

Maraea

Brief Outline of the Research Project



Brief outline for:

Maraea - supportive solutions for indigenous children who misuse substances

This study will strengthen the evidence basis for indigenous-led community-based health solutions to remedy substance misuse in indigenous children under 13 years. It will examine what is currently known to work well in the four countries, to compare, contrast and combine solutions that lead to hauora/*wellbeing* kotahitanga/*strength through collaboration*. The study will strengthen relationships and collaboration between indigenous-health-practitioners to underpin resilience in the indigenous health workforce. The study will give families and communities access to evidence-based knowledge as to why public health-related sectors in their countries should be respectful and supportive of indigenous people and their indigenous-community responses to indigenous-community health dilemma.

The overall aim of the research project is to develop new knowledge and capacity to remedy substance misuse in indigenous children under 13 years through a comparative study of indigenous-health-practitioner led community based solutions from New Zealand, Australia, Canada and the USA that focus on whānau rangatiratanga/*family self-determination*.

The objectives include:

- (i) To study the knowledge and practices of 'indigenous-health-practitioners' from New Zealand, Australia, Canada, and the USA who are experienced in developing and/or delivering community based solutions to address substance misuse in indigenous children under 13 years;
- (ii) To facilitate the participants to collaboratively compare their 'best practice' community based solutions that focus on rangatiratanga/*self-determination* for children under 13 years who misuse substances, and their families;
- (iii) To facilitate the participants to collaboratively agree some 'common solution elements' from their best practice community based solutions;
- (iv) To collaboratively combine the individual country 'common solution elements', in consultation with the participants, to propose 'indigenous-health-practitioner-global-community' solutions for the use of other practitioners, families, communities, and public health-related sectors to assist in remedying substance misuse in children under 13 years.

The knowledge gathering plan is:

- A. The *whaikorero/conversation* and *whānaungatanga/relationships based on treating each other as family* based exchange of knowledge and practices through *hui/meeting together* will seek to: (i) determine how existing initiatives currently work; (ii) identify the successes worth highlighting; (iii) understand the challenges that need to be overcome; and (iv) discuss how our various partnerships can *awhi tautoko/support* overcoming these challenges;
- B. The *hui, mātauranga/indigenous knowledge* and *whaikorero* may be shared digitally (via website) between the four indigenous-health-practitioner *hui/meeting together*, as per the *kaupapa/sacred principles and practices* of each participant community to acknowledge their *rangatiratanga/indigenous self-determination* over the *hui, mātauranga* and *whaikorero* taking place on their lands, and with their peoples. As each subsequent country *hui* takes place, the previously shared *mātauranga* and *whaikorero* will be contributed to the next community and their *hui*;
- C. The Māori community will be engaged with firstly, and the knowledge they are willing to share with the three global participant communities will form the basis of the *whaikorero* and *whānaungatanga* based exchange of ideas, aspirations and practices between the four communities. The Australian community will be engaged with next, then the American and Canadian communities *hui* will begin with the New Zealand and Australian knowledge (shared via website). The Australian and New Zealand communities will be re-engaged with after the American and Canadian communities to share the American and Canadian knowledge (shared via website);
- D. There will be a *whaikorero* and *whānaungatanga* based analysis of activities/initiatives of Indigenous-health-practitioner community to determine: what Indigenous knowledge/practices are currently being used with digital media, in their communities; how participants perceive the identity and wellbeing of indigenous children misusing substances is impacted by utilizing digital media. This is to ensure the digital media translation of research outcomes is appropriate to each of the communities;
- E. There will be a 'context review' of literature and documents that become relevant during each country's case study. This will incorporate the historical, social, cultural and economic context and knowledge to be contributed towards the collaborative evaluation of existing services and identifying effective treatment, education, and anti-stigma/discrimination strategies that can be implemented at individual, community, systems and policy levels in the four countries.

The dissemination plan is:

- i. Knowledge (data) from each community will be analysed and returned to them in the format the indigenous-health-practitioners prefer: for digital presentation or for reporting purposes, or other ideas particular to their community that we have agreed upon;
- ii. Knowledge (data) from all four countries that was signed off for sharing with each other will be shared between the indigenous-health-practitioners in the agreed format between each other and other parties as is agreed to by the participants and myself, on the collaborative website;
- iii. Where participants are agreeable, and in the format each of them individually signs off, the knowledge from the study will be shared on an open access website for the availability of people and communities working to support children with substance misuse issues and their families and communities. This will provide an opportunity for the wider community, particularly children and their families to hear from indigenous-health-practitioners from four countries with knowledge they might find useful on their journey;
- iv. An analysis of the data in a format that is useful for all four countries in terms of particular outcomes (for instance comparative health policy analysis, comparative diagnosis and/or treatment analysis, comparative public health sector funding analysis, academic journal articles, community publications) will also be explored with the participants and produced collaboratively where possible. Outputs in a format where it can be shared with relevant health sector, and health related stakeholders in each country, in particular by the four country participants using the comparative outputs, will be investigated and produced collaboratively where possible;
- v. On-line indigenous-health-practitioner toolkits with training/mentoring/sharing modules that are open access for use by practitioners wanting assistance to understand how to support indigenous children misusing substances will be developed using the approved collaborative materials from all four countries participants for the collaborative website. The toolkits may be produced to be country specific, as well as using comparisons based on up to all four country experiences for a more global toolkit, depending on the outcomes of the research, and in consultation with the participants;
- vi. A report on what research will be useful next, based on feedback from the participants following presentation of research outcomes will be the final report of the study, and hopefully form the beginning of the next collaboration between myself and the research participants/and post-doctoral academic supervisor & collaborators/and institutions.

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Participant Information Sheet



Participant Information Sheet

Date Information Sheet Produced:

5 September 2016

Project Title

Maraea - supportive solutions for indigenous children who misuse substances

The study is named for my great-grandmother Huihana Maraea - who was so named because it was envisaged she would work with whanau to develop marae (traditional meeting houses). I am acknowledging that supporting children who misuse substances requires many marae and Maraea.

An Invitation

Tēnā koe, ngā mihi nui ki a koe. Ko Tokatoka te maunga, ko Kaipara te moana, ko Ngati Whatua te iwi, ko Otamatea te marae, ko Lisa Chant ahau. My name is Lisa Chant and I whakapapa to Ngati Whatua. I am a post-doctoral research fellow in Taupua Waiora Centre for Māori Health Research at Auckland University of Technology.

I am inviting you to participate in a research project that is looking at how supportive solutions for indigenous children under 13 with substance misuse issues might be achieved. I am wanting to talk to indigenous and non-indigenous people who have worked with indigenous children, and who are willing to talk to about their experiences to achieve supportive solutions for these children and their families. Taking part in this research is voluntary (your choice) and you can choose to withdraw prior to the finish of the study in your country (New Zealand, September 2017; Australia, January 2018; USA, October 2018; Canada, July 2019).

What is the purpose of this research?

The main aim of this research is to explain some indigenous-health practitioner ways of supporting children with substance misuse issues, and their families, in New Zealand, Australia, Canada and USA. I am concerned with the lack of a platform for shared experiences of indigenous-health-practitioners between the four countries. I aim to offer distinctively indigenous ways of understanding how children misusing substances can be supported, including through resilience in the indigenous health workforce.

How was I identified and why am I being invited to participate in this research?

You will have heard about the research from either someone you know (like a friend, family member or someone working in the area of indigenous health) or you may have contacted the researcher or have asked a researcher to contact you. I am wanting to talk to 5-12 indigenous health practitioners in each country, and where appropriate 2-4 non-indigenous practitioners who have experience in working with indigenous children with substance misuse issues and/or their families.

If I have more than 5-12 indigenous health practitioners, and 2-4 non-indigenous practitioners in each country wanting to talk to me, I will take the people who contacted me first, but will do my best to accommodate any additional people. This will depend on time available in each country.

What will happen in this research?

I will be asking participants to take part in a 1 to 1 ½ hour long filmed interview to share their knowledge and experiences of supporting children with substance misuse issues, and their families. I will talk about the best place for the interview with you.

Before the interview, you will have received this information sheet. I will go over it before the interview starts and you can ask any question you like. When you are happy about taking part, I will ask you to sign a consent form.

I will be analysing the interviews with participants in each country separately and as a group by all four countries. The analysis and parts of the interviews will be put into a website of shared knowledge by the participants as an open access tool. In the final year of the study, I will then combine the findings to produce new theory about distinctively indigenous ways of understanding how children misusing substances can be supported, including through resilience in the indigenous health workforce.

What are the discomforts and risks?

I know that for some people there is possible discomfort in being filmed. The appropriate way to film you personally will be fully discussed with you and agreed to by you prior to my starting filming. Your participation is voluntary and you can withdraw from the study at any time prior to the website becoming operational or the findings being produced, and have any data that is identifiable as belonging to you removed, or you can allow it to continue to be used. However, once the findings have been produced, removal of your data may not be possible.

How will these discomforts and risks be alleviated?

Keeping you safe and well when you are taking part in my research is most important to me. It is not necessary for an image of your person to be filmed, for instance filming some nearby scenery while you are talking in the background is perfectly appropriate. If you become distressed while you are talking to me, I will stop the interview and check with you whether you are okay to begin again after a break or if you do not want to progress. Finding an appropriate way to film you and for you to discuss your experiences to be shared with others is extremely important to me, in part because we will be role modelling indigenous health research for others including non-indigenous health researchers. All participants will see the proposed segment for the website that

includes their image or voice before the segment goes up on the website. All participants will have the opportunity to sign off approval for the use of their image and any other contributed materials on the website prior to them becoming open access.

What are the benefits?

There will be no direct benefits for you by taking part in this research. However, you will be given the chance to share your knowledge, insights and wisdom about distinctively indigenous ways of understanding how children misusing substances can be supported, including through resilience in the indigenous health workforce. The information that is collaboratively developed by the researcher and participants in the four countries will be placed on an open access website so that participants can disseminate the research findings with their communities. It will include toolkits for training/mentoring people who work with or who want to work with indigenous children with substance misuse issues and their families. These toolkits will also be useful to share with health practitioners who want to understand how to work collaboratively with indigenous-health practitioners and their communities.

As a researcher, I will help improve services and outcomes for children misusing substances based on distinctively indigenous ways of understanding how children misusing substances can be supported, including through resilience in the indigenous health workforce. A key benefit for me will be the credit associated with publication and conference presentations.

I am also wanting this research to challenge and change the way indigenous health practices, knowledge and experiences are currently thought about. In this way I hope it will be beneficial to the wider community.

How will my privacy be protected?

All information that is collected in the process of this study will be stored securely either in a locked cabinet or in password protected files at Taupua Waiora Centre for Māori Health Research at AUT. After six years we will destroy all the information held by either shredding copies of information sheets and consent forms, or erasing digital files.

What are the costs of participating in this research?

The cost will be in your time participating in the research. You will have 1 to 1 ½ hours of interview time.

What opportunity do I have to consider this invitation?

You will have up to a month to make a decision to participate in this study.

How do I agree to participate in this research?

After I have gone over the information sheet and answered any questions you may have, I will then ask you to sign a consent form. This will be stored separately from any data collected from you during this study to protect your confidentiality and privacy.

Will I receive feedback on the results of this research?

If you would like, I will send you a summary of the findings at the end of the research, and notify you of any papers that are being written and which journals we are submitting these for publication. I also intend to present the findings back to participants, and other interested people, through a website.

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

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, *Professor Denise Wilson*, dlwilson@aut.ac.nz, phone +64 9 921 9999 ext 7392 or 027 407 0022 (texts can be received).

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEK, *Kate O'Connor*, ethics@aut.ac.nz, 921 9999 ext 6038.

Whom do I contact for further information about this research?

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

Researcher Contact Details:

Dr Lisa Chant, lchant@aut.ac.nz,

Project Supervisor Contact Details:

Professor Denise Wilson, dlwilson@aut.ac.nz, Phone +64 9 921 9999 ext 7392 or 927 407 0022

***Approved by the Auckland University of Technology Ethics Committee on 10 October 2016
AUTEK Reference number 16/341.***

Maraea

Questionnaire



Questionnaire

Date Produced:

5 September 2016

Project Title

Maraea - supportive solutions for indigenous children who misuse substances

Questions to guide the interview

Please share your thoughts, ideas and experiences with children under 13 years who misuse substances, and their families, when you consider the following questions:

- 1) How can these children and their families best be supported?
- 2) What indigenous **knowledge and or practices** underpins supportive practices for these children and families?
- 3) What guidance (knowledge and practices) would you give a person thinking of working with these children and their families?
- 4) What are the external influences that most affect your (or colleagues) ability to support these children and their families? (These might include: community perspectives, policy, health sector, education sector, issues such as stigmatisation, lack of resources).
- 5) Are there any other thoughts, ideas or experiences you would like to share?

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Participant Consent Forms



Consent Form (1)

Project title: Maraea - supportive solutions for indigenous children who misuse substances

Project Supervisor: Dr Lisa Chant

Researcher: Dr Lisa Chant

- I have read and understood the information provided about this research project in the Information Sheet dated 19 August 2016.
- I have had an opportunity to ask questions and to have them answered.
- I understand that notes will be taken during the interviews and that they may be transcribed.
- I understand that the interviews may also be filmed and/or audio-taped and may be transcribed.
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- I understand that taking part in this study is voluntary (my choice) and that I will have the opportunity to sign off approval for the use of my image and other contributed materials that will appear on the website prior to them becoming open access.
- I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- I agree to take part in this research.
- I wish to receive a summary of the research findings (please tick one): Yes No

Participant's signature:

Participant's name:

Participant's Contact Details (if appropriate):

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Date:

Approved by the Auckland University of Technology Ethics Committee on 10 October 2016 AUTEK Reference number 16/341.

Note: The Participant should retain a copy of this form.

Consent and Release Form (2)

Project title: **Maraea - supportive solutions for indigenous children who misuse substances**

Project Supervisor: *Dr Lisa Chant*

Researcher: *Dr Lisa Chant*

- I have read and understood the information provided about this research project in the Information Sheet dated 19 August 2016.
- I have had an opportunity to ask questions and to have them answered.
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- I permit the researcher to use the photographs/film images and or audio that are part of this project and/or any drawings from them and any other reproductions or adaptations from them, either complete or in part, alone or in conjunction with any wording and/or drawings solely and exclusively for (a) the researcher's portfolio; and (b) educational exhibition and related design works; and (c) any other lawful purposes as stated on the Information Sheet.
- I understand that the photographs/film images and or audio that are part of this project will not be published in any form outside of this project without my written permission.
- I understand that any copyright material created by the photographic/filmed/audio sessions is deemed to be owned by the researcher and that I do not own copyright of any of the photographs/filmed/audio materials.
- I understand that taking part in this study is voluntary (my choice) and that I will have the opportunity to sign off approval for the use of my image and other contributed materials on the website prior to them becoming open access.
- I understand that any copyright material created by the photographic/filmed/audio sessions is deemed to be owned by the researcher and that I do not own copyright of any of the photographs/filmed/audio materials.
- I agree to take part in this research.

Participant's signature:

Participant's name:

Participant's Contact Details (if appropriate):

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Date:

Approved by the Auckland University of Technology Ethics Committee on 10 October 2016 AUTEK Reference number 16/341.

Note: The Participant should retain a copy of this form.