



Tiaki Whānau – Tiaki Ora: 1000 Māori Homes: The whānau initiative to build wellbeing and resilience to prevent suicide

Volume 6 | Issue 2
Article 2, August 2021

Tio Sewell
Te Rau Ora

Alex Milner
Te Rau Ora

Tyler Morris
Te Rau Ora

Abstract

This article provides an overview of the first year of the Tiaki Whānau - Tiaki Ora: 1000 Māori Homes programme (Tiaki Whānau – Tiaki Ora) delivered by Te Rau Ora Centre of Māori Suicide Prevention. Tiaki Whānau – Tiaki Ora provides a unique approach to support whānau to support each other, to raise their knowledge and awareness about suicide prevention and to develop protective factors that foster wellbeing and resilience, with specific self-help tools, and activities.

It is the goal of Te Rau Ora to reach 1000 whānau homes with Tiaki Whānau - Tiaki Ora (Protecting families - Protecting wellbeing). Whānau Champions are recruited and trained to share toolkits (resources) directly into whānau homes. Support for Champions and evaluation are built into the programme. During 2018, Tiaki Whānau - Tiaki Ora was delivered in four regions across the North Island of Aotearoa, New Zealand. Three hundred and eighteen whānau (296 households) and 34 Whānau Champions enrolled in the programme representing a 93 percent target achievement for the first year.

Indicative findings so far show that the Whānau Champions are effective in reaching whānau Māori, and that the tools were beneficial in raising awareness in the home, building the capacity of whānau to strengthen their wellbeing and resilience in suicide prevention. Findings indicate a high level of whānau participation and ownership of Tiaki Whānau – Tiaki Ora. This appears to support the contention that the 'by whānau for whānau' approach, underscored by respectful information sharing and reciprocal

transfer of knowledge, resonates strongly with whānau Māori.

Keywords: cultural identity, Māori, whanaungatanga, Whānau Champion, suicide prevention, wellbeing, protective factors, by Māori for Māori, self-help tool, feedback, participation, Te Rau Ora.

Introduction

Suicide prevention is everybody's responsibility (Baker et al., 2017). Building capacity and capability in Māori communities, and *whānau* (traditional Māori family unit) regarding adaptive strategies and resilience to support suicide prevention is a core goal of Te Rau Ora (2019). Developing and fostering collaboration, learning, innovation, and shared leadership to strengthen wellbeing to reduce suicide requires an assertive approach ready to reach and respond to Māori communities.

This article provides a summation of the first year of the Tiaki Whānau - Tiaki Ora programme. Tiaki Whānau – Tiaki Ora was implemented and tested in four North Island Māori communities between March and November 2018. The assumptions, insights and indicative findings learnt during the first year of the programme are introduced and discussed in this paper.

Te Rau Ora set an objective to reach 1000 whānau homes with Tiaki Whānau - Tiaki Ora. The Tiaki Whānau – Tiaki Ora programme is designed to build healthy whānau by deliberately recruiting whānau to lead a transformative process with whānau. It involves fostering awareness of protective factors and strategies, that will strengthen whānau collective wellbeing and promote the prevention of suicide. This will be achieved by recruiting 100 Whānau Champions from eight regions to share toolkits with whānau households over 2018 and 2019.

The resources and the approach of this programme were developed and implemented by Te Rau Ora, with input from community partners. Toolkits were designed to be simple but effective with tangible ideas and key messages for whānau in their homes to build wellbeing and resilience to promote suicide prevention.

Being Whānau

Whānau can be translated to mean extended family or blood kin (Buck, 1950). In traditional Māori society the cultural institutions of whānau, *hapū* (sub-tribe), and *imi* (tribe) are cornerstones of social cohesion and their interaction with each other and the environment (Cheung, 2008). Institutions impose powerful normative assumptions, of embedded social rules, that structure social interactions (Hodgson, 1988). The basis of Tiaki Whānau – Tiaki Ora is *whanaungatanga* (respectful relationships) through information sharing by whānau to support each other to build wellbeing (Durie et al., 2010; Associate Minister of Health, 2006; Department of Internal Affairs, 2019).

Whanaungatanga, derives from the root word of whānau, and expounds shared experiences of whānau members that create relationships, and belonging. Durie (1998) further illustrates whanaungatanga to encompass cultural identity (tuakiri-ā-Māori) and recognising the importance of shared aspirations, that comes from a unique heritage, common journeys, and familiar environment.

European colonisation of Aotearoa from 1769 to the present day has led to the erosion and assault upon traditional Māori institutions, identity, language, and on the economic and cultural base essential to maintaining good health. A key premise therefore of Tiaki Whānau - Tiaki Ora is underscored by the belief in the inherent strengths and assets of whānau and broader Māori communities, knowing there are Champions within each whānau to facilitate and maintain their own wellbeing, to prevent suicide, and support recovery.

Maori Wellbeing, Programme Background and Development

For Māori, wellbeing means more than just the absence of disease or illness and includes good physical, spiritual, whānau, cultural and economic wellbeing (Durie, 1998; MOH, 2002). Māori approaches to wellbeing provide a holistic platform to view good health. It is a goal of Tiaki Whānau - Tiaki Ora to invest directly in whānau

wellbeing. This means that social, economic, physical, and cultural aspects of good health and their determinants are recognised and acted on within the social unit of Māori (Durie, 2013).

In Aotearoa, Māori have much higher rates of suicide compared with non-Māori communities (Coronial Services of New Zealand, 2018; Dudgeon, et al, 2018; MOH, 2019). While this is particularly so for Māori males, and Māori youth, Māori also experience a disproportionate burden of loss by suicide of Māori women, that is increasing, and across both rural, and urban communities (Coronial Services of New Zealand, 2018; MOH, 2019).

Tiaki Whānau - Tiaki Ora is situated within Te Rau Ora (The National Centre of Māori Suicide Prevention), more broadly part of Waka Hourua delivered under Te Rau Ora. Waka Hourua (2014 – 2021) was in response to the New Zealand Suicide Prevention Strategy Action Plan, 2012 – 2016 which highlighted the importance and need for better-targeted services to Māori and Pacific communities, whānau, hapū, and iwi to increase the capacity and capability to address suicide (Associate Minister of Health, 2006; Baker et al, 2017).

Waka Hourua Māori and Pacific Suicide Prevention Programme was based upon the concept of the double-hulled seafaring canoe that brought the ancestors of Māori people to Aotearoa. Waka Hourua was launched in 2014 in Dunedin as a joint Māori and Pasifika initiative under Te Rau Matatini (now Te Rau Ora), and Le Va National Pasifika Workforce Centre, funded by the Ministry of Health. The Waka Hourua programme has four primary objectives:

- To build the capacity of Māori and Pacific communities and whānau to prevent suicide and respond appropriately.
- To provide culturally relevant resources and training to raise awareness of suicide prevention.
- To contribute to the evidence base for what works for Māori and Pacific communities; and
- To build national leadership and vision to address suicide among Māori and Pacific communities.

Tiaki Whānau - Tiaki Ora aligns to all four of the Waka Hourua objectives, and the goal to build whānau and community capacity to prevent suicide. One of the initiatives under Waka Hourua in 2015 was the Pou Ārahi Māori Community Suicide Prevention Programme. Findings from this programme highlighted the need to expand the reach of the programme from primarily a community level approach to engaging directly with whānau in their home (Baker et al., 2017). Tiaki Whānau - Tiaki Ora builds upon previous work completed in the Pou Ārahi regions, that were committed to in the 2014 - 2017 Waka Hourua work programme (Northland, Hawkes Bay, Counties Manukau, Waikato, Tairāwhiti, Canterbury, Wairarapa, Manawatu, Lakes, Whanganui, and Wellington).

Tiaki Whānau - Tiaki Ora is a major initiative from previous years, with a deliberate intention to bolster collective impact in communities and in whānau homes. The desired outcomes of the programme were to encourage collective whānau development, alongside aspects of raising awareness, skills, and knowledge as an embedded part of normal living and behavioural change in whānau (Herbert, 2001; Livingstone, 2002).

“Korero with each other to enhance [each] others mana and understanding how to protect it”.
(Whānau participant, 2018)

Kaupapa Māori theory provides a suitable cultural framework for design, planning, implementation, and evaluation for Tiaki Whānau - Tiaki Ora. A by Māori for Māori approach acknowledges wider Māori community, and whānau aspirations to determine their own development. This approach is cognisant of whānau cultural, societal, and historical realities as determined by them for themselves in their time (Bishop, 1996; Smith, 1999). The strength of using this methodology in the design, and delivery of Tiaki Whānau - Tiaki Ora is that Māori are defining the processes, with the eventual outcomes benefiting whānau Māori and their communities (Royal, 2005).

The initial design and planning for this programme began in October 2017. Staff from Te Rau Ora were invited to share and write down their ideas about a self-help toolkit for whānau to support them in their homes. An initial programme plan, aims, objectives, and

milestones was devised, and it was agreed that the programme be started in Kaikohe, Northland and Hastings, Hawkes Bay. Meetings were had with Pou Ārahi leaders in those regions, and other community stakeholders to provide input to the formative stages of the programme's development. This process provided the programme team with invaluable ideas and say into the overall approach, and ideas for the whānau resources. From this planning process, the programme name 1000 Whānau Homes – Tiaki Whānau Tiaki Ora was coined. Overall programme targets, the programme approach and success indicators were set.

Whānau Toolkits

Resources (Whānau Toolkit) were designed to be simple to understand and whānau friendly. Each whānau toolkit comprises booklets, and a USB video resource that aims to foster wellness, and provides information on how to identify risk factors, signs and symptoms of suicide and how-to self-help. *Te reo Māori* (Māori language), traditional values, and practices such as *aroha* and *manaakitanga* are key principles to a kaupapa Māori, by Māori for Māori approach (Mead, 2003; Smith, 1999). Toolkits draw from a combination of traditional *mātauranga Māori* (Māori knowledge) and contemporary knowledge to understanding protective factors, and risks for suicide, and how to respond to distress (Ihimaera & MacDonald, 2009).

“Guidelines that reaffirm what we say and how we engage with each other and the impact of our actions”. (Whānau participant, 2018)

For this article, protective factors are referred to as those conditions or attributes in individuals, whānau, and communities which can lessen, manage, or eliminate the risk of suicide amongst Māori. In these toolkits protective factors emphasize the position of *Te reo Māori*, *Tuakiri-ā-Māori* (cultural identity), and *whanaungatanga* (relationships) as being critical to build wellbeing and esteem to prevent suicide (Durie, 1998; Waiti, 2015; 2017).

Table 1. *Whānau toolkit, 2018*

Oranga - Protective factors	Preventing Suicide - Risk Factors
Secure cultural identity	Risk factors
Whanaungatanga	Knowing the signs of suicide
Listening skills	Know how and where to seek help
Māori models of wellbeing	Understanding myths from facts
Problem-solving skills	Safe messaging
Dreams and aspirations, goal setting	Help lines
Values and tikanga	

Community Partners

Whānau, hapū, iwi, and Māori communities' aspirations include the desire to have greater control over the shape of their institutions, communities, and development as a people (Durie, 1998; Smith, 1999). Effective engagement with local communities was a critically vital feature to Tiaki Whānau - Tiaki Ora implementation.

Local partners were key to connecting and promoting Tiaki Whānau - Tiaki Ora to the community, and to reaching out to potential Whānau Champions about opportunities to participate in the programme. An initial community hui was held with the local partners and other stakeholders to inform and promote the goals of the programme, and to answer any questions. Community partners and stakeholder networks included local Māori health and service providers, iwi, and community leaders and local whānau networks.

In 2018, Te Rau Ora staff situated in the northern region of New Zealand acted as local recruiters in promoting the programme to prospective champions in Kaikohe and surrounding districts. In Hawkes Bay and South Auckland (Manukau) the programme was able to draw from the Pou Ārahi community networks developed during the previous two years as local conduits to promote

the programme and inform prospective champions. In Gisborne the District Health Board (DHB) provided key linkages through local networks to recruit whānau onto the programme, drawing from senior Māori health professionals and hauora providers.

Orientation Hui

For prospective Whānau Champions, Tiaki Whānau -Tiaki Ora begins with a one-day wānanga workshop to fully orientate them to the programme, their roles, and responsibilities and to the toolkits. Fliers and online invitations were distributed by Te Rau Ora and local community partners with information about the programme, time, and place. At the orientation Champions receive packs containing all necessary information and tools to sign whānau onto the programme, and more critically the *kōrero* (discussion) needed to accompany the toolkits.

Delivery of the orientation hui is a key foundation of the programme. Ensuring that the Champions received training, knowledge, and support to build upon their ability to act in their role was given due weight and acknowledgement. The Tiaki Whānau - Tiaki Ora team comprised a Team Leader, Facilitator/s, Administration support and Data Analyst. In most cases the whole team travelled and contributed directly to the orientation day.

In 2018 full day orientation training workshops were held in Kaikohe, Hastings, Manukau (South Auckland), and in Gisborne, recruiting a total of 37 champions on to the programme. There were 76 attendees across the four-orientation hui; three Champion withdrawals during programme implementation, one from Northland and two in Hawkes Bay to reach the final number of 34 active Champions in year one.

About Whānau Champions

A key premise in designing this programme was that every community has champions, these are people known to whānau and contributing to their communities (usually with no resources). They might be Nannies or parents that care for their tamariki, local sports coaches, health workers or other whānau members (Baker et al, 2017). For this programme, whānau champions

are recruited from local communities to deliver free self-help toolkits to whānau in their homes. Whānau champions are required to meet Te Rau Ora criteria and to complete the Tiaki Whānau - Tiaki Ora orientation day. Whānau Champions are asked to provide evidence of local community support and endorsement. Endorsers might include *kaumātua* (Elder), community leaders, marae committee members, ministers, employers, or registered health professionals. Te Rau Ora was responsible to ensure that Champions also meet vetting requirements for New Zealand's Vulnerable Children Act (New Zealand Government, 2014). Consent forms were provided for Champions to enrol whānau on to the programme giving information about their rights of participation and to withdraw from the programme at any time, their roles, and their responsibilities. Participation is voluntary, and a *koha* (contribution) is given to Champions and whānau for their participation in the programme, time, and travel. All participant information is collected in anonymity.

Of the 37 Whānau Champions signed onto Tiaki Whānau – Tiaki Ora in 2018, all (100 percent) identified as being Māori (one Cook Island Māori). Representation comprised 18yrs to 65+ age group with the largest cohort being the 45 to 54 age group followed closely by 55 to 64 age group. Of the 34 champions enrolled to Tiaki Whānau - Tiaki Ora, 74 percent stated previous community work experience, 62 percent having cultural experience, 38 percent having experience in te reo Māori, 32 percent had previous health promotion experience, and 29 percent with previous suicide prevention experience (the least common experience type). Further analysis using Statistics NZ urban-rural boundaries data set, showed that 41 percent of Champions reside in rural communities, 18 percent in major urban areas, and the majority 41 percent living in lessor or minor urban areas (Statistics New Zealand, 2019). Of the total of 37 Champions enrolled in 2018, 10 enrolled in Northland, nine in Hawkes Bay, 10 in Manukau/South Auckland, and eight in Gisborne, Tairāwhiti.

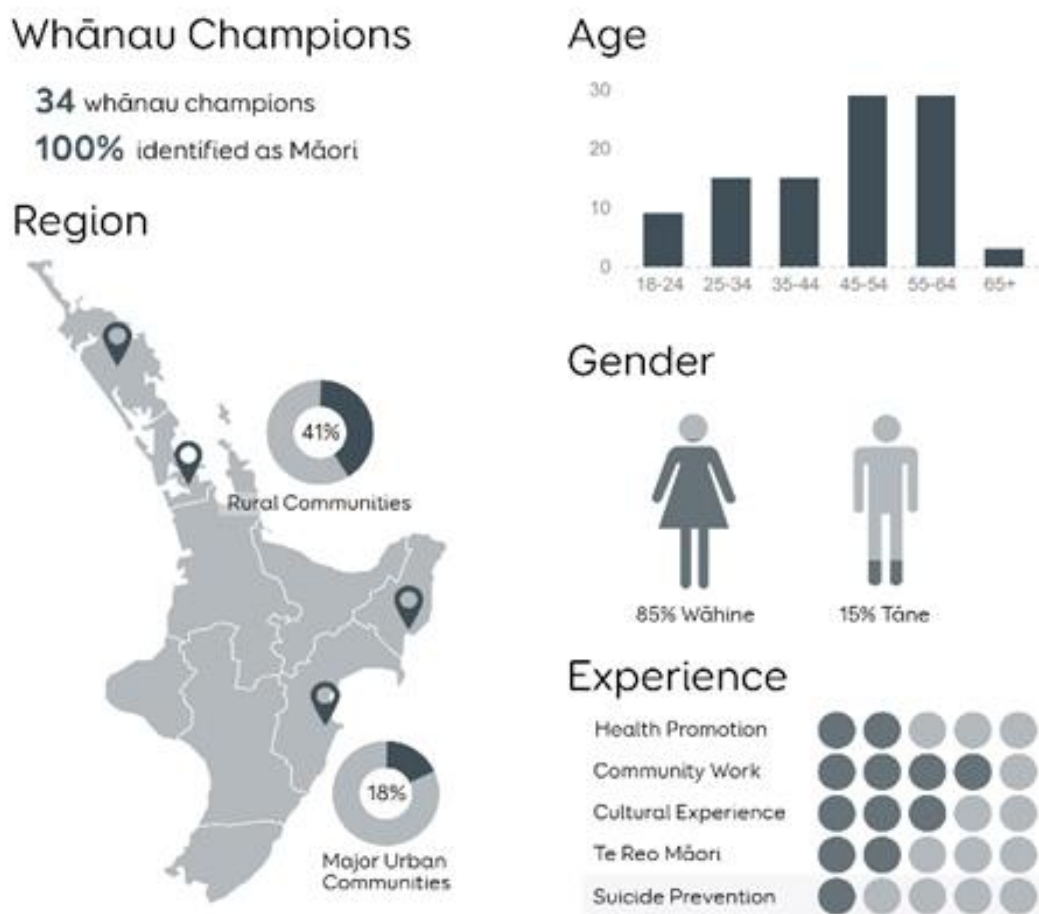


Figure 1. Whānau Champions; 2018

Whānau Sign on Implementation and Support

When signing on, Whānau Champions receive 10 toolkits each, and resources to sign on 10 whānau households. Overall, in the first year 370 Toolkits were distributed to Champions to deliver and share into whānau homes. When Champions completed their 10 whānau sign-on and feedback, they could then request further toolkits to share with more whānau.

While the initial programme design was eight weeks for each rōpū (group) the actual average time to complete each region was 12 weeks. Initial time frames set by the programme team was based on four weeks for Champions to sign on 10 whānau households each, and then four

weeks to visit a second time to complete a feedback form with the whānau. Sixty percent of Champions feedback thought the time frame to deliver the programme was about right. About 20 percent thought the time frame was either too long or too short.

Champions were each given a koha at sign-on, and the Champions given a further koha for each whānau they signed on. Whānau received a prezzy card or a grocery voucher to the value of 25 dollars in acknowledgement of their active participation and sharing. This is acknowledgement of whānau participation, and to the Champions to help offset any travel cost, food or other expenses incurred. Tiaki Whānau - Tiaki Ora programme administration, setting up and distribution of toolkits and Champion's resource bags, processing of sign-on, and

feedback information, regional support, follow-up, and the tracking of koha payments was overseen by the Tiaki Whānau - Tiaki Ora programme team.

Empowerment and Transfer of Knowledge

The Champions made appointments to meet with their whānau rōpū in a manner determined by them. These sessions were the core and essential work of the Champions. The Champions guide and mentor the whānau through the materials and resources provided and spend time to ensure they can reflect, ask questions, and have support in place. Champions exemplify programme belief that the whānau know their own people best and that the answers reside within the whānau, helping to build resilience.

Whānau Champion, Welfare and Support

Champions had access to administrative, and clinical support from Te Rau Ora by *kanohi ki te kanohi* (in person), and or online/phone support over the time of the programme. Local partners were also critical to supporting the Champions in the regions connecting them to local helping services and expertise, and for Champions to access local administration support where

needed. Supporting Champions to network with each other was also a key aspect for their self-care.

He Karere Haumann, safe messaging tool (dos, and don'ts) was a further resource developed by Te Rau Ora for Tiaki Whānau - Tiaki Ora team members, facilitators, and Champions. *He Karere Haumanu* provides information and tips about how to engage whānau safely in discussion about suicide prevention and how to respond in a safe manner and is included in the Champion resource bag. Reciprocation, two-way feedback and giving back to the community was also core to the programme approach. At the conclusion of each regional programme, findings are shared and presented back to Champions, local partners, and stakeholders at a *bākari* (celebration meal).

Whānau Champions Evaluation Feedback

Evaluation feedback was received from 19 Champions. This was very useful to help inform the programme participants and stakeholders of how well it was performing and where improvements might be implemented for the following year. For Tiaki Whānau - Tiaki Ora, Results Based Accountability (RBA) was used by the programme team to monitor, record and measure, and assess against planned targets, and the impact (Friedman, 2005).

Whānau Champion Feedback



Figure 2. Whānau champion feedback, 2018

Some indicative findings and feedback shared by Champions such as ‘Tiaki Whānau - Tiaki Ora works for us and our people’ were typical.

Overwhelmingly, Champions voiced confidence to share about suicide prevention and promote wellbeing. The following quotation was provided

unsolicited by a whānau participant from the Hawkes Bay.

[I am] very grateful... for Whānau Champions to visit whānau/people like myself in their homes. To deliver the Tiaki Whānau Tiaki Ora toolkit's for whānau/people in need of help and providing knowledge where before I had no one and too ashamed to look or ask someone. Whānau Champion provided time to korero, listen and find ways to help direct me into a positive pathway. (Whānau feedback, 2018) Whānau and Community Participation

The Tiaki Whānau - Tiaki Ora approach advocates active whānau and community participation to build wellbeing and resilience to prevent suicide, by whānau for whānau. This is done by invitation for whānau to sign on to the programme to receive a free toolkit, and to give feedback.

"We are responsible for our own wellbeing" giving whānau the initiative to develop them[our]selves. – (Whānau participant, 2018)

Completed whānau forms, and feedback are returned to Tiaki Whānau - Tiaki Ora programme team in prepaid envelopes by the Whānau Champions. These are then collated onto spreadsheet and filed for later analysis. The demographic information collected includes the number of whānau households from each region, rural or urban, numbers living in each household, gender, and age composition. In 2018, a total of some 318 whānau (296 households) were signed onto the programme to receive a toolkit from Champions (Figure 3).

Snapshot of Whānau

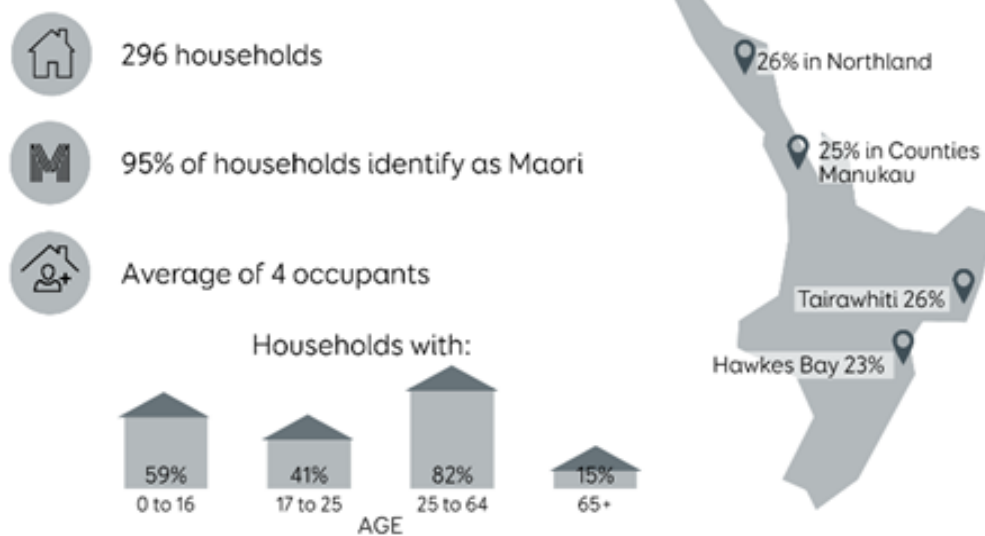


Figure 3. Whānau participants, 2018

Ninety-five percent of participating households in Tiaki Whānau - Tiaki Ora were Māori. The median household number of occupants across the four participant regions was four people per household. This compares to the New Zealand national household median of 2.7 residents (Statistics NZ, 2019). Twenty of the households (seven percent) recorded as having more than one whānau unit residing in the home or enrolling on the programme from the same household.

For the household age demographic, the largest group were whānau aged 26 to 64 (82 percent). Fifty nine percent of households had children aged 0 to 5, and 41 percent of households had young people aged between 17 to 25 living there. Sixty-eight percent of participating whānau responded that they had been to a Marae in the past year, and 72 percent had seen a doctor, or medical centre. Thirteen percent had visited a social service in the past year. Of those that signed onto the programme 68 percent (217) completed and returned the feedback forms.

Feedback

Receiving feedback and evaluation from Champions and participating whānau allows the programme team to assess its effectiveness, the level of whānau participation and engagement in the programme, and to make changes. Furthermore, receiving feedback was a critical success measure to the participatory approach envisioned by Tiaki Whānau -Tiaki Ora, and the principle of by whānau for whānau.

Data collection

Collection of demographic and evaluative feedback was undertaken at key interval points of the implementation of Tiaki Whānau - Tiaki Ora across each rohe. This was done in kanohi ki te kanohi hui, group or individual, formal, and informal feedback, observation, paper registrations, electronic and paper evaluation surveys. Data was captured via mixed method questionnaires using a Likert scale and open-ended questions.

Table 2. Documentation and data collected, 2018

Documentation	Data Collected	Total Received
Champion sign-on form	Demographic information - gender, age, ethnicity, iwi, address. Experience and consent. Koha details.	37
Champion evaluation	Likert and narrative questions. How well and is anybody better off.	19
Whānau sign on	Household demographic information, gender, age, ethnicity, iwi, locality; consent, koha received.	318
Whānau feedback	Likert scale, and narrative questions. How well and is anybody better off. (Collected and returned by Champions)	217

What Does the Feedback Tell us so far?

2018 represents the first year of the Tiaki Whānau - Tiaki Ora programme at a little over one third toward the overall goal of 1000 whānau homes. Three hundred and eighteen whānau in 296

households participated in the programme between February and November 2018. This represented an average of 9.3 whānau signed onto the programme for each active Whānau Champion during the period, representing a 93 percent target achievement.

Whānau Feedback



Figure 4. Whānau feedback, 2018

Drawing from the 217 whānau feedback returns, the vast majority agreed that Whānau Champions

were helpful and that they were confident to seek support for their whānau and to talk about

suicide prevention with their whānau. Qualitative feedback consisting of more than 600 narratives were received from whānau and Champions for the period. Some of the feedback and initial findings are examined and discussed here under four sub-themes:

Building whānau confidence and wellbeing

Whānau shared how participating in the programme gave them an opportunity to identify what was important for them. Whānau time together, effective communication, goal setting, building their cultural identity, and whanaungatanga, were key strategies identified by whānau in how they were building their wellbeing. Strengths based, practical activities and quality time together to build the collective whānau was highlighted.

Feedback about the toolkit and resources

Whānau feedback about the resources was very positive. Whānau highlighted areas of the booklets and video that impressed and the overall usability. Analysis determined that the resources were easy to read and use, helpful, relevant, and resonated with whānau. Feedback also highlighted the importance of understanding the protective factors (exploring wellbeing), as well as the risks, signs, and symptoms of suicide. The significance of mātauranga Māori, and information that builds whānau identity, and wellbeing were also highlighted.

Breaking down barriers for whānau with lived experience

Breaking down the barriers to be able to talk and share about suicide was an important factor for whānau. Whānau Champions were able to reach out and support others through their whānau links to provide a safe environment. Whānau who had intimate and whānau experience of loss to suicide were able to use these safe environments to share their experiences. Feedback also highlighted whānau being enabled to engage in self-help, healing and helping, whānau with lived experience of self-harm, trauma, and suicide.

Whānau feedback about the Whānau Champion

The role of Whānau Champions is the central premise to the Tiaki Whānau - Tiaki Ora programme approach. Delivery approach,

whanaungatanga, aroha, manaaki, connection to whānau and willingness to help, creates an environment for these messages to be shared with confidence. Whānau shared that receiving information by whānau for whānau about the topic of suicide made it easier for them to be open and share their experience hopes, and dreams.

“I enjoyed the kōrero... feeling comfortable [to] share stories and have a laugh, understanding of whānau whānui.”

“[I] enjoyed having a whānau member deliver this program and its message rather than a complete stranger who doesn't know us.”

Champions were able to broach the topic of suicide with their own and extended whānau that may not otherwise have occurred. They strengthen whānau relations and facilitated a two-way exchange of knowledge and sharing. One whānau shared; *“[we are] breaking the myth that whānau can't support whānau, [all we] just need [are] the resources and support.”*

Feedback from participating Champions and whānau identified the need for these resources being made more available, to more whānau homes, and more communities, particularly to rangatahi (youth), and into schools.

Conclusion

It is the aim of Tiaki Whānau - Tiaki Ora 1000 Māori Homes to engage 1000 whānau households across Aotearoa New Zealand. Findings so far support that Whānau Champions are highly effective in being able to reach into Māori communities to provide positive messages that promote wellbeing and prevent suicide.

Thirty-Four Champions completed Tiaki Whānau - Tiaki Ora in 2018, enrolling 318 whānau onto the programme. Feedback from whānau in this first year indicate increased confidence to self-support, to identify signs, to seek support and to support other whānau to prevent suicide. The vast majority felt that Tiaki Whānau - Tiaki Ora provided useful information and ideas that were tangible, easy to use in the household, and to share with others.

This programme is a unique approach that supports whānau to support each other, to raise

their knowledge and awareness about suicide and to develop protective factors that fosters wellbeing. This is done with specific self-help tools, and respectful two-way sharing, based on whanaungatanga, aroha and manaaki. A key assumption of the Tiaki Whānau -Tiaki Ora programme is the belief in the inherent strengths and assets of whānau and Māori communities to facilitate and maintain their own wellbeing, prevent suicide, and provide their own support to each other, that is effective and safe. Reciprocal information sharing or knowledge transfer was also an important element of the programme in promoting participation and ownership.

At the time of this article being forwarded for final submission, findings for 2018 and 2019 were being completed. In 2019 a further six groups of Champions from four new regions were recruited to Tiaki Whānau - Tiaki Ora. The programme having enrolled an accumulated total of 940 whānau over the two years from across eight regions. It is hoped to be able to publish full findings, highlights, success factors, challenges, and learnings through a further addendum to this paper or online publication.

References

- Associate Minister of Health. (2006). *The New Zealand suicide prevention strategy 2006–2016*. Ministry of Health.
- Baker, M., Sewell, T., Morris, T., McClintock, K., & Elkington, A. (2017). Waka Hourua, ko au, ko koe, ko tātou Māori suicide prevention community programme. *Journal of Indigenous Wellbeing: Te Mauri - Pimatisiwin*, 2(3), 32-40.
- Bishop, R. (1996). *Collaborative research stories: Whakawhānauanga*. Dunmore Press.
- Buck, P. (1950). *The Coming of the Māori* (2nd ed.). Whitcombe & Tombs.
- Cheung, M. (2008). The reductionist - holistic worldview dilemma. *Mai Review*, 2008(3), Research Note 5.
- Coronial Services of New Zealand. (2018). *2017-2018 annual provisional suicide figures*. <https://coronialservices.justice.govt.nz/assets/Documents/Publications/2016-17-annual-provisional-suicide-figures-20170828.pdf>
- Department of Internal Affairs. (2019). *Inquiry into mental health and addiction*. 2019. *Oranga Tāngata, Oranga Whānau: A kaupapa Māori analysis of consultation with Māori for the Government inquiry into mental health and addiction*.
- Dudgeon, P., Ring, I., Leyendekkers, G., McClintock, K., Lawson–Te Aho, K., King, M., King, A., Skawen:nio, Morse., Connolly, M, & Stoor, J. P. A. (2018). *Global Overview: Indigenous suicide rates*. University of Western Australia.
- Durie, M. (1998). *Whaiora: Māori health development*. Oxford University Press.
- Durie, M. (2013, Sept). *Whānau Ora: Flourishing Families*. Presentation to APAC Quality Improvement & Innovation in Healthcare, Auckland.
- Durie, M., Cooper, R., Grennell, D., Snively, S., & Tuaine, N. (2010). Whānau Ora: Report of the taskforce on whānau-centred initiatives. *Ministry of Social Development: Wellington*.
- Friedman, M. (2005) *Trying hard is not good enough: How to produce measurable improvements for customers and communities*, Trafford.
- Herbert, A. M. L. (2001). Marae-based behavioural parent training programmes: Emphasising client strengths and Māori values in parenting. In I. M. Evans (Chair), *Reconciling Cognitive-Behavioural Interventions with Cultural Imperatives* (Symposium) conducted at the World Congress of Behavioural and Cognitive Therapies, Vancouver, Canada. In *World Congress of Behavioural and Cognitive Therapies. Reconciling Cognitive-Behavioural Interventions with Cultural Imperatives*. Conference held at Vancouver.
- Hodgson, G. M. (1988). *Economics and institutions*. (Paper presentation) *Journal of Economic Issues*.
- Ihimaera, L., & MacDonald, P. (2009). *Te Whakauruora. Restoration of health: Māori suicide prevention resource*. Ministry of Health.
- Livingstone, I. D. (2002). Whānau toko i te ora: A parenting skills programme: Evaluation report Ministry of Education.

Mead, H. M. (2003). *Tikanga Māori: Living by Māori values*: Huia Publishers.

Ministry of Health. (2019), Suicide Facts: 2016 data (Provisional)
<https://doi.org//www.health.govt.nz/publication/suicide-facts-2016-data-provisional>

New Zealand Government (2014) Vulnerable Children's Act. Wellington, New Zealand: New Zealand Government. Available at:
<http://www.legislation.govt.nz/act/public/2014/0040/latest/DLM5501618.html> (accessed 30 September 2019).

Smith, L. T. (1999). *Decolonizing methodologies: Research and indigenous peoples*: Zed books.

Statistics New Zealand. (2019). *Urban Rural 2019 (generalised)*. Retrieved from
<https://doi.org//datafinder.stats.govt.nz/layer/98752-urbanrural-2019-generalised/>

Royal, T. A. C. (2005). *An organic arising: An interpretation of tikanga based upon the Māori creation traditions*. In Tikanga Rangahau Mātauranga Tuku Iho Traditional Knowledge and Research Ethics Conference Proceedings 2004 (p. 206).

Te Rau Ora (2019),
<https://doi.org.terauora.com/about/our-purpose/>

Turia, T., & King, A. (2002). *He Korowai Oranga. Māori Health Strategy*. Ministry of Health.

Waiti, J. T. A. M. (2014). Whakaoranga whānau: A whānau resilience framework. *Unpublished doctoral thesis*. Massey University, Wellington, New Zealand. <http://dx.doi.org/10.1016>.

Waiti, J. (2017) *Te Pātūtū Oranga. Successful initiatives for suicide prevention amongst tāne Māori literature review*.

About the authors:

Tio Sewell is descended from the Hauraki, Te Arawa and Tauranga Moana regions of Aotearoa. At the time of this article Tio was leading the Centre of Maori Suicide Prevention. As a registered Māori mental health nurse Tio has over 30 years of experience in the mental health and addictions sector, and has a Master's degree in Health Services Management. His professional

interests and expertise are in professional workforce and Māori health development.

Alex Milner is of Ngati Porou and Ngapuhi descent. She has worked in the health and social service sector for over 12 years in New Zealand and Australia. Her passion is youth and building whānau resilience using a strengths-based approach. alex.milner@terauora.com

Tyler Morris is of Ngāti Toa Rangatira, Ngāti Koata and Ngāti Kuri descent. She graduated from The University of Waikato with a Bachelor of Science in 2011. She has 5 years' experience in the health and social service sector, with a focus on Māori health outcomes and data analysis. Her current role is at Te Rau Ora as the Business Analyst