understanding or your world, your previous experiences in educational environments, your strengths and skills, your support networks, relationship, interests, and aspirations. The data from this questionnaire will also be used to develop the Arts Wellbeing programme, offering you the opportunity to contribute to its evolution. Further, the ethical procedures used guarantee your anonymity by using a different name to identify yourself, also the data collected throughout the research process is kept confidential.

Questions developed from a Strengths and Resilience based approach and are influenced by kaupapa Māori models for health/wellbeing, education, and social development. Questions are categorised using the four dimensions of Te Whare Tapa Whā Wellbeing model which align to the learning outcomes of the Health and Fitness course.

Taha Whānau=Social Relationships

How would your friends, whānau, and peers describe you?	
Do you feel a good sense of belonging in peer groups? What are the things that make you feel like you belong or not in peer groups?	
What are the qualities you seek out in friendships?	
How well do you relate to others, what do you think is your favoured way of communication and/or self-expression?	
Are you a good listener or speaker? What skills, and qualities to you think help you develop either role?	
How have people around you helped you overcome challenges?	
How do you feel and what do you do if you feel someone is trying to challenge you about your ideas, thoughts, and behaviours?	
Are you a good listener or speaker? What skills, and qualities to you think help you develop either role?	
What are some of your past experiences in educational environments?	
Do you belong to any community groups? For example, sports club, gym member, or social clubs relating to a personal interest for example music or drama?	

Taha Tinana- Physical Wellbeing

Do you exercise regularly? What type of exercise do you do?	
What motives you to engage in exercise activities?	
What sort of things do you do for self-care? For example, balanced diet, get good sleep, or limited intake of alcohol?	
What is your favoured learning environment?	
What makes it a good learning environment for you?	
Tell me what a good day looks like for you? What makes it a good day? Do you have any interest in the Arts? Painting/drawing, Music, Drama, Dance, Sculpting, Creative Writing? Please share what you enjoy	
Do you interact with the natural environment? For example, go fishing, Bush Walking or Swim in the ocean.	
When you are feeling physically unwell do you take care of yourself? What are some examples of what you do?	

Taha Hinengaro- Emotional/Mental Wellbeing

What motives you? A Thought, Feeling, Sensation or Outside influence (i.e. person, different environments including social media forums, or experience (past or present?))	
What fosters your motivation and what stifles it?	
What inspires you?	
What are your strengths?	
What engages you and what helps to keep you engaged in something?	
What makes you feel excited or useful or satisfied? Tell me about a time when you felt those feelings?	
You are resilient, what do you think helps you to bounce back when things have not gone the way you thought or wanted them to go? What are you most proud of in your life and why? What are some of the achievements in your life? How did you make them happen?	
When you think of a problem in your life (something that might be stopping things from going well) is there anything you can think of that could help in anyway?	

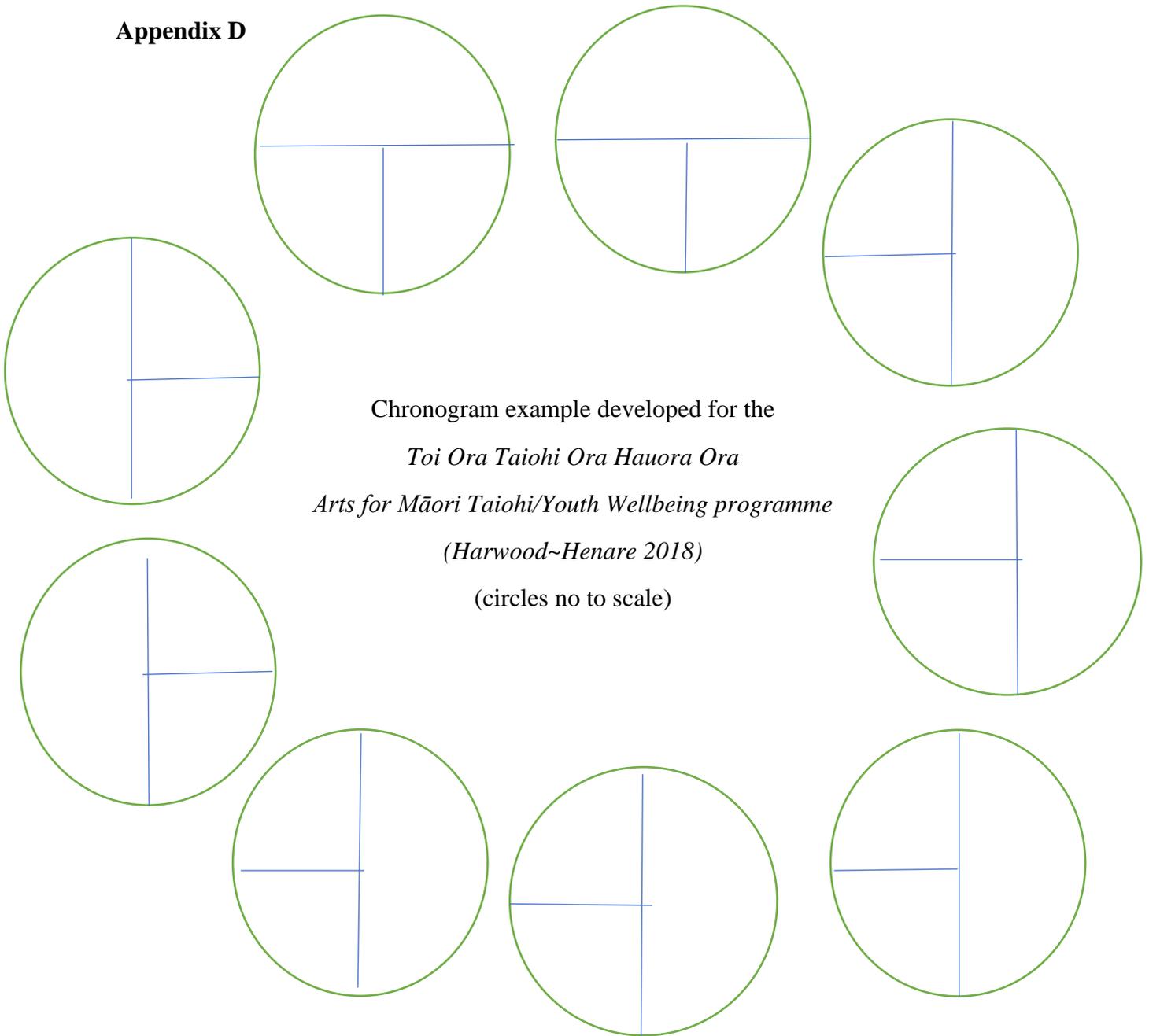
Taha Wairua-Spiritual Wellbeing

What do you value most about yourself?	
What are some of the personal qualities, strengths, skills, or resources that have that help you to achieve your goals?	
What personal qualities, strengths, or skills would you like to develop? How could your personal qualities, strengths and skills help others?	
Do you think your cultural identity is acknowledged or incorporated into educational environment or learning activities or exercises? If its acknowledgement is limited, how does this make you feel?	
How do you feel about non-Māori educators using Māori concepts in educational environments?	
What are some of your beliefs around spirituality?	
What does well-being mean to you?	
Looking at well-being through the four dimensions of Te Whare Tapa Whā (Durie 1995.) how do you relate wellbeing to each dimension? Taha Tinana/Physically Taha Whānau/Social wellbeing Taha Wairua/Spiritually Taha Hinengaro/Emotional/Mental	
When these four-well-being dimension are in balance, optimal well-being is attained, how balanced do you think your wellbeing is (1 to 10, 1 being the most unbalanced). If unbalanced which do you feel is most unbalance and then add the rest in order of how well balanced, you feel they are?	

The final set of questions relate to the Health and Fitness course

What made you chose to do the Health and Fitness course?	
What aspects of the Health and Fitness training course are you enjoying or looking forward to most?	
What aspects of the course do you think are going to be most challenging for you? Do you seek support from your tutor, peers, whānau or do you face the challenge alone?	
What ideas or goals do you have for when you have completed the Health and Fitness training course, further training/education, or employment?	

Appendix D



While the chronogram captures the amount and identified general type of interactions observed, hand written notes capturing further detailed observations of specific aspects of the participants which are thematically categorised: engagement in the exercise, positive peer interaction, negative peer interaction, verbalisation relating to directive/Arts therapy-based exercise, verbalisation not relating to directive/Arts therapy-based exercise, ability to maintain focused/distraction and distractions. Further circles were added when the number

of participants in each session were greater than the seven presented in this example, the individual circles represented each participant,

Legend:

1. Verbalisation relevant to exercise Negative (N) Positive (P) Question (Q) Comment (C)
2. Not relevant (N)
3. Body language Relaxed (R) Closed (C) Disengaged (D)
4. Engaged in All the sessions (A) Engaged mostly (M) Disengaged (D)
5. Asked relevant question RQ Contributed to group discussion (CG)
6. Explored arts/music resources made a choice (Brief written description)
7. Self-disclosed person information that related to barriers (SD) or personal interests (PI) Indicated benefits of exercise (IB) Supported Health and Fitness course learning outcomes (S) Self-awareness (SA) Goals (G)

Directional lines with arrows identified which participant interacted which another.
Below is space to document further details of key areas.

●**Body Language:**

●**Interactions:**

●**Resource Choices:**

●**Attitude/Demeanour:**

●**Group Discussion:**

Appendix E

<p>Raupapa Kotahi-Session One: <i>Toi Ora, Taiohi Ora Hauora ~ Arts for Youth Wellbeing Programme (2018)</i> 15 mins Power Point presentation introduction to the on Arts therapy-based exercise: 60mins engaging in the exercise: 15min Closure group discussion evaluation</p>
<p>Whakataukī-Proverb: Session 2-part 1 Ki waho: Hohonutanga/Depth “He kino ra, he kino no, tau, o te wai/I may not be good-looking, but I am the deepest part of the river.” (Alsop & Kupenga 2016, p. 21) Session 3-part 2 Ki Roto: Whakamanawa/Self Belief “He matua pou whare,e rokohia ana; he matua tangata, e kore e rokohia/ You can always gain shelter in your house, but not always with other people” (Alsop & Kupenga 2016, p. 150).</p>

<p>Weeks 2-4 Health and Fitness Course (RTC) NZCA Foundation Skills (Level 1)</p>	<p>Develop personal goals related to each of the following areas: Personal Fitness: Wellbeing: Learning: Life and Career or further training</p>
<p>Week 2 & 3 Te Whare Tapa Wha: Taha Hinengaro/Wairua Tikanga Toi-Art Modality: Collage multimedia ‘Mask making’ Ki waho~Ki roto/inside outside Mask making</p>	<p>Arts exercise directive: Developing Self-awareness, Confidence. self-esteem. Integration of our personas on the journey towards holistic balanced wellbeing. Making a mask invites the creator to explore various aspects of his or her own persona. The activity can be revealing because it takes the mask maker out of the realm of words and employs imagination and nonverbal action.</p>

<p>Taupori-Population: Māori Taiohi kaiuru akonga- Māori Youth Participant Session 2 part 1: Session 3 part 2:</p>	<p>Taha Hinengaro/Taha Wairua, Taha Whānau, Taha Tinana</p> <p>Masks have been around since ancient times, incorporated into ceremonies, rituals, performance, and play. This universal art form is about the exploration and communication of persona. Through the metaphor of the mask, you can consider the many parts of yourself, including those you reveal to others and those kept concealed from the world.</p> <p>A mask has both an inside and an outside, it’s a perfect vehicle to explore how others in the world see’s you (outside of the mask) vs. how you see yourself/really feel (inside of the mask). Often, there are many disparities between these two personas. These indifferences can create barriers both in the way in which we communicate, our behaviours/actions and our beliefs within our relationships/how we interact with different people or</p>
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	groups of people and/or different environments we experience.
Kaiako-Facilitator Christine Te Ra-Date 17/8/2018 & 24/8/2018	Wahi-Place Regent Training Centre Whangārei: Health & Fitness course: Arts for Youth Wellbeing programme component

Nga Putanga -The Aims	The aim of this activity is for the group of participant/students to work in a group on their individual masks. The creative activity presents an opportunity for taiohi to explore and discover their strengths, qualities, develop self-awareness and self-acceptance the starting points of self-definition and self-determination. Making a mask invites the creator to explore various aspects of his or her own persona. The activity can be revealing because it takes the mask maker out of the realm of spoken words and employs imagination and nonverbal action. Your persona the face you mostly show the world and is the way others see you. The way you present to others and reveal the aspects of your personality you want them to see. How do you think others see you? Is it how you see yourself, or is it different? Are there aspects of yourself you do not show others? What are the parts of yourself which lay hidden protected from others?
Putanga - Outcome	Using what is discovered through creative exploration of both sides of your mask can support a balanced wellbeing. This can be developed through individuation from aspects of the outer persona that does not serve you effectively or have a negative impact on your wellbeing. Through, exploring your inner world can reveal strengths that you have long forgotten about or have never fostered. Masks are a powerful tool in the process of self-awareness and self-acceptance and the journey toward wholeness and can contribute to balancing wellbeing.

Ropu Toi Rongoā - Group Art Activity: Collaborative Mask Making Process	Waa-Time 11 am to 12.30pm	Rauemi – Resources
Whakataukī o te mahi- Introduction to activity. Individuals choose a mask and select from the arts resources available. They are instructed to reflect on their outer persona and how they see themselves then	15mins 60mins engaged in the art exercise 15 mins closure & evaluation	Masks Coloured oil pastels, coloured pencils, water-based paints, and brushes. Two large circular sheets of white paper. An assortment of magazine images and

decorated the outside of the mask to reflect this. The same instructions and resources are applied		bold words, glue sticks, feathers, material wool string wire sequins glitter
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Appendix F

Rā/Date.....

Te aromatawai i nga mahi toi – Arts session evaluation

<p>Please mark which face best describes your arts wellbeing session experience</p>	 Whakamataku Awesome	 Toharite/Average ok Pai/Good	 Maaka/boring
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<p>Korero/Comments What did you get from the session? What did you enjoy most and what could have made it better? Or anything else you are comfortable sharing. Mauri ora!</p>	
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