

Eke panuku eke Tangaroa: Evaluation of Waka Hourua, Māori community suicide prevention projects - Part 2

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Kahu McClintock Te Rau Matatini

Rachel McClintock Te Rau Matatini

Tio Sewell
Te Rau Matatini

Jade Sewell
Te Rau Matatini

Vicki Martin-Smith Te Rau Matatini

Angus Elkington Te Rau Matatini

Tyler Morris
Te Rau Matatini

Tania Korau Te Rau Matatini

Betty Brown Te Rau Matatini

Okeroa McRae Te Rau Matatini

Abstract

This article provides a summation of the provision of the Māori community fund of the Waka Hourua Māori and Pasifika Suicide Prevention Programme. It presents brief narratives of the 47 Māori community projects funded through the Waka Hourua Māori and Pasifika Suicide Prevention fund. This article also acknowledges the achievements of these initiatives, located under the three goals of the Waka Hourua outcomes framework: Goal one informed, cohesive and resilient communities; goal two - strong, secure and nurturing whānau (family); and goal three, safe, confident and engaged rangatahi (youth).

The immediate impacts of the Waka Hourua 47 Māori community projects are acknowledged in the reports as active participation, positive learning and the attainment of new knowledge that by their own accounts, strengthened suicide prevention in their many communities for whānau and rangatahi. Also, embedded in the 47 reports are notions that meeting community, whānau and rangatahi aspirations, ensuring positive cultural involvement and participating in strength based experiences contribute to health

and wellbeing and therefore increases the possibility of suicide prevention.

Keywords: Suicide prevention, Māori community, outcomes framework, secure rangatahi, resilient communities, nurturing whānau, confident rangatahi, wellbeing, strengths-based.

Acknowledgements. Nā koutou te kaha. We honour all the 47 Māori community initiatives who worked tirelessly for their communities, whānau, hapū and iwi, to building their own wellness.

Introduction

The "Eke panuku eke Tangaroa: Evaluation of Waka Hourua, Māori community suicide prevention projects - Part 2" article presents narratives related to the Māori community projects and reports on the achievements of these projects, located under the three goals of the Waka Hourua outcomes framework detailed as:

- Goal 1: Informed, cohesive and resilient communities.
- Goal 2: Strong, secure and nurturing *whānau* (family); and
- Goal 3: Safe, engaged and confident rangatahi (youth).¹

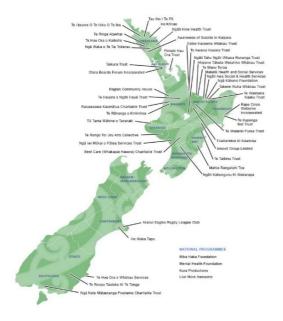


Figure 1: Geographical spread of the 47 projects (See Appendix 1 for enlarged image)

Waka Hourua Māori Community Fund 24,555 Participants Initiatives Nation Wide 24,555 Participants Initiatives Nation Wide 39 Informed, Cohesive & Resilient Communities 19 Initiatives with 10,836 Participants 31 Initiatives with 1,855 Participants 32 Strong, Secure & Nurturing Whānau 11 Initiatives with 1,855 Participants 33 Safe, Confident & Engaged Rangatahi 17 Initiatives with 12,064 Participants 429 Age Group Rangatahi 13-24 Pākeke 25-54 Kaumātua 55+ 42% 58%

Figure 2: 47 Māori community fund project impact infographic (see Appendix 2 for enlarged image)

Gender

Figure 1 indicates the geographical location within Aotearoa (New Zealand) of all 4 community projects. The infographic shown in Figure 2 displays the impact of the 47 projects, identifying participating numbers in a national context and under the specific goals of the outcomes framework. Also of note is the *pakeke* (adults; 25 – 54) and rangatahi (15 – 24) age groups, which were the most represented in projects. More females than males were represented and 87% of those who participated in the projects were Māori.

¹ See link http://wakahourua.co.nz/community-fund

Goal One Projects²

Goal one projects aspired to informed, cohesive and resilient communities. Figure 3 indicates the location of all goal one projects.

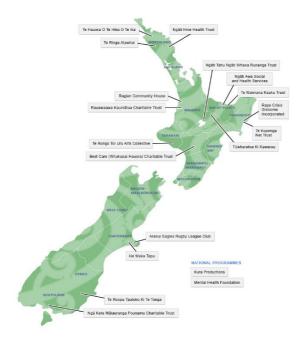


Figure 3: The 19 Goal one projects (See Appendix 3 for enlarged image)

The infographic illustrated in Figure 4 displays the impact of the 19 projects, identifying participating numbers. Also of note is that the pakeke (25 - 54) age group is the most represented throughout the goal one projects. More females than males participated and 90% of those who participated in the projects were Māori.

Goal One Initiatives: Informed, Cohesive and Resilient

This section provides a brief description to the 19 projects under goal one, the weblink to each full report is also provided as well as the associated pathway/action detailed in the Waka Hourua outcomes framework in work undertaken by McClintock and McClintock (2017, Table A1).

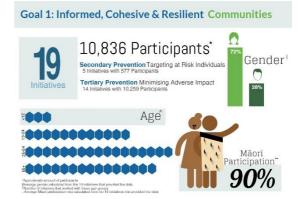


Figure 4: 19 Māori community fund project impact infographic (See Appendix 4 for enlarged image)

Secondary Prevention Case Studies

The following five projects sit under "Secondary Prevention: Targeting at risk individuals" (McClintock & McClintock, 2017, Table A1).

Case study 1: Ngāti Tahu-Ngāti Whaoa Rūnanga Trust.³

- Pathway/Action: Strengthen community resources including cultural, economic and social resources.
- Indicator: Communities have established innovative learning pathways and suicide prevention resources.

Ngāti Tahu-Ngāti Whaoa Runanga Trust sought to improve the health of their people through providing health services by Māori for Māori. In addition, an *Iwi Hauora* (Tribal Health) Plan to contribute to the wellness of their *iwi* (tribes) members was developed in consultation with members. Specific training opportunities have also been offered to build cultural capability and capacity for Ngāti Tahu-Ngāti Whāo in terms of suicide prevention. Community and iwi collaborations are being encouraged particularly with the local secondary school focused on providing activities that build confidence and discusses healthy choices for rangatahi as a means of suicide prevention (Morris, 2016c).

² See link http://wakahourua.co.nz/goal-one-initiatives

³ Ngāti Tahu-Ngāti Whaoa Rūnanga Trust see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-

^{%20}Ngati%20Tahu%20Ngati%20Whaoa_0.pdf

Case study 2: Te Waimana Kaaku (Bay of Plenty).⁴

- Pathway/Action: Strengthen community resources including cultural, economic and social resources.
- Indicator: Communities have established innovative learning pathways and suicide prevention resources.

This marae wānanga (cultural spaces and forums) initiative assisted whānau to become better informed about suicide prevention which involved developing problem solving and conflict resolutions skills. Opportunities were also offered to learn the legislative processes regarding sudden death and bereaved whānau rights to information from the coroner. Strengthening cultural identity for the whānau and strengthening them as Māori were viewed valuable to include in a suicide prevention plan (Sewell, T., 2016e).

Case study 3: Te Rongo Toi Uru Arts Collective.⁵

- Pathway/Action: Strengthen community resources including cultural, economic and social resources.
- Indicator: Communities have access to cultural online education and suicide prevention resources.
- Suicide prevention resources.

Te Rongo Toi Uru Arts Collective under the umbrella of Matahiwi Marae completed this project. Six Māori artists were commissioned to develop five pieces of artwork, to raise awareness of suicide and promote suicide prevention. The artists also completed suicide awareness training and explored suicide facts and information to gain inspiration. The artworks were displayed in a gallery for the public and were also used in a poster art campaign which were distributed to schools, community groups, organisations and used as part of local activities or initiatives that

were happening during Mental Health Awareness Week and to raise suicide prevention. The artists spoke on the local radio station to raise awareness of their suicide prevention resources (Morris, 2016b).

Case study 4: Kura Productions (National).6

- Pathway/Action: Strengthen community resources including cultural, economic and social resources.
- Indicator: Communities have access to cultural online education and suicide prevention resources.

Kura productions filmed a docudrama, Maui's Hook about facing the aftermath of suicide. It follows a *hikoi* (journey) from Parihaka (Taranaki) to Te Rerenga Wairua (Northland). On this hikoi, five bereaved by suicide from five marae worked with the concepts of *tika* (alignment with truth), *pono* (honesty) and *aroha* (compassion) to confront their trauma before joining the hikoi and travelling to the next marae. Each whānau valued the opportunity to share their *mamae* (hurt) and to build a trusted supportive network (McClintock, K., 2016e).

Case study 5: Mental Health Foundation (National).⁷

- Pathway/Action: Initiate actions that meet the needs of *takatāpui* (devoted partner of the same sex).
- Indicator: Communities have access to cultural online education and suicide prevention resources.
- Suicide prevention resources.

The Mental Health Foundation of Aotearoa collaborated with Tiwhanawhana community leader Elizabeth Kerekere and developed a resource to reduce chronic suicide risk factors such as; discrimination, social exclusion and rejection. Over 10,000 copies of the Takatāpui booklets were distributed as well as a video which

⁴ Te Waimana Kaaku see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-%20Te%20Waimana%20Kaaku_0.pdf

⁵ Te Rongo Toi Uru Arts Collective see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-

^{%20} Te%20 Rongo%20 Toi%20 Ura%20 Arts%20 Collective.pdf

⁶ Kura Productions see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-%20Kura%20Productions_0.pdf

⁷ Mental Health Foundation See link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-

^{%20} Mental%20 Health%20 Foundation%20 Of%20 New%20 Zealand.pdf

can be accessed from the following weblink (see

www.mentalhealth.org.nz/assests/ResourceFind er/takatāpui.pdf) The resources were developed to increase understanding, visibility, knowledge, and safer places and cultural connections for takatāpui (Elkington, 2016f).

Tertiary Prevention Case Studies

The following 14 projects sit under "Tertiary Prevention: Minimising the risk of harm" (McClintock & McClintock, 2017, Table A1).

Case study 1: Te Hiku Hauora o Te Ika Variation (Northland) Northland hauora (health) providers.8

- Pathway/Action: Initiate actions that will reduce community risks.
- Indicator: Communities have established a safe forum for discussing suicide prevention and resourcing

Six Northland hauora (health) providers undertook the Lifeline Aotearoa, Applied Suicide Intervention Skills Techniques (ASIST) training (see link www.lifeline.org.nz). The training provided attendees with knowledge and skills; to recognise suicidal behaviours, which would be shared with the community, other whanau and marae in the hope of limiting the numbers of ideation and suicide, and teachings to help engage with whānau to prevent suicide. This has proven beneficial to all participants in terms of being able to support their communities (McClintock, R., 2016e).

Case study 2: Ngāti Hine Health Trust (Northland).9

- Pathway/Action: Initiate actions that will reduce community risks.
- Indicator: Communities have established a safe forum for discussing suicide prevention and resourcing.

Ngāti Hine Health Trust collaborated with RAID, a rangatahi anti bullying, raising awareness of suicide prevention group. The RAID movement wanted to extend their work with the creation of a parent branch. This development is a rangatahi supported initiative designed to broaden and enhance parent's understanding of 'the life of a rangatahi' and strengthen parentrangatahi relationships through the involvement in RAID activities. Parents in this initiative received assistance through receiving pamphlets and attending activities, to know how to support rangatahi in distress (McClintock, K., 2016g).

study 3: Te Case Ringa Atawhai (Northland).10

- Pathway/Action: Initiate actions that will reduce community risks.
- Indicator: Communities have established a safe forum for discussing suicide prevention and resourcing.

Te Ringa Awhina Trust, an education and health promotion referral service supported whānau and communities to develop their own suicide prevention plans and increase awareness of suicide. Te Ringa Atawhai achieved this by offering a marae based approach as the foundation of their suicide and awareness project. The Like Minds Like Mine Mental Health programme, Path planning tool, setting goals and the resource developed by the Ringa Atawhai Trust, Working with whānau were utilised to support whanau with their current needs as well as planning for the future (Elkington, 2016e).

Case study 4: Raglan Community House (Waikato).11

- Pathway/Action: Initiate actions that will reduce community risks.
- Indicator: Communities have established a safe forum for discussing suicide prevention and resourcing.

⁸ Te Hiku Hauora o Te Ika Variation see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-

^{%20}Te%20Hauora%20O%20Te%20Hiku%20O%2 0Te%20Ika%20%28Variation%29_lo_res.pdf

⁹ Ngāti Hine Health Trust see link:

http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-%20Ng%C4%81ti%20Hine.pdf

Te Ringa Atawhai link see http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-%20Ringa%20atawhai_lo_res.pdf

Raglan Community House link see http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-%20Raglan%20Community%20House.pdf

This initiative sought to increase the number of first aiders and to extend the Raglan Community Suicide Prevention and Awareness programme. A two day, Applied Suicide Interventions Skills Techniques (ASIST) workshop run by Lifeline Aotearoa (see link www.lifeline.org.nz) was provided to marae, health professionals, counsellors and local police. The workshop focussed on awareness of the signs that indicate a person is at risk of suicide and how to support them to seek help (McClintock, R., 2016c).

Case study 5: Rauawaawa Kaumātua Charitable Trust (Waikato).¹²

- Pathway/Action: Initiate actions that will reduce community risks.
- Indicator: Communities have established a safe forum for discussing suicide prevention and resourcing.

Rauawaawa Trust serves kaumātua (elders) who live within a 20-km radius of Hamilton city. Rauawaawa focussed on the development of resources and tools that will help kaumātua identify whānau members at risk of suicide, to provide kaumātua with the knowledge required to enable them to effectively support their whānau in suicide prevention and postvention. The Mamae Aroha resource is a video series featuring kaumātua speaking about their experiences as bereaved whānau (video resource be found http://wakahourua.co.nz/%E2%80%8Brauawa awa-kaum%C4%81tua-charitable-trust; Sewell, J., 2016b).

Case study 6: Ngāti Awa Social & Health Services (Bay of Plenty).¹³

- Pathway/Action: Initiate actions that will reduce community risks.
- Indicator: Communities have established a safe forum for discussing suicide prevention and resourcing.

The Ngāti Awa Social & Health Services (NASH) is one of the largest integrated Māori provider service in the Bay of Plenty region. The suicide prevention and awareness programme developed by NASH incorporated a Ko Te Mahi training which is a follow up to Question, Persuade and (QPR) approach link Refer (see http://www.qpr.org.nz/suicide-preventiontraining-courses.aspx) but with a kaupapa Māori (Māori Approach) foundation, from a Māori world view, which provided cultural safety and sensitivity to grieving families. The programme provided increased awareness of suicide prevention and strengthened the connections across the NASH region to provide better health outcomes for their communities (Elkington, 2016b).

Case study 7: Tūwharetoa ki Kawerau (Bay of Plenty).¹⁴

- Pathway/Action: Initiate actions that will reduce community risks.
- Indicator: Communities have established a safe forum for discussing suicide prevention and resourcing.

Tūwharetoa ki Kawerau Health Education and Social Services (Tūwharetoa ki Kawerau) is the lead organisation overseeing the development and implementation of the Kawerau Suicide Prevention Action Plan. The core goals being communication, collaboration, education, coordination and whānau participation. The focus of the Tūwharetoa ki Kawerau initiative has been to capture stories of whānau bereaved by suicide, providing a resource that identifies support structures and processes. A regional conference provided the attendees opportunity to listen and to share their stories as survivors that provided a supportive network. Marae based wānanga were also offered to rangatahi addressing issues such as wellbeing, connectedness and belonging (Sewell, J. 2016e).

¹² Rauawaawa Kaumātua Charitable Trust see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-

^{% 20} Rauawaawa% 20 Kaumatua% 20 Charitable% 20 Trust.pdf

¹³ Ngāti Awa Social & Health Services see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-

^{%20}Ng%C4%81ti%20Awa%20Social%20%26%20H ealth%20Services.pdf

¹⁴ Tūwharetoa ki Kawerau see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-%20Tuwharetoa_ki_Kawerau.pdf

Case study 8: Te Kupenga Net Trust (Tai Rāwhiti).¹⁵

- Pathway/Action:
 - Initiate actions that will reduce community risks.
 - o Identify risk within communities.
- Indicator:
 - Communities have established a safe forum for discussing suicide prevention and resourcing.
 - Community health and social service providers have established a common agenda for working with communities.

This initiative supported whānau bereaved by suicide but seemingly whakamā (ashamed) to seek help. Workshops were offered to the Te Kupenga Net Trust community that utilised two Māori resources developed by the Trust. Taku Mapihi Maurea: a personal handbook aimed to provide for self-reflection; identifying understanding feelings; identifying strengths and supports; identifying if help was required and where to find help. Wellness cards were offered to assist in the triage process for community groups, whānau and or educational facilities to enable quick and accurate assessment of suicidality and thus recognise when to contact appropriate services. Te Kupenga Net Trust also sponsored two people to complete a National Certificate in Suicide Intervention (Level 6). The certificate was a six month programme offered by Anamata Private Training Establishment located in Whakatāne. A concert to raise awareness of community support available for whānau in distress was organised that promoted accessing help when needed (Sewell, J., 2016d).

Case study 9: Gisborne Rape Crisis (Tai Rāwhiti).¹⁶

- Pathway/Action:
 - Initiate actions that will reduce community risks.

¹⁵ Te Kupenga Net Trust see link http://wakahourua.co.nz/sites/default/files/Ev aluation%20-

%20Te%20Kupenga%20Net%20Trust.pdf

Gisborne Rape Crisis see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-

- Identify risk within communities.
- Indicator:
 - Communities have established a safe forum for discussing suicide prevention and resourcing.
 - Community health and social service providers have established a common agenda for working with communities.

This initiative provided parents and caregivers within their communities with specific workshops and resources to recognise signs of self-harm and suicide ideation. Whānau learnt about the myths of suicide, what to say and how to be supportive to their whānau members (Sewell, J., 2016a).

Case study 10: Best Care Whakapai Hauora Charitable Trust (Manawatu).¹⁷

- Pathway/Action: Initiate actions that will reduce community risks.
- Indicator: Communities have established a safe forum for discussing suicide prevention and resourcing.

Best Care identified that within Mid Central District Health Board it is the small rural communities that most lack the capacity, resources and support when it comes to talking about issues such as suicide, supporting tangata whaiora (health consumers) who are suicidal, responding as a community when suicide occurs and then supporting whanau in the postvention phase. For this reason, Whakapai Hauora wanted to focus on working with the communities of Dannevirke, Foxton and Shannon. Haumaru groups were set up by Whakapai Hauora in Foxton and Shannon to work with the communities to reduce the stigma and discrimination around suicide by raising the level of suicide awareness with health promotion and education. Lifting the silence on suicide, sharing information so that access to the appropriate help

http://wakahourua.co.nz/sites/default/files/Evaluation%20-%20Best%20Care_.pdf

^{%20}Gisborne%20Rape%20Crisis%20Te%20Korowa i%20Whakaea.pdf

¹⁷ Best Care Whakapai Hauora Charitable Trust see link

could occur and plans could be developed to deal with distress before it got critical (McClintock, K., 2016l).

Case study 11: Aranui Sea Eagles (Canterbury).18

- Pathway/Action: Initiate actions that will reduce community risks.
- Indicator: Communities have established a safe forum for discussing suicide prevention and resourcing.

Aranui Sea Eagles Rugby League Club and their community received a 6-hour Waka Hourua training on Suicide Prevention at the Aranui Community Hall from the Waka Hourua Programme lead. The training was designed to:

- build whānau capacity and capability of Māori whānau, hapū (sub tribe) and Pasifika families and communities;
- provide tools to assist whānau, hapū and Pasifika families; and
- build communities to respond to suicide safely.

Participants who completed the training gained knowledge and skills related to

- recognising suicide behaviours,
- knowing what to do when someone presents with suicidal behaviours; and
- knowing where to get help. This should contribute to best health outcomes for Māori in the Aranui area, Christchurch (McClintock, K., 2016b).

Case study 12: He Waka Tapu (Canterbury).19

- Pathway/Action: Identify risk within communities.
- Indicator: Community health and social service providers have established a common agenda for working with communities.

He Waka Tapu is a non-government organisation based in Christchurch that delivers health and social services to the area. Other health and social service providers and community groups collaborated with He Waka Tapu to hold events and develop initiatives that raised the awareness of suicide and contributed to suicide prevention. There were 13 events or initiatives completed, which included workshops, presentations, an open mic night, a suicide prevention symposium, a whānau day, a weekend wānanga and sports and outdoor activities. A website was used to document the events as well as promote any events, information and news regarding suicide awareness and prevention. This website was also used as a communication portal for those organisations and groups involved in the project still available www.o2waitaha.org.nz; Morris, 2016a).

Case study 13: Te Roopu Tautoko ki Te Tonga Incorporated (Southern).²⁰

- Pathway/Action: Identify risk within communities.
- Indicators: Community health and social service providers have established a common agenda for working with communities.

Te Roopu Tautoko ki Te Tonga is a communitybased Māori mental health provider that undertook a project to develop a suicide prevention E-referral system for general practitioners (GPs), to connect seamlessly to Te Roopu Tautoko ki te Tonga and ensure early intervention. After an initial evaluation of the barriers that affected the integration of an Ereferral and screening tool, Te Roopu Tautoko ki te Tonga introduced GP workshops, and promotion of E-referrals to support whānau recovery within the community. Currently the Ereferral service is up and running with software in place to coordinate service. Te Roopu Tautoko ki te Tonga continues to raise awareness of the tool to GPs and health service providers and is

http://wakahourua.co.nz/sites/default/files/Evaluation%20-

Aranui Sea Eagles see link http://wakahourua.co.nz/sites/default/files/TRM% 20Presentation%20-%20Aranui.pdf

He Waka Tapu see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-%20He%20Waka%20Tapu.pdf

²⁰ Te Roopu Tautoko ki te Tonga Incorporated see link

^{%20}Te%20Roopu%20Tautoko%20ki%20Te%20To nga_lo_res.pdf

committed to making health care more accessible for the community and thereby improve health outcomes for whānau (McClintock, K., 2016k).

Case study 14: Ngā Kete Mātauranga Pounamu Charitable Trust (Southland).²¹

- Pathway/Action: Initiate actions that will reduce community risks.
- Indicator: Communities have established a safe forum for discussing suicide prevention and resourcing.

Ngā Kete Mātauranga Pounamu Charitable Trust is a non-profit organisation based in Invercargill and established in 2000, which offers a range of health and social services. Ngā Kete Mātauranga Pounamu Charitable Trust worked in partnership with Kimiora Trust to provide *tikanga* (customs) Māori based suicide intervention training, with culturally appropriate skills, knowledge and Māori strategies that work towards keeping whānau safe. The purpose was to help whānau living in Te Wai Pounamu to learn suicide intervention skills to keep their whanau safe from suicide. This project has enabled community members at risk of suicide to be more supported, by being able to identify risk factors, create a safe plan, and access to support networks for whānau. These outcomes emphasise the importance of whānau. The main aim of workshops were to:

- deliver tikanga Māori-based suicide intervention workshops across Waitaha, Ōtākou and Murihiku;
- explore wairua (spiritual) and tikanga Māori concepts that engaged whānau in culturally relevant intervention training an understanding of mental health and suicide prevention model that focuses on identity, belonging, and a sense of place;
- educate whānau and community with suicide intervention training and methods; and
- provide opportunity for participants to practice the technique by reinforced learning (Brown, 2016a).

Goal Two Projects²²

Goal two projects aspired to strong, secure and nurturing whānau. Figures 5 shows the location of all 12 goal two projects.



Figure 5: The 12 goal two projects (See Appendix 5 for enlarged image)

The infographics shown in Figure 6 displays the impact of the 11 projects, identifying participating numbers. Also of note is the increased number of age groups represented in these projects. Once again, more females than males are represented with 94% of those who participated in the projects were Māori.



Figure 6: 11 Māori Community Fund Projects Impact Infographic (See Appendix 6 for enlarged image)

²¹ Ngā Kete Mātauranga Pounamu Charitable Trust see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-%20Nga%20Kete%20Matauranga.pdf

²² See link http://wakahourua.co.nz/goal-twoinitiatives

Goal Two Initiatives: Strong, Secure and Nurturing Whānau

This section provides a brief description to the 11 projects that feature under goal two, the weblink to each full report is also provided as well as the associated pathway/action and indicators detailed in the Waka Hourua outcomes framework in work undertaken by McClintock and McClintock (2017, Table A1).

Secondary Prevention Case Studies

The following six projects sit under "Secondary Prevention: Targeting at risk individuals" (McClintock & McClintock, 2017, Table A1).

Case study 1: Te Hau Ora o Kaikohe Charitable Trust (Northland).²³

- Pathway/Action: Increase whānau access to suicide resources and services.
- Indicators: Whānau access educational opportunities and health services when needed.

Five marae based wānanga were offered to the communities in the Kaikohe region which focussed on building leadership, resilience and connectedness. The wānanga were a response to the marae whānau asking for support with suicide prevention. The activities addressed cultural knowledge, Māori protocols pertaining to the marae as well as specific suicide prevention information from two visiting hauora (health) services. The cultural and hauora knowledge gained from the wānanga provided the community with confidence that would strengthen their ability to provide suicide prevention (Morris, 2016e).

Case study 2: Eddie Harawira Whānau Trust (Bay of Plenty).²⁴

 Pathway/Action: Facilitate whānau engagement with each other and to whenua (land). Indicator: Whānau have solidified links with each other and whenua. Whānau access educational opportunities and health services when needed.

This whānau based initiative drew on the commitment of whānau to kōrero (talk) about issues and work collaboratively to strengthen each other. PATH plans were utilised to transform individuals. These plans focused on whakawhanaungatanga (building relationships), ngā manukura (leadership) manaakitanga (caring for each other), tūrangawaewae (a place to stand), te oranga o te whānau (health of the family), he kai kei aku ringa, pakihi (solutions), papakāinga (community living) and mātauranga (knowledge). Whānau were positive and made their commitment to reach their goals focused on strengthening themselves (McClintock, K., 2016c).

Case study 3: Takarei Ruha Whānau Trust (Bay of Plenty).²⁵

- Pathway/Action:
 - Facilitate whānau engagement with each other and to whenua.
 - o Increase whānau access to suicide resources and services.
- Indicator:
 - Whānau have solidified links with each other and whenua. Whānau access educational opportunities and health services when needed.
 - Whānau access educational opportunities and health services when needed.

This whānau based initiative encouraged talking about suicide and identifying key people and services that could assist them when needed. Finding solutions to a history of abuse was also a feature which involved lifting the silence in a safe environment. Strengthening themselves by developing pride in their *whakapapa* (genealogy

²³ Te Hau Ora o Kaikohe Charitable Trust see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-

^{%20}Te%20Hau%20Ora%20o%20Kaikohe%20Chari table%20Trust.pdf

²⁴ Eddie Harawira Whānau Trust see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-%20Eddie%20Harawira%20Whanau.pdf

²⁵ Takarei Ruha Whānau Trust see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-

^{%20}Takarei%20Ruha%20Whanau%20Trust.pdf

and identity) and learning Māori culture and language meaningful for their whānau were also viewed as suicide prevention approaches for the Takarei Ruha whānau (McClintock, R., 2016d).

Case study 4: Ahipene Takuta Werahiko Whānau Trust (Bay of Plenty).²⁶

- Pathway/Action: Facilitate whānau engagement with each other and to whenua.
- Indicator: Whānau have solidified links with each other and whenua. Whānau access educational opportunities and health services when needed.

Ahipene Takuta Werahiko Whānau Trust created and implemented a whānau centred suicide pre and postvention approach based on resilience through establishing stronger connections with each other, to their traditional whenua and through skill and leadership development. These activities occurred during two wānanga particularly supporting rangatahi to connect with each other and land. Future wānanga were planned to offer further opportunities to strengthen identity (McClintock, K., 2016a).

Case study 5: Maketū Health and Social Services (Bay of Plenty).²⁷

- Pathway/Action: Facilitate whānau and rangatahi with key institutions (marae)
- Indicators: Whānau and rangatahi have reestablished links with marae and hapū.

This project strengthened cultural identity through a series of tīkanga programmes to emphasise the relationship of individuals with their socio-cultural environment reintegrating traditional Māori cultural values, knowledge and practices into the lives of Māori whānau members.

Tīkanga Māori programmes are culturally responsive for Māori looking to Māori culture as a pathway to suicide prevention. Essentially knowing who you are provides a sense of belonging that prepares you to better cope with knowledge challenges. Cultural increases opportunities to participate in cultural settings that boosts confidence. Accessing help when needed also viewed was necessary (McClintock, K., 2016f).

Case study 6: Te Hauora o Ngāti Hauā Trust (Waikato).²⁸

- Pathway/ Action: Facilitate whānau engagement with each other and to whenua.
- Indicator: Whānau have solidified links with each other and whenua. Whānau access educational opportunities and health services when needed.

Te Hauora o Ngāti Hauā Trust in the Waikato were concerned about suicide in their community so part of the response was three wananga were held between September to December 2014, intentionally focused on the capacity and wellbeing of whānau as a point of strength and hope. Suicide prevention was viewed as a natural component of whānau wellbeing. Working with large groups of whānau from within the hapū provided an ongoing support base and forum for whānau to discuss issues beyond wānanga. Building whānau understanding of depression and anxiety, symptoms, triggers and knowledge of the support available will contribute to increasing whānau awareness responsiveness. Bimonthly newsletters keep the whānau updated on relevant developments (McClintock & McRae, 2016).

²⁶ Ahipene Takuta Werahiko Whānau Trust See link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-

^{%20}Ahipene%20Takuta%20Werahiko%20Whanau%20Trust.pdf

²⁷ Maketū Health and Social Services see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-

^{%20} Maketu%20 Health%20%26%20 Social%20 Services.pdf

²⁸ Te Hauora o Ngāti Hauā Trust see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-

 $^{\%20} Te\%20 Hauora\%20o\%20 Ng\%C4\%81 ti\%20 Hau\%C4\%81\%20 Trust_lo_res.pdf)$

Tertiary Prevention Case Studies

The following five projects sit under "Tertiary Prevention: Minimising the risk of harm" (McClintock & McClintock, 2017, Table A1).

Case study 1: Te Waiariki Purea Trust (Lakes).²⁹

- Pathway/Action: Build whānau capabilities to manage stress, disadvantage, loss and risk.
- Indicator: Whānau have developed and implemented a suicide education plan.

Te Waiariki Purea Charitable Trust is an organisation that services Rotorua, Taupo, Turangi and Muruparea areas. Ko Mātou, under the umbrella of Te Waiariki Purea Trust, Heeni and Taupe offered hope by telling their story of loss through suicide. The programme was run out of Houmaitawhiti marae and other Ngāti Pikiao marae to help re-engergise rangatahi and to develop resilience, leadership and to support, comfort and reassure those who have suffered from loss (Korau, 2016c).

Case study 2: Tū Tama Wāhine (Taranaki).30

- Pathway/Action: Build whānau capabilities to manage stress, disadvantage, loss and risk and actions that will reduce community risk.
- Indicator: Whānau have developed and implemented a suicide education plan.

Suicide postvention workshops were offered to whānau, hapū, iwi and pacific networks that focussed on lifting the lid on suicide to develop safe ways to talk about suicide and how to minimise harm. Mental Health first aid workshops were also completed that would further assist whānau (Brown, 2016b).

Case study 3: Ngāti Kahungunu ki Wairarapa (Wairarapa).³¹

- Pathway/Action: Build whānau capabilities to manage stress, disadvantage, loss and risk.
- Indicator: Whānau have developed and implemented a suicide education plan.

Ngāti Kahungunu ki Wairarapa Charitable Trust (NKW) is dedicated to supporting the continuous development of culturally strong, healthy and vibrant whanau throughout the Wairarapa. NKW has long observed the impact of suicide on the whānau and community and are passionate about making a difference through the establishment of suicide prevention pathways. Under the subsidiary organisation set up by NKW, Te Kupenga o Wairarapa carried out the project of three promotional events to raise awareness, two strength based rangatahi noho developing leadership skills, six suicide prevention workshops on Question Persuade Refer training and four community and family based roadshows. The roadshows had input from various Māori and non-Māori organisations throughout the Wairarapa to put together events that brought whānau and communities together (Elkington, 2016c).

Case study 4: Ngā Iwi o Mokai Pātea Services (Whanganui).³²

- Pathway/Action: Build whānau capabilities to manage self-harm and suicide.
- Indicator: Whānau have resolved the impacts of self-harm and suicide.

Ngā Iwi Mōkai o Pātea Services Trust trading as Mōkai Pātea Services is one of five iwi health providers in the region that hold a collective kaupapa Māori mental health contract under the Whanganui DHB. A *Pakiwaitara* (story) Group was established to share stories of suicide awareness which produced a resource that can be

²⁹ Te Waiariki Purea Trust see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-

^{%20}Te%20Waiariki%20Purea%20Trust_lo_res.pdf ³⁰ Tū Tama Wāhine see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-%20Tu%20Tama%20Wahine.pdf

³¹ Ngāti Kahungunu ki Wairarapa see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-

 $^{\%20} Ng\% C4\%81 ti\%20 Kahungunu\%20 ki\%20 Wairara pa_lo_res.pdf$

³² Ngā Iwi o Mokai Pātea Services see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-

^{%20}M%C5%8Dkai%20P%C4%81tea%20Services.p df)

utilised by other tangata whaiora (consumers). The storyline supported the concept of Te Po (the darkness) to Te Ao Marama (the light). The Pakiwaitara Group held a series of wānanga focused on whakawhanaungatanga, how to put together a story and writing the stories which were held at different venues throughout the region. The aim was to build each other's confidence and feel the support of those who may have had similar experiences. Connecting and strengthening whānau was an important step to creating a safe space for all the participants. They all identified a common goal of healing the mind through the expression of short story writing. The book Te Ao Marama 2015, was produced and is a compilation of short stories and poems written specifically by the six participants (Korau, 2016a).

Case study 5: Te Hau Ora o Whānau Services (Southern).³³

- Pathway/Action: Build whānau capabilities to manage self-harm and suicide.
- Indicator: Whānau have resolved the impacts of self-harm and suicide.

Te Hou Ora Whānau Services (THOWS) is a community based Kaupapa Māori service provider located in Dunedin. Their project provided whānau with the skills and tools they need to "Live Life" as a means of suicide prevention. The initiative consisted of three noho marae, two sports days and a series of Interagency Cluster Hui. The activities provided an opportunity for whānau to engage in a fun, supportive and positive environment, where they could reconnect with their culture, grow together as a whānau, learn and or develop practical life skills and network with services that can provide the supports needed if problems arise (Morris, 2016f).

Goal Three Projects³⁴

Goal three projects aspired to safe, engaged and confident rangatahi. Figure 7 shows the locations of the 17 goal three projects.

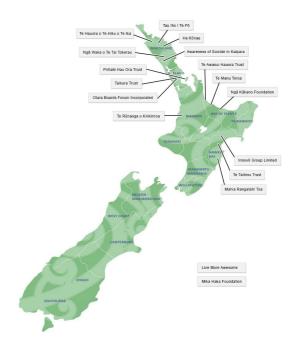


Figure 7: The 17 Goal three projects (See Appendix 7 for enlarged image)

The infographic seen in Figure 8 displays the impact of the 17 projects, identifying participating numbers. Also of note is the presence of the target age group represented in the projects. More males than females were represented. This account aligns to the suicide data and the need to provide support to this age group and gender (Ministry of Justice, 2017). Of those who participated in the projects, 75%were Māori.



Figure 8: 17 Māori Community Fund Project Impact Infographic (See Appendix 8 for enlarged image)

³³ Te Hau Ora o Whānau Services see link http://wakahourua.co.nz/te-hou-ora-o-wh%C4%81nau-services

³⁴ See link http://wakahourua.co.nz/goal-two-initiatives

Goal Three Initiatives: Safe, Confident and Engaged Rangatahi (Youth)

This section provides a brief description to the 17 projects that feature under Goal three, the weblink to each full report is also provided as well as the associated pathway/action, indicator as detailed in the Waka Hourua Outcomes Framework (McClintock & McClintock, 2017, Table A1).

Secondary Prevention Case Studies

The following 17 projects sit under "Secondary Prevention: Targeting at risk individuals" (McClintock & McClintock, 2017, Table A1).

Case study 1: He Konae (Northland).35

- Pathway/Action: Support positive initiatives for rangatahi (culture, learning and music).
- Indicator: Communities and health services enter into a partnership to foster positive engagement for rangatahi wellbeing.

Suicide prevention training was provided to the He Konae community focussing on recognising suicidal signs and increasing confidence to approach and to talk to a person at risk. Knowledge on where to access assistance was also viewed as part of the solution to suicide prevention. Wānanga for raising awareness of suicide specific to at risk rangatahi were viewed as seminal. Ongoing support for rangatahi through a specifically set up Facebook was being pursued (McClintock, K., 2016d).

Case study 2: Ngā Waka o Te Taitokerau (Northland).³⁶

- Pathway/Action: Strengthen community resources including cultural, economic and social resources.
- Indicator: Communities have established innovative learning and suicide prevention resources.

35 He Kōnae see link http://wakahourua.co.nz/sites/default/files/Evaluat

%20 He %20 Konae %20 Tupu %20 Charitable %20 Trust.pdf

³⁶ Ngā Waka o Te Taitokerau see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-

Wānanga involving traditional *waka* (canoes) were utilised to empower and increase protective factors against suicide. Māori protocols and traditional waka practices in an alcohol, substance and violence free environment were major features of this initiative. Leaders trained in suicide prevention were also available to the participants and were also encouraging of the healthy lifestyles and keeping safe approach provided by the wānanga. Rangatahi were keen participants in this initiative that strengthened their connection with Māori traditions and provided a connection to their culture focused on strengthening themselves (Sewell, T., 2016c).

Case study 3: Tau Iho I Te Pō (Northland).37

- Pathway/Action: Support positive initiatives for rangatahi culture and learning.
- Indicator: Access to cultural activities to foster positive engagement for rangatahi with learning.

Marae noho were held for rangatahi to strengthen their cultural identity, utilising whakawhanaungatanga, to build resilience and leadership skills. This learning contributed to their confidence as a means of suicide prevention. A supportive environment was also provided to work on PATH plans that outlined goals for the future which they were committed to reach and focused on strengthening themselves (McClintock, K., 2016j).

Case study 4: Awareness of suicide in Kaipara (Northland).³⁸

- Pathway/Action: Support positive initiatives for rangatahi (culture, learning and music)
- Indicator: Communities and health services enter into a partnership to foster positive engagement for rangatahi with learning.

Key to Life events were held for rangatahi aimed at changing the way communities think, act and

^{%20}Nga%20Waka%20O%20Te%20Taitokerau.pdf

³⁷ Tau Iho I Te Pō see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-%20Tau%20Iho%20I%20Te%20Po_0.pdf ³⁸ Awareness of suicide in Kaipara see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-

^{%20}ASK%20%28Awareness%20Of%20Suicide%20in%20Kaipara%29_0.pdf

feel about mental health and suicide. At the events, suicide prevention resources were distributed to ensure rangatahi knew the range of support that was available if needed. Local and regional hauora services also attended these events and promoted their services assuring attendees of the easy access to support when required (Sewell, T., 2016a).

Case study 5: Te Hauora o Te Hiku o Te Ika (Northland).³⁹

- Pathway/Action: Support positive initiatives for rangatahi (culture, learning and music)
- Indicator: Communities and health services enter into a partnership to foster positive engagement for rangatahi wellbeing.

An antibullying activist rangatahi group RAID developed suicide prevention resources advising on what to do and where to get help in their community. Also, suicide prevention and resiliency building wānanga were held supported by RAID resources. Local hauora services also encouraged accessing help from them and explained the help that was being offered. This formed an available support network for rangatahi when required (Sewell, J., 2016c).

Case study 6: Otara Boards Forum Incorporated (Auckland).⁴⁰

- Pathway/Action: Support positive initiatives for rangatahi (culture, learning and music).
- Indicator: Access to activities to foster positive engagement for rangatahi with learning.

This initiative involved the community, schools and used a rangatahi survey to raise suicide awareness and to develop a suicide prevention programme. The rangatahi survey gauged rangatahi knowledge of suicide and how to access help. All schools who participated in this

initiative offered two learning modules to support rangatahi which focussed on building self-confidence and suicide awareness. Activities were specific to building healthy relationships, how to speak about suicide and how to seek advice (McClintock, K., 2016h).

Case study 7: Piritahi Hau Ora Trust (Auckland).41

- Pathway/Action: Encourage rangatahi leadership in key situations (whānau, hapū, iwi and community).
- Indicator: A leadership network is established to increase rangatahi capability, skills and knowledge to prevent suicide.

Suicide awareness training was provided by this initiative which also included the development of the school based antibullying support group assisted by the RAID group. A Facebook social media campaign and publications in the local championed newspaper local rangatahi achievement to build confidence and positive experiences. These activities will be an ongoing available for opportunity acknowledging rangatahi success (Elkington, 2016d).

Case study 8: Taikura Trust (Auckland).42

- Pathway/Action: Encourage rangatahi leadership in key situations (whānau, hapū, iwi and community).
- Indicator: A leadership network is established to increase rangatahi capability, skills and knowledge to prevent suicide.

Taikura Trust supported Māori and Pasifika rangatahi with disabilities to workshop suicide prevention strategies to meet their needs. The Reaching Out, Reaching Your Potential programme was developed and promoted, strengthening supportive relationships, reaching

³⁹ Te Hauora o Te Hiku o Te Ika see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-

^{%20}Te%20Hauora%20O%20Te%20Hiku%20O%2 0Te%20Ika_lo_res.pdf

⁴⁰ Otara Boards Forum Incorporated see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-

 $^{\% 20} O tara \% 20 Boards \% 20 Forum \% 20 Incorporated_0 \\.pdf$

Piritahi Hau Ora Trust see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-%20Piritahi%20Hau%20Ora%20Trust.pdf
 Taikura Trust see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-%20Taikura%20Trust.pdf

out when in need and strengths-based activity programmes to build confidence (Morris, 2016d).

Case study 9: Te Rūnanga o Kirikiriroa (Waikato).⁴³

- Pathway/Action: Support positive initiatives for rangatahi (culture, learning and music)
- Indicator: Communities and health services enter into a partnership to foster positive engagement for rangatahi with learning.

This rangatahi focussed initiative utilised Musikool (music) and Spoken word (poetry) workshops to empower rangatahi to explore through creative expression, critical issues in their lives and their communities, as a means of suicide prevention. The workshops were supportive of rangatahi who were going through recovery of alcohol and drug abuse issues. Opportunities were provided for self-expression, confidence building and positive thinking (McRae, 2016).

Case study 10: Ngā Kākano Foundation (Bay of Plenty).44

- Pathway/Action: Support positive initiatives for rangatahi (culture, learning and music)
- Indicator: Communities and health services enter into a partnership to foster positive engagement for rangatahi with learning.

Iwi specific whakapapa to build resilience, connectedness, confidence, and leadership was utilised in this initiative as a means of suicide prevention. Rangatahi were taught the history, songs and dances, thoughts and prayers specific to their iwi, Tapuika. By building an individual's sense of cultural identity with strong whānau networks this was viewed as a means of strengthening rangatahi for future challenges that might be encountered (Korau, 2016b).

Case study 11: Te Manu Toroa (Bay of Plenty).⁴⁵

- Pathway/Action: Strengthen community resources including cultural, economic and social resources.
- Indicator: Communities have established innovative learning and suicide prevention resources.

Music and martial arts to help rangatahi to build resiliency as a means of suicide prevention was the emphasis of this initiative. Topics such as positive emotions, communication, self-esteem, positive identity, problem solving and building confidence were all explored. Through music, rangatahi learnt self-expression. Through martial arts, rangatahi learnt ways of calming themselves, respect and discipline (Sewell, T, 2016d).

Case study 12: Te Awanui Hauora Trust (Bay of Plenty).46

- Pathway/Action: Support positive initiatives for rangatahi (culture, learning and music).
- Indicator:
 - Access to cultural activities to foster positive engagement for rangatahi with learning
 - Indicator: Communities and health services enter into a partnership to foster positive engagement for rangatahi with learning.
 - o Indicator: Whānau have solidified links with each other and whenua.

Wānanga were a feature of this initiative aimed to build connection within the community and build rangatahi confidence, leadership, teamwork, and resilience, as a means of suicide prevention. These aims were achieved through activities offered such as a camp, movie nights, a two day rangatahi-centred leadership programme. This programme will be continued to be provided, and

⁴³ Te Rūnanga o Kirikiriroa see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-%20Rongo%20Atea.pdf

Ngā Kākano Foundation see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-%20Ng%C4%81%20K%C4%81kano.pdf
 Te Manu Toroa see link

http://wakahourua.co.nz/sites/default/files/Evaluation%20-%20Te%20Manu%20Toroa.pdf

⁴⁶ Te Awanui Hauora Trust see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-

^{%20}Te%20Awanui%20Trust%20%28002%29.pdf

focused on strengthening rangatahi (McClintock, K., 2016i).

Case study 13: Innov8 Group Limited (Hawkes Bay).47

- Pathway/Action: Support positive initiatives for rangatahi (culture, learning and music).
- Indicator:
 - Access to cultural activities to foster positive engagement for rangatahi with learning.
 - Rangatahi suicide prevention appropriate on-line resources have been developed.

Social services collaborated and developed digital suicide prevention resources in order to increase access to and receive timely and appropriate responses for those rangatahi at risk of suicide. There is a commitment to ongoing collaborations to ensure rangatahi continue to be supported with their wellness (McClintock, R., 2016a).

Case study 14: Te Taitimu Trust (Hawkes Bay).48

- Pathway/Action: Support positive initiatives for rangatahi (culture, learning and music).
- Indicator: Access to cultural activities to foster positive engagement for rangatahi with learning.

Multiple rangatahi events were offered in order to build resilience, connectedness, confidence, and leadership, as a means of suicide prevention. These events included leadership wānanga, *te reo* (language) surfing and *mahinga kai* (gardening). The suicide awareness training provided the confidence to approach and to talk to someone at risk and where to access further support. Career opportunities and learning tikanga Māori were also a focus of this initiative aimed at strengthening rangatahi (McClintock & Martin-Smith, 2016).

Case study 15: Mahia Rangatahi Toa (Hawkes Bay).49

- Pathway/Action: Support positive initiatives for rangatahi (culture, learning and music).
- Indicator: Access to cultural activities to foster positive engagement for rangatahi with learning.

Strengthening the resource base of an outdoor activity rangatahi development was offered by Mahia Toa Rangatahi. Suicide prevention learning was provided through outdoor activity in an alcohol and drug free environment that built confidence in survival skills. A Question, Persuade and Refer (QPR) suicide prevention workshop was completed which supported rangatahi to talk about how to help others talk about suicide and what to do if assistance was needed (McClintock, R., 2016b).

Case study 16: Live More Awesome (National).50

- Pathway/Action: Support positive initiatives for rangatahi (culture, learning and music).
- Indicator:
 - Access to cultural activities to foster positive engagement for rangatahi with learning.
 - o Rangatahi suicide prevention appropriate on-line resources have been developed.

A set of contemporary animated stories were developed for rangatahi to decrease the risk of presuicide and postvention. These resources focussed on bullying, rejection, failure, identity, blame and shame. The use of pop culture, storytelling, poetry, music, digital, comic books, rap and rhyme, lyrics and dance were a feature of these videos that can be found at http://wakahourua.co.nz/live-more-awesome-speaker-box-%E2%80%93-it%E2%80%99s-time-talk-0 (Elkington, 2016a).

⁴⁷ Innov8 Group Limited see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-%20Innov8 0.pdf

⁴⁸ Te Taitimu Trust see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-%20Te%20Taitimu%20Trust.pdf

Mahia Rangatahi Toa see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-%20Mahia%20Rangatahi%20Toa.pdf
 Live More Awesome see link http://wakahourua.co.nz/sites/default/files/Evaluat ion%20-%20Live%20More%20Awesome 0.pdf

Case study 17: Mika Haka Foundation (National).51

- Pathway/Action: Support positive initiatives for rangatahi (culture, learning and music).
- Indicator:
 - Access to cultural activities to foster positive engagement for rangatahi with learning.
 - Rangatahi suicide prevention appropriate on-line resources have been developed.

Rangatahi and whānau were provided with support on how to respond to bullying, alienation and suicide risk to the Lesbian, Gay, Bisexual, Transgender and Queer population through the Mika, Aroha project, a transmedia multimedia project. Live events, web-based resources (film and music) as well as rangatahi workshops sharing and discussion across social media and in partnerships with Life line and Youthline were features of this initiative raising suicide awareness and prevention approaches. (Resources can be found at http://wakahourua.co.nz/mika-hakafoundation; Sewell, T., 2016b).

Analysis

It is clear by the evidence provided in the narratives that the Waka Hourua community fund has provided in three years the opportunity for the development and implementation of 47 Māori suicide prevention projects (see Figure 1), engaging over 24,555 participants (Figure 2, 4, 6 & 8) throughout Aotearoa. This has enabled communities, whānau and rangatahi groups to either commence or extend their fundamentally strength based wellbeing programmes to address the high suicide prevalence amongst Māori (see wakahourua.co.nz/community-fund).

This wide scaled influence is unprecedented, unmatched in its reach and unmatched in the fact that it provides a uniquely, concentrated indigenous approach to suicide, to address a reported rising dilemma affecting more than any other population, the Māori population in Aotearoa.

These 47 initiatives have raised suicide awareness and engaged with suicide prevention, early intervention and postvention activities in a unique development that focusses on strengthsbased approaches to improving indigenous wellbeing while searching for and applying strength based solutions. The shared insights that follow provide evidence of success as well as a solid platform for the future direction of Māori suicide prevention.

Major consistencies in regards to what works with Māori are obvious from the details gleaned from the 47 Māori suicide prevention initiatives. Communities (Figure 2) who actively worked closely with each other adhering to a message that everyone has an important role in leading the development of wellness that is a tangible feature of the Waka Hourua community initiatives.

- This collaborative approach highlights the importance of cultural and clinical resources being accessible and useful towards achieving the aspirations of the communities. The examples include He Waka Tapu (Morris, 2016a); Ngā Iwi o Mokai Pātea (Korau, 2016a); Ngā Services Kete Mātauranga Pounamu Charitable Trust (Brown, 2016a); Ngāti Awa Social & Health Services (Elkington, 2016b); Ngāti Tahu-Ngāti Whaoa Rūnanga Trust (Morris, 2016c); Te Roopu Tautoko ki Te Tonga (McClintock, K., 2016k) and Tūwharetoa ki Kawerau (Sewell, J., 2016e).
- Increasing the availability of resources for the Takatāpui community to ensure support and inclusion was a specific focus for the Tiwhanawhana Trust and the Mental Health Foundation (Elkington, 2016f).
- Improving access to clinical help was specifically a focus for the communities of Te Rongo Toi Uru (Morris, 2016b) and Te Hau Ora o Whānau Services (Morris, 2016f).
- Sharing training and resources, such as ASIST and QPR in a way that facilitated a process of collective responsibility to successfully implement change was a feature of Aranui Sea Eagles (McClintock, K., 2016b); He Konae (McClintock, K., 2016d);

%20Mika%20Haka%20Foundation_lo_res.pdf

Mika Haka Foundation see link http://wakahourua.co.nz/sites/default/files/Evaluat

Raglan Community House (McClintock, R., 2016c); Ngāti Kahungunu ki Wairarapa (Elkington, 2016c) and Te Hauora o Te Hiku o Te Ika Variation (McClintock, R., 2016e) Te Waimana Kaaku (Sewell, T., 2016e).

Whānau wellness that provided security and a nurturing environment was viewed as critical to addressing suicide awareness and suicide prevention.

- Lifting the silence to generational abuse as well as discussing suicide within a safe supportive environment which embraced, favoured to ensure collective healing and planning for and meeting future goals. These processes were apparent in Best Care (McClintock, K., 2016l); Productions (McClintock, K., 2016e); Gisborne Rape Crisis (Sewell, J., 2016a); Rauawaawa (Sewell, J., 2016b); Takarei Ruha Whānau (McClintock, R., 2016d); Te Ringa Atawhai (Elkington, 2016e); Te Kupenga Net Trust (Sewell, J., 2016d); Tū Tama Wāhine (Brown, 2016b); Waiariki Purea (Korau, 2016c).
- The Ngāti Hine Health Trust (McClintock, K., 2016g) message particularly stressed the importance of involving parents with youth driven activities.

Rangatahi were identified as a priority population because of their increasing presence in the suicide statistics, particularly being reported higher when compared to Māori above 30 years old (Ministry of Justice, 2017).

Innovative educational and activity based programmes were promoted through Live more Awesome (Elkington, 2016a); Innov8 Group Limited (McClintock, R., 2016a); Mahia Toa Rangatahi (McClintock, R., 2016c); Ngā Waka o Te Taitokerau (Sewell, 2016c); T., Otara Boards Forum 2016e); Incorporated (McClintock, K., Piritahi Hau Ora (Elkington, 2016h); Taikura Trust (Morris, 2016d); Te Manu Toroa (Sewell, T., 2016d); Te Awanui Hauora Trust (McClintock, K., 2016i); Te Rūnanga o Kirikiriroa (McRae, 2016); Tai Timu Trust (McClintock & Martin-Smith, 2016) engaged rangatahi who benefitted from messages of connection, hope and confidence.

- Learning in an alcohol and drug free environment was viewed seminal for addressing wellness as advocated by Mika Haka Foundation (Sewell, T., 2016b); Ngā Waka o Te Taitokerau (Sewell, T., 2016c); Te Rūnanga o Kirikiriroa (McRae, 2016) and Tai Timu Trust (McClintock & Martin-Smith, 2016).
- Acknowledging being different was encouraged as positive through the Mika Haka Foundation (Sewell, T., 2016b).
- Giving, seeking and receiving help when it was needed was also viewed crucial to fostering rangatahi wellbeing as advocated by Awareness of Suicide in Kaipara (Sewell, T., 2016a); He Konae (McClintock, K., 2016d); Innov8 Group Limited (McClintock, R., 2016a); Tau Iho I Te Pō (McClintock, K., 2016j) and Te Hauora o Te Hiku o Te Ika (Sewell, J., 2016c).

A specific indigenous approach was also favoured by a number of Waka Hourua initiatives such as Ahipene Trust (McClintock, 2016a); Eddie Harawira Whānau Trust (McClintock, K., 2016c); Maketu Health and Social Services (McClintock, K., 2016f); and Te Hau Ora o Kaikohe (Morris, 2016e). This was obvious through the utilisation of the marae setting as a space to build cultural capacity, capability and connection thus contributing to the wellbeing of the participants.

Wānanga forums, strengths-based cultural learning offered by Te Hauora o Ngāti Hauā (McClintock & McRae, 2016), Ngā Waka o te Taitokerau (Sewell, T., 2016c); and Ngā Kākano Foundation (Korau, 2016b) that led to positive experiences and confidence in engaging with extended whānau, hapū and iwi were valued. It is evident through these initiatives that the learning of identity and connection to each other and land brings further security to a cultural identity that strengthens a sense of pride contributing to overall wellness.

Te Kīwai Rangahau research and evaluation team were privileged to be of assistance to the 47 Māori community initiatives. The challenge of meeting deliverables was obvious for those with ambitious programmes but limited timeframes. Allowances did occur in terms of modifying the project so aspirations by the communities and

whānau could still be met. The kaupapa Māori process, Māori for Māori, of cooperatively sharing the evaluation report between Te Kīwai Rangahau team members and the initiatives to ensure its completion meant that any anxiety and misunderstandings of the intent of the evaluation process was allayed. The reciprocal process ensured that all who were involved had their contributions valued.

The innovative approach using new technology, computer and website based knowledge, the digital age of mobiles presented in some of the initiatives should be applauded. Time constraints and developing knowledge of new technology prevented the products being progressed beyond an infancy stage. However, further exploration of this approach is seminal to capture particularly the rangatahi population within a fast and developing digital age.

Conclusion

All 47 Māori community initiatives have worked tirelessly for their communities, whānau, hapū and iwi, contributing to their own wellness. The immediate results are recognised in the active participation of the many programmes, activities and events. In addition, connectedness, collaboration, new learning and the application of the same occurred to ensure:

- informed, cohesive and resilient communities;
- strong, secure and nurturing whānau; and
- safe, confident and engaged rangatahi.

While passion, goodwill and commitment mainly fuelled the progress that has occurred with the projects the injection of the Waka Hourua programme fund provided further impetus for focussed development which was appreciated by all recipients. Sustainability is an ongoing issue and future financial commitment must occur if further gains are to be made. It is without doubt that successes in the present will contribute to lessening the burden in the future. More importantly successes in the present, as expressed by participants in the 47 projects, contribute to their positive outlook for the future based on the notion of Māori health and wellbeing to address suicide prevention. Systemic changes that are being achieved through collaboration with communities, need to be echoed and implemented by and through any future national policy that contributes to Māori aspirations and wellbeing.

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Dr Kahu McClintock (Waikato/Maniapoto, Ngāti Mutunga and Ngāti Porou) is the Manager of Research at Te Rau Matatini. Kahu has worked in the health and disability sector for over 20 years, with a special focus on Māori health research and child and adolescent mental health. Kahu holds a Dip Nursing (Psychiatric), Higher Dip Teaching, B Ed, M Phil (Māori), D Phil (Psychiatry). She was a Member of the Māori Health Committee, New Zealand Health Research Council from 2008 to 2014, and Chair of Ngā Kanohi Kitea Community Research Committee, New Zealand Health Research Council during that term. In 2015, Kahu was a ministerial appointment to the National Ethics Advisory Committee. Dr. McClintock is currently lead for Te Rā o Te Waka Hourua the Waka Hourua Māori and Pasifika Suicide Research Programme. kahu.mcclintock@teraumatatini

Rachel McClintock (Waikato/Maniapoto, Ngāti Mutunga, and Ngāti Porou) is a Researcher in Te Kīwai Rangahau, Te Rau Matatini's research and evaluation unit. She has a background in Kaupapa Māori community based research and evaluation, with experience of research with Māori whānau (families) and communities, across areas such as youth development, mental health and wellbeing, gambling, palliative care, and intergenerational communication. Rachel holds a BSocSci (Psychology), a Post Graduate Diploma in Public Health, and is currently enrolled in a Masters of Public health through the University of Auckland.

Tio Sewell is descended from the Hauraki, Te Arawa and Tauranga Moana regions of Aotearoa. He is currently leads Waka Hourua for Te Rau Matatini. As a registered Māori mental health nurse Tio has over 30 years of experience in the mental health and addictions sector. His professional interests and expertise are in professional workforce and Māori health development.

Jade Sewell (Ngāti Ruanui, Ngāti Maru) is a Researcher at Te Rau Matatini. Jade has a broad range of experiences working with organisations in the education, health, and technology sectors and has worked in many diverse but related roles in Māori health development. This has included Copy Editor of an international psychology journal, Lead Evaluator in the evaluation of a Māori nurses' pilot programme and Project Management leading infrastructure development for Māori health providers.

Vicki Martin-Smith is descended from Kawhia, Tainui/ Ngati Hikairo. She is currently the Administrative Coordinator for Te Rau Matatini. Her former background is 15 years experience in the banking industry with many years in the event management and corporate administration field.

Angus Elkington or Gus is descended from Ngāti Toarangatira, Ngāti Tahu, Ngāti Porou, Ngā ruahine, and Ngāti Koata. He is currently a Senior Researcher for Te Rau Matatini and working towards his doctorate in clinical psychology. Entering the mental health field Gus hopes to utilise his skills and abilities to help and support wellness especially for Māori and the people of Aotearoa.

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 Matatini as the Programme Analyst for the Māori Community Programme.

Tania Korau is of Ngāti Toa, Ngāti Koata and Kāi Tahu descent. Tania has a background in natural health and nutrition and was part of Te Kīwai Rangahau community fund evaluation team.

Betty Brown (Waikato/Maniapoto, Ngāti Raukawa, Ngāti Rārua & Te Ātiawa) has an extensive background in Te Ao Māori me ōna Tikanga mai i ngā Taonga Tuku Iho within ngā mahi Raranga me ngā Rongoā Māori. Betty holds a MA (Hons), BA (Hons), Grad Dip Arts, Grad Dip Adult Tertiary Teaching, Certificate in Indigenous Research, Certificate in Māori Rongoā. Betty was part of Te Kīwai Rangahau community fund evaluation team.

Okeroa McRae (Waikato-Tainui, Ngāti Mahuta, Te Arawa, Ngāti Whakaue) holds a Masters of Social Science in Community Psychology from Waikato University. Okeroa was part of Te Kīwai Rangahau community fund evaluation team.

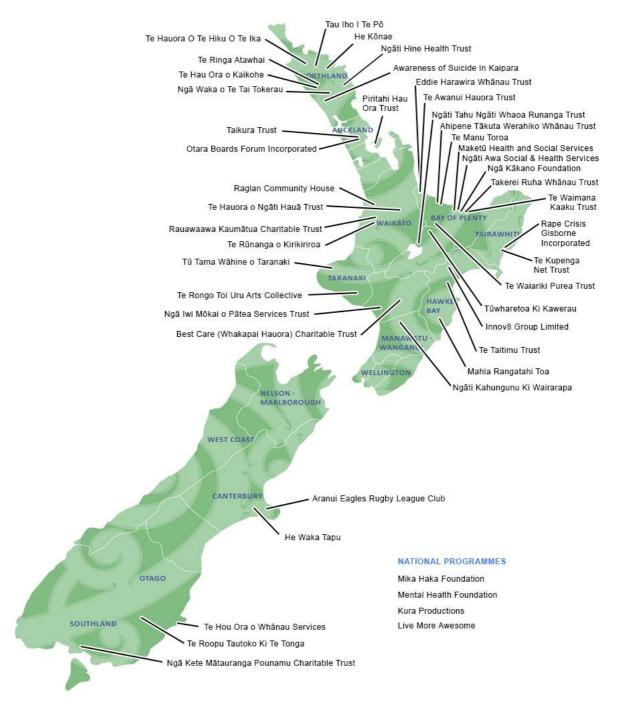


Figure A1: The geographical spread of the 47 projects

Waka Hourua Māori Community Fund



*Approximate number of participants |Average gender calculated from 32 initiatives

58%

Gender

^Number of initiatives that worked with these age groups ~Average Māori participation rate calculated from 41 initiatives

Figure A2: 47 Māori Community Fund Project Impact Infographic

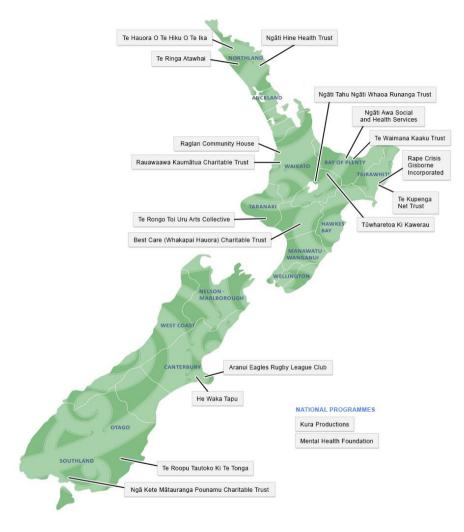


Figure A3: The 19 goal one projects

Appendix 4

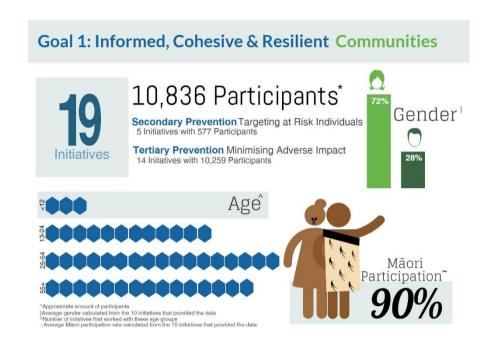


Figure A4: 19 Māori Community Fund Project Impact Infographic

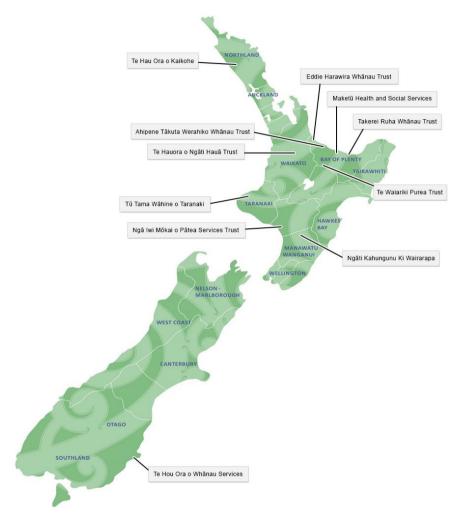


Figure A5: The 12 Goal Two Projects

Appendix 6



Figure A6: 11 Māori Community Fund Project Impact Infographic

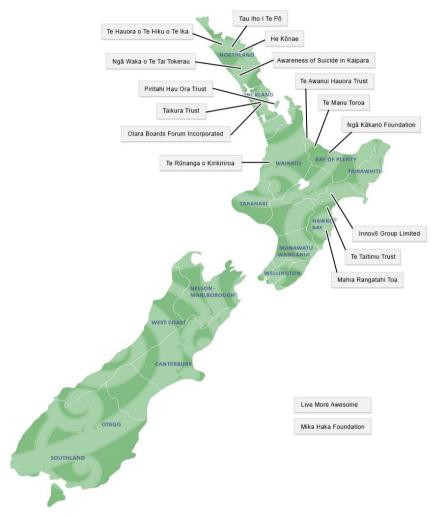


Figure A7: The 17 Goal Three Projects

Appendix 8

Goal 3: Safe, Confident & Engaged Rangatahi 12,064 Participants* Secondary Prevention Targeting at Risk Individuals Age Age Age Approximate amount of participants | Average gender calculated from the 14 initiatives that provided the data | Anumber of initiatives that worked with those age groups | Average pender calculated from the 15 initiatives that provided the data | Anumber of initiatives that worked with those age groups | Average Modern participants | Average pender calculated from the 15 initiatives that provided the data

Figure A8: 17 Māori Community Fund Project Impact Infographic