

2016



*Maka Houma*

TAKAREI RUHA  
WHĀNAU  
TRUST

EVALUATION



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## Acknowledgement

*Waka Hourua*

He hōnore  
He korōria  
He maungārongo ki te whenua  
He whakaaro pai ki ngā tāngata

On behalf of the Waka Hourua Māori and Pasifika Suicide Prevention Programme, Te Rau Matatini would like to acknowledge the Takarei Ruha Whānau Trust for their commitment to their whānau. The inspiration and guidance offered by their Whānau Ora Wānanga 2014 initiative will provide an original template for other whānau interested in building resilience and preventing suicide.

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## Key Messages

- Whānau are eager to engage with their immediate and extended whānau, as well as the wider community to learn more about suicide pre and post-vention.
- Whānau wānanga can provide opportunities for whānau to rebuild and support each other, to address intergenerational cycles of abuse, and strengthen cultural identity.
- Through whānau wānanga, whānau can learn about whakamorimori (suicide) and healing from a traditional Māori perspective.
- Whānau can create whānau plans that help them identify support networks and start discussions about sensitive issues such as suicide.
- Whānau wānanga can increase whānau knowledge of support services and resources for suicide pre and post-vention.

## Background

The Takerei Ruha Whānau Trust is a whānau (family) trust. The suicide of a young whānau member in 2003 left this whānau alone, isolated, and abused by the wider whānau and community. This negative experience resulted in the whānau responding through a Whānau ora Hikoi- Whānau Ora Wānanga to strengthen whānau wellbeing. This initiative aligned with all of the objectives of the Waka Hourua programme:

- Families, whānau and communities are strongly connected to one another and people actively participate in the wider community
- Families, whānau and communities have their own approaches and plans in place and are actively building resilience and reducing risks of suicide
- People are informed about and assisted to access the services available to them
- Community leaders empower people, foster resilience and bring people and resources together
- Families, whānau and communities have stronger relationships and confidence to be able to talk about their difficulties, and
- People bereaved by suicide receive the support they need within their families and whānau.

This initiative also aligns with Goal 2 of the Waka Hourua Outcome Framework strong, secure, and nurturing families, specifically the pathways and indicators under Secondary Prevention: Targeting at risk individuals:

Pathways	Indicators
<ul style="list-style-type: none"> <li>• Facilitate whānau engagement with each other, and to whenua.</li> <li>• Increase whānau access to suicide resources and services.</li> </ul>	<ul style="list-style-type: none"> <li>• Whānau have solidified links with each other and whenua.</li> <li>• Whānau access educational opportunities and health services when needed.</li> </ul>

## Objectives

Since 2008, three of four Whānau ora Wānanga have been held. The final Whānau ora Wānanga completed the series of work addressing the intergenerational cycles of abuse and supported the rebuilding of whānau and identity. The Waka Hourua Māori and Pasifika Suicide Prevention programme funded the fourth and final wānanga in the Whānau ora Hikoi Whānau ora Wānanga series. The wānanga focussed on:

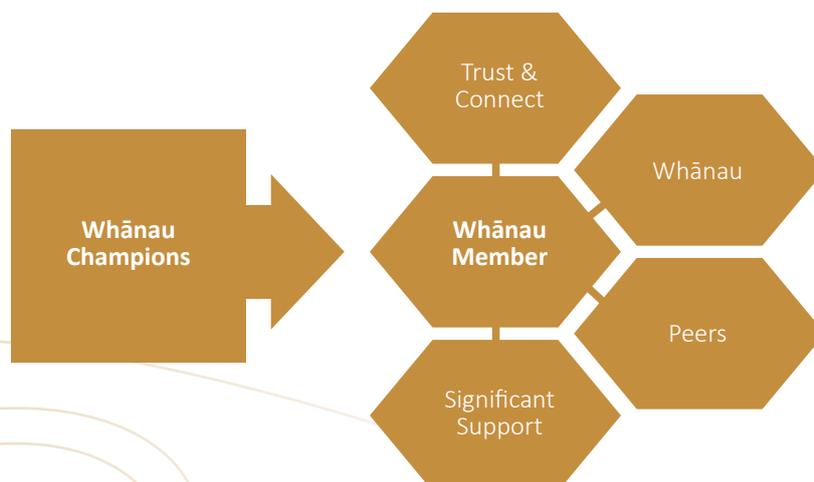
- Networking bereaved whānau with appropriate supports and expertise
- Building resiliency within whānau through sharing stories
- Providing information about suicide
- Building whānau champions and sharing expertise, resources, networks, and information
- Access to tohunga (traditional healers) for healing
- Whakapapa (genealogy) and tikanga (customs) connection through kaumātua (elders).

This report prepared by Rachel McClintock of the Te Rau Matatini Research and Evaluation team provides a review of the Takarei Ruha Whānau Trust fourth Whānau Ora Wānanga initiative, which consisted of two components; the Whānau 4 Lyfe Wānanga and the Whānau Healing Day. This review summarises the findings of the evaluations undertaken by the Takarei Ruha Whānau Trust Wānanga coordinators during the initiative for the purpose of assessing their programme’s effectiveness, in turn showing the development of the initiative, numbers of participants, achievements, benefits as well as a future focus.

## Programme

The two planned components of the Whānau Ora Wānanga; the Whānau 4 Lyfe Wānanga and the Whānau Healing Day focussed on activities to progress the development and completion of Whānau plans (Figure 1). These were provided as a tool that whānau members could use to identify trusted people to have discussions with about topics such as suicide. Each segment of the whānau plan as displayed in Figure 1 below, was completed by whānau members during scheduled, facilitated activities at the Whānau 4 Lyfe Wānanga and continued at the Whānau Healing Day.

Figure 1. Whānau Plan Template



Key Deliverables	Performance Standards	Status
Whānau 4 Lyfe training.	Pounamu training completed with bereaved whānau to suicide. Whānau 4 Lyfe Plans designed.	Achieved
Complete Whānau Ora plans for whānau.	Takerei Ruha Whānau to present whānau ora communications plan. Whānau Ora assessments to be completed with all bereaved whānau to suicide.	Achieved
Whānau Healing day	Hui with tohunga tikanga and rongoā wānanga kaumātua.	Achieved

## Participants

The Takerei Ruha Whānau Trust engaged with their immediate and wider whānau, as well as those who were whānau a kaupapa in suicide pre and post-vention. Thirty bereaved whānau from Kawerau, Te Teko, Auckland, Whangarei, and Waipoua, Northland, all connected through Ngāti Awa whakapapa (genealogy) with a total of 56 people, participated in the Whānau ora Wānang. 37 attended the Whānau 4 Lyfe Wānanga and 19 attended the Whānau Healing Day. All participating whānau were of Ngāti Awa descent. Other iwi (tribal) connections that were also represented included Ngāti Tūwharetoa, Te Arawa, and Ngāpuhi. 65.3% of participants were wāhine (female) and 34.7% were tāne (male).

Figure 2. Participant Age Groupings

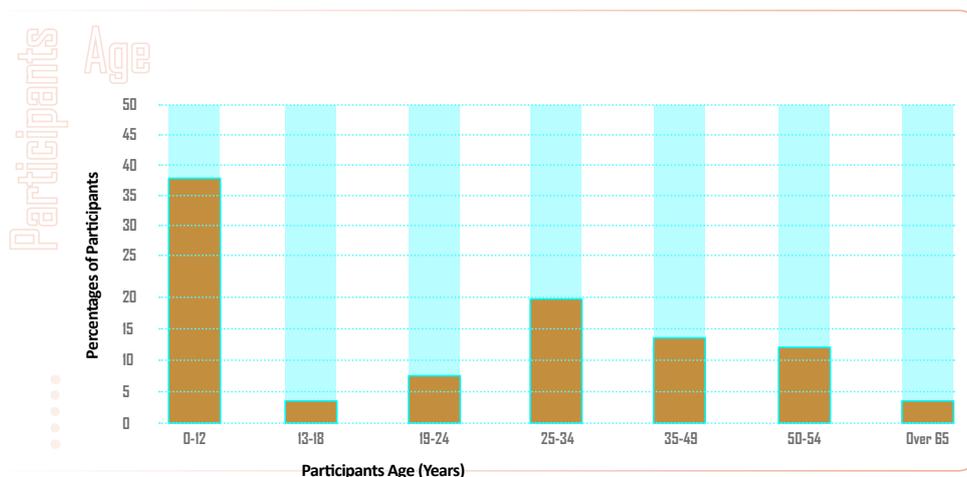


Figure 2 displays the age distribution of the participants from both the Whānau 4 Lyfe and Whānau Healing Day; 69.4% of the participating whānau were under the age of 35 years. The 0-12 age group was the largest age group represented at 36.7%.

Whānau stated that they; Enjoyed being with the whānau in Waipoua (forest), enjoyed my stay, magical place.

## Whanau 4 Life Evaluations

The whānau who participated in this initiative completed evaluations, facilitated by the co-ordinators, that asked for their views on how the initiative was run, as well as their level of knowledge of the topics covered prior to and post the wānanga. The results show that 94.6% of the participants who completed evaluations agreed that the venue was comfortable and suited their needs, 97% agreed that the kai (food) was of a high standard, and 100% agreed that the wānanga was facilitated in a way that suited their needs.

The following section provides evaluation details in regards to Whānau 4 Lyfe activities. The descriptive data analysis presents participants' level of understanding prior to and post the Whānau 4 Lyfe sessions that were collected by the facilitators. Whānau members were encouraged to have conversations with each other to find out who key people were. The whānau members were encouraged to start with themselves to identify their trusted "go to people" so the wider whānau knew who their peer grouping were.

Figure 3. Me- Who I connect with

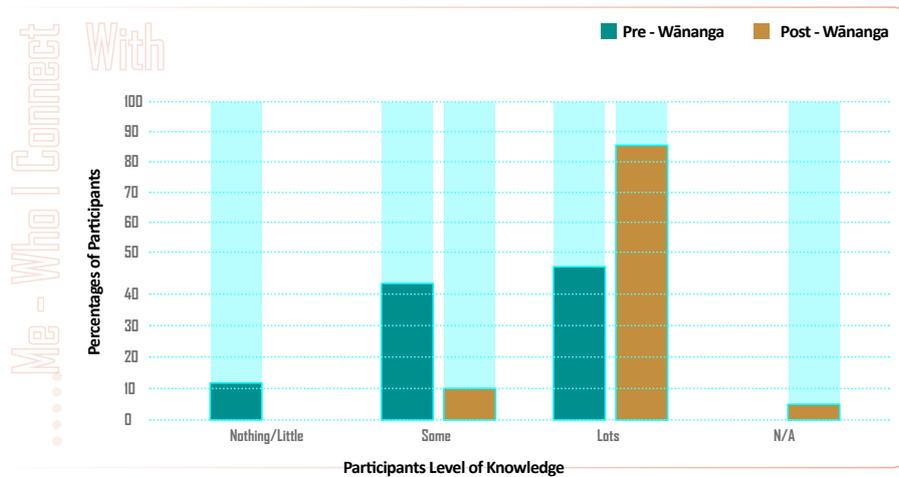


Figure 3 shows that before the Whānau 4 Lyfe Wānanga 10.8% of participants had no or little knowledge about who as individuals they connect with (whānau and peers), 43.2% of the participants had some knowledge and 45.9% identified as having lots of knowledge of who they connect with (peers). Post the Whānau 4 Lyfe Wānanga 10.8% of the participants had some knowledge and 86.5% identified as having lots of knowledge of who they connect with (whānau and peers).

Whānau also stated;

Learnt a lot about themselves, the activities were eye opening and most of all it was cool to be with the whānau.

The Whānau 4 Lyfe activities relating to My whānau – who they connect with included ongoing discussions about whānau plans, focussing work outwards but within their whānau to identify the trusted “go to people”. Threads of the discussions included the need to get closer as a whānau and to encourage purpose and hope for the future. The issues, the solutions, and considerations for whānau as well as whakapapa (geneology) and tikanga (customs) connections were also discussed. These activities were seen to contribute to confirming identity and support the rebuilding of whānau.

Figure 4. My whānau- who they connect with

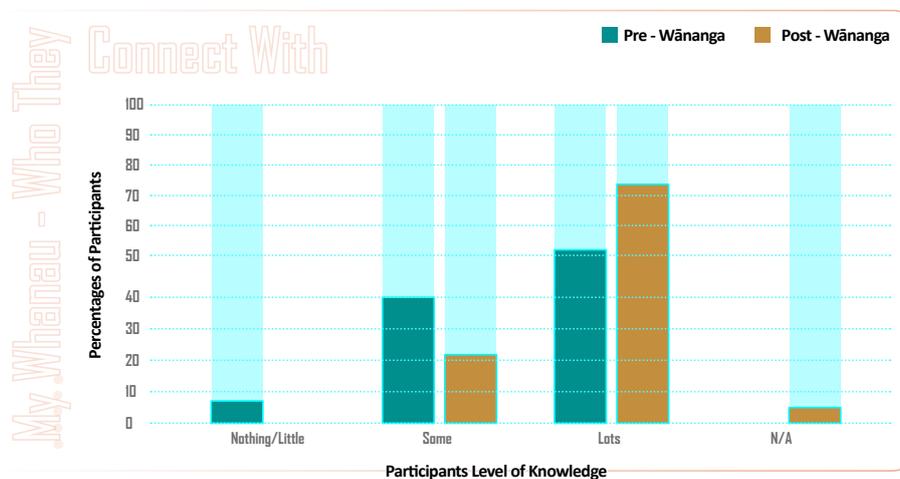


Figure 4 shows that prior to the Whānau 4 Lyfe Wānanga 8.1% of participants had no or little knowledge about who they connect with, as a whānau, 40.5% of the participants had some and 51.4% identified as having lots of knowledge about who they connect with, as a whānau. Post the Whānau 4 Lyfe Wānanga 21.6% of the participants identified as having some knowledge about who they connect with, as a whānau, 73% identified as having lots of knowledge about who they connect with, as a whānau.

Whānau also stated that they found the activities;  
Very ground based, tino miharo to learn, your roots and extended whānau.

During the Whānau 4 Lyfe Wānanga, a panel of kaumātua (elders) and pākeke (adults) discussed whakamōmori (suicide) through whakapapa (genealogy) and tikanga (customary) connections. The overall theme of the discussion was understanding different perspectives and traditional understandings of suicide. The panel discussed topics such as what is whakamomori/suicide? Some shared kōrero about the work of tohunga (healers), whakapapa (genealogy), and the Waipoua area history where the wānanga was held.

Figure 5. Māori Suicide- Kaumātua kōrero

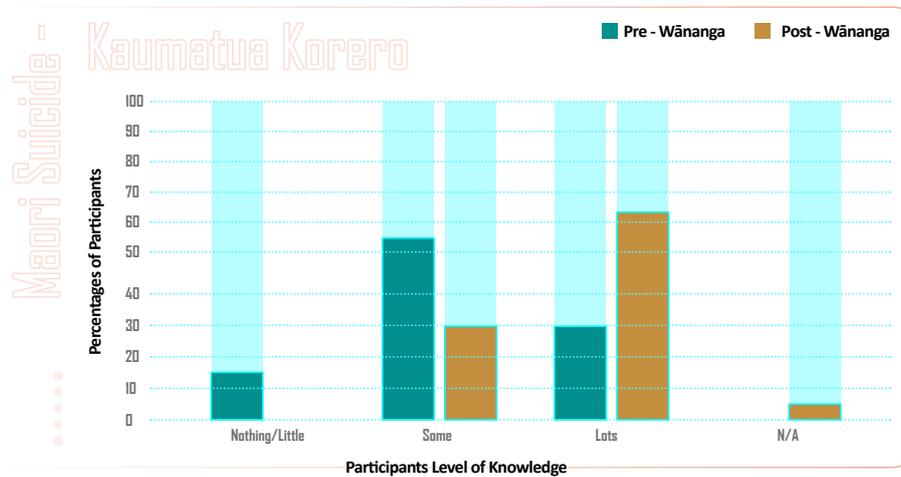


Figure 5 shows that prior to the Whānau 4 Lyfe Wānanga 16.2% of participants had no or little knowledge about suicide from a Māori kaumātua perspective, 54.1% of the participants had some and 29.7% identified as having lots of knowledge about suicide from a Māori kaumātua perspective. Post the Whānau 4 Lyfe Wānanga, 29.7% of the participants identified as having some knowledge about suicide from a Māori kaumātua perspective and 64.9% identified as having lots of knowledge about suicide from a Māori kaumātua perspective.

Whānau also stated that they also appreciated; Hearing from elders and hearing from experts.

At the wānanga the whānau were introduced to topics such as whānau ora, lifting the silence on suicide, intergenerational cycles of abuse, stories from bereaved whānau, understanding our own stories, information about suicide, tikanga Māori and whānau champions. During this session the whānau completed Te Pounamu training, where they learnt about the Te Pounamu Model as a means of understanding their whānau stories and addressing the intergenerational cycle of abuse. This session involved wānanga a kōrero and debriefing. This model has been utilised by the Takerei Ruha Whānau Trust in their Whānau oOa wānanga since 2008.

Figure 6. Alternative Healing

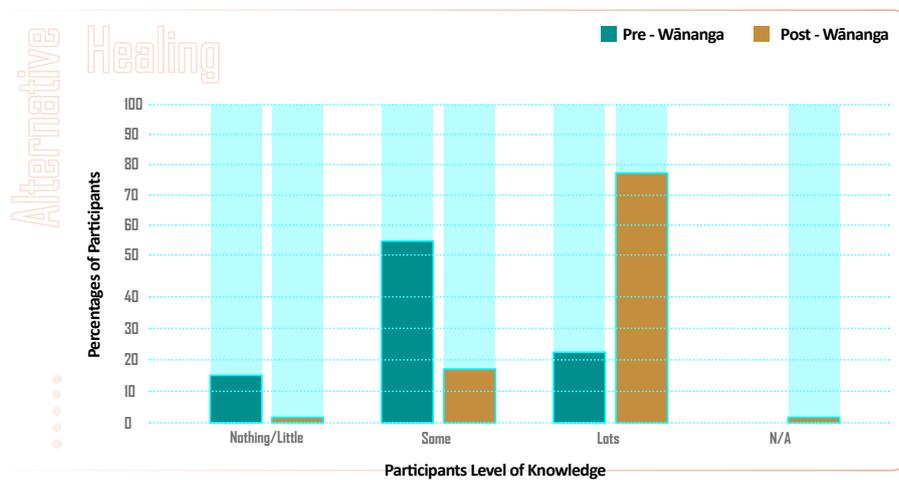


Figure 6 shows that prior to the Whānau 4 Lyfe Wānanga 16.2% of participants had no or little knowledge about alternative healing, 54.1% of the participants had some and 29.7% identified as having lots of knowledge about alternative healing. Post the Whānau 4 Lyfe Wānanga, 2.7% of participants identified as having no or little knowledge about alternative healing, 16.2% of the participants identified as having some knowledge and 78.4% identified as having lots of knowledge about alternative healing.

Whānau stated that they also appreciated; Hearing the stories and sharing experiences, healing time, don't lock them up, safe time

<sup>1</sup> Manna, L. (2003). Biculturalism in practice, Te Pounamu: Integration of a Māori model with traditional clinical assessment processes. In L. Nikora, M. Levy, B. Masters, M. Waitoki, N. Te Awekotuku & R. Etheredge (Eds.), The Proceedings of the National Māori Psychology Graduates' Symposium 2002: Making a Difference. Hamilton, New Zealand: Māori and Psychology Research Unit, Department of Psychology, University of Waikato.

The Te Pounamu model has been an assessment and treatment model at Te Whare Marie (Specialist Kaupapa Māori Mental Health Services, Capital & Coast DHB) since 1996. It consists of six inter-related parts; coping strategies, presenting issues, whānau dynamics, underlying issues, relationship issues, and strengths. A Takerei Ruha whānau member trained clinicians at Te Whare Marie in the use of the model to assist in the assessment of Māori that present with mental health problems. It is a means of assisting tangata whaiora and whānau in having meaningful understanding of their presenting issues.

The Whānau 4 Lyfe activities related to Who to go to for help included developing Whānau plans as a means of preparing whānau, so they know who to trust, connect with, and kōrero (talk) to in times of need. These being the people (whānau and peers) they identified as having a positive connection with and are supportive of them.

Figure 7. Who to go to for help



Figure 7 shows that prior to the Whānau 4 Lyfe Wānanga 13.5% of the participants had no or little knowledge about who to go to for help, 45.9% had some knowledge and another 40.5% identified as having lots of knowledge about who to go to for help. Post the Whānau 4 Lyfe Wānanga 2.7% of the participants still had no or little knowledge about who to go to for help, 13.5% had some knowledge. However, 74.1% identified as having lots of knowledge about who to go to for help. 29.7% of the participants Post – wānanga responses were not available.

Whānau also stated that they also appreciated the time together; An amazing way to bring whānau together, build trust within whānau and a massive way to learn all about yourself, your roots, your extended whānau.

The Whānau 4 Lyfe activities related to Who are your champions included the identification of whānau champions. Whānau champions were viewed as the most significant person, key person among all those identified as supports, the specific “go to person” to help a specific whānau member in times of need. The person who would be the most appropriate for the person in their time of need.

Figure 8. Who are your champions

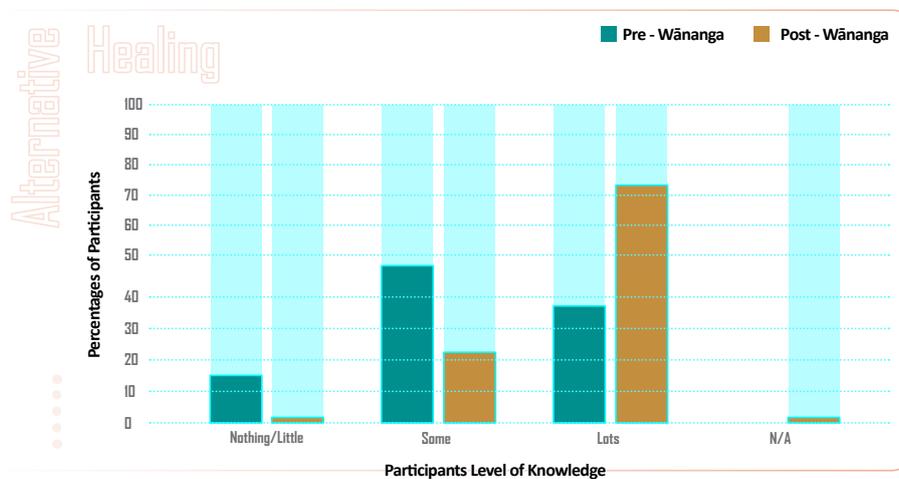


Figure 8 shows that prior to the Whānau 4 Lyfe Wānanga 13.5% of participants had no or little knowledge about who their whānau champion was/the go to person when they or a whānau member was not okay with regards to suicide, 48.6% of the participants had some knowledge and 37.8% identified as having lots of knowledge of who their whānau champion was. Post the Whānau 4 Lyfe Wānanga 2.7% of the participants still identified as having no or little knowledge about who was their whānau champion, 21.6% of the participants said they had some knowledge about who was their whānau champion, and 73% of participants identified as having lots of knowledge about who their whānau champion was.

Whānau also stated that they also appreciated; Whānau are capable of decolonisation, of their own understanding, their own uniqueness and healing themselves.

The Whānau Healing Day was a 2 day wānanga that brought the Takarei Ruha Whānau Trust Whānau Ora Hikoī series to a close. With regard to the facilitation of the Whānau Healing Day, 100% of participants agreed that the venue was comfortable and suited their needs, 100% agreed that the kai (food) was of a high standard, and 100% agreed that the Whānau Healing Day was facilitated in a way that suited their needs. 100% of the whānau who attended the Whānau Healing Day said they would attend future wānanga and would recommend these wānanga to others. Whānau also stated: He mihi aroha tēnei ki ngā whānau o Waipoua. (Thanks to the whānau of Waipoua).

The Whānau Healing Day gave the whānau the opportunity to complete their whānau plans. Several key themes were generated as a result of the whānau plan sessions:

- All whānau found the tool self-explanatory, easy to complete and remember
- It highlighted gaps within whānau, some whānau didn't know who they connect with.
- Whānau also discussed what happens when those identified as champions are not around or available or are seen to be having their own issues, whānau not wanting to bother them.
- This led to discussions around reaching out to service providers and specialists. In most cases though this was seen as a last option, only to be considered if there was no other available support or it was a crisis situation.

The following data and descriptive analysis presents participants' level of understanding prior and post to the Whānau Healing Day activities. As with the Whānau 4 Lyfe Wānanga whānau members were encouraged to start with themselves and identify their trusted "go to people" so the wider whānau knew who their support network were.

Figure 9. Me- who I connect with

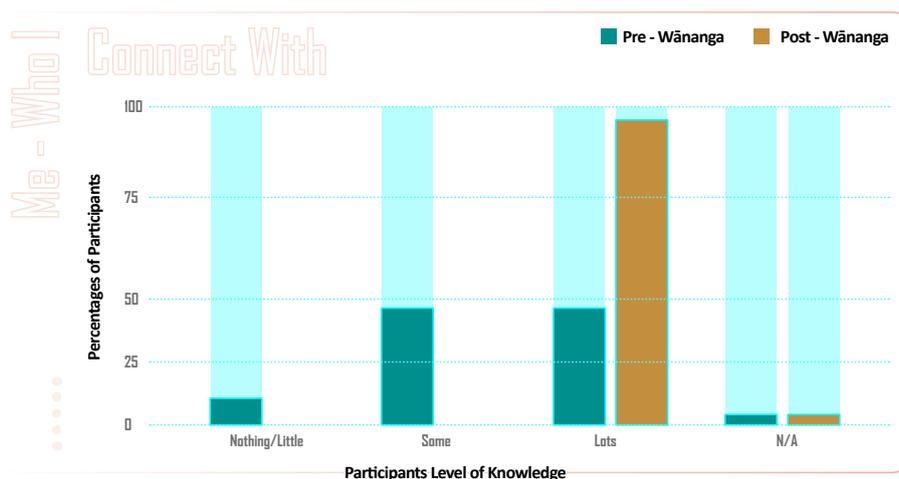


Figure 9 shows that prior to the Whānau Healing Day 10.5% of participants had no or little knowledge about who they connect with (whānau and peers), 42.1% of the participants had some and 42.1% identified as having lots of knowledge of who they connect with (whānau and peers). Post the Whānau Healing Day 94.7% identified as having lots of knowledge about who they connect with (peers).

Focussing outwards but within their whānau, whānau members identified trusted “go to people”. This ensured whānau members would strengthen their identity and become closer as a whānau.

Figure 10. My whānau- who they connect with

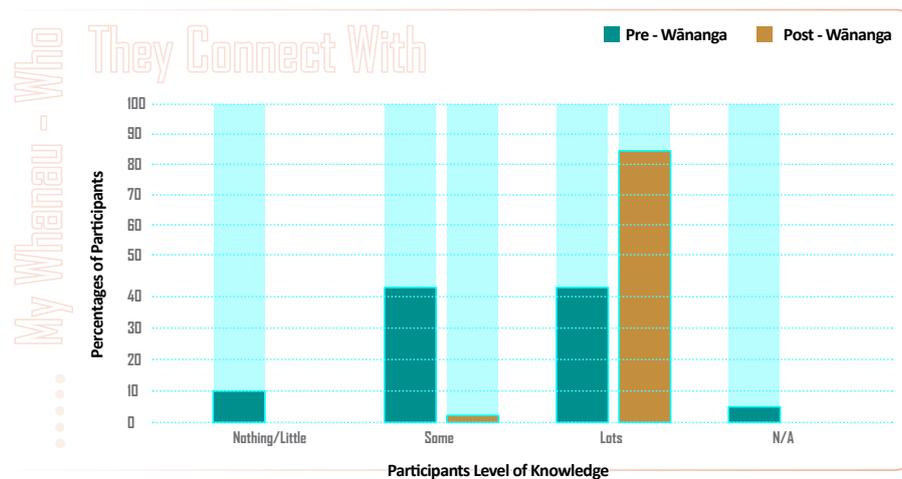


Figure 10 shows that prior to the Whānau Healing Day 10.5% of participants had no or little knowledge about who they connect with, as a whānau, 42.1% of the participants had some and 42.1% identified as having lots of knowledge about who they connect with, as a whānau. Post the Whānau Healing Day 10.5% of the participants identified as having some knowledge about who they connect with, as a whānau, and 89.5% identified as having lots of knowledge about who they connect with as a whānau.

Whānau also stated;

Loved interacting with the whānau from Waipoua. Massive experience, kia ora mo te aroha (love), te manaaki (care).

During the Whānau Healing Day whānau had access to both kaumātua and tohunga on a one on one basis, where they had the opportunity to debrief and be supported. This support was expected to be available post the Whānau Healing Day to all whānau members.

Figure 11. Māori Suicide- Kaumātua kōrero

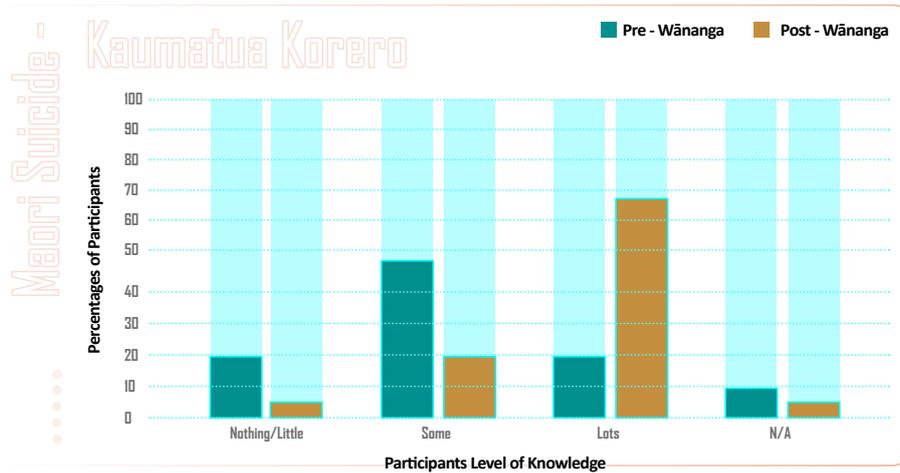


Figure 11 shows that prior to the Whānau Healing Day 21.1% of participants had no or little knowledge about suicide from a Māori kaumātua perspective, 47.4% of the participants had some and a remaining 21.1% identified as having lots of knowledge of suicide from a Māori kaumātua perspective. Post the Whānau Healing Day 5.3% of the participants identified as having no or little knowledge about suicide from a Māori kaumātua perspective, 21.1% of the participants said they had some knowledge and 64.8% identified as having lots of knowledge about suicide from a Māori kaumātua perspective.

Whānau also stated;

Great experience for our tamariki, good for rangatahi to hear the elders open up, learn about the trees and plants that are like medicine.

Te Reo Māori activities were integrated where whānau were given the opportunity to learn and practise their whaikōrero (speech making skills) for males and karanga (welcome call to visitors) for females. Role play was utilised and te reo Māori formed the basis of activities that focussed on the protocols of welcome

Figure 12. Te Reo Māori

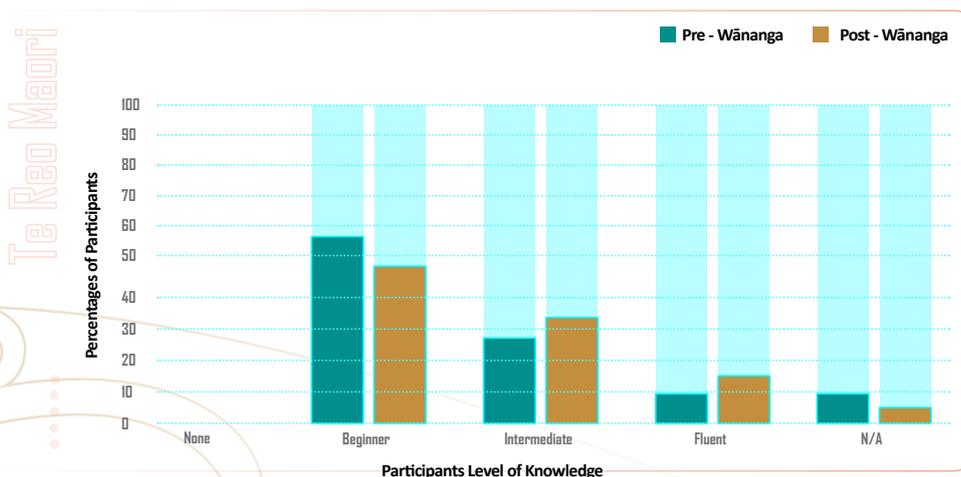


Figure 12 shows that at the Whānau Healing Day 57.9% of whānau identified as having a beginner level of te reo Māori, 26.3% identified as having an intermediate level of te reo Māori and 10.5% identified as fluent. Post the Whānau Healing Day 47.4% identified as being a beginner level of te reo Māori, 31.6% identified as having an intermediate level of te reo Māori and 15.8% identified as fluent.

Whānau also stated;

Tino ataahua tēnei hui, to see our young whānau come through this. Kia kaha mai tēnei aroha mo ake tonu atu.

Specific time was scheduled where whānau were given the opportunity to learn and practise their whaikōrero (speech making skills) for males and karanga (welcome call to visitors) for females. Role play was utilised and te reo Māori formed the basis of activities that focussed on the protocols of a welcome.

Figure 13. Whaikōrero & Karanga



Figure 13 shows that prior to the Whānau Healing Day 31.6% of participants had no or little knowledge about whaikōrero and karanga, 36.8% of the participants had some and a further 21.1% identified as having lots knowledge. Post the Whānau Healing Day 5.3% of the participants identified as having no or little knowledge about whaikōrero and karanga. 21.1% of the participants said they had some knowledge, same amount as prior to the healing day but not necessarily the same people, and 47.4% of participants identified as having lots of knowledge about whaikōrero and karanga.

Whānau also stated;

More role play, include our tamariki, integrate the children into the mock whaikōrero and karanga.

The Whānau Healing Day activities related to Who to go to for help included completing whānau plans as a means of preparing whānau, so they could identify people they trust, can connect with and kōrero (talk) to in times of need. These being the people (whānau and peers) they identified as having a positive connection with and supportive of them.

Figure 14. Who to go to for help

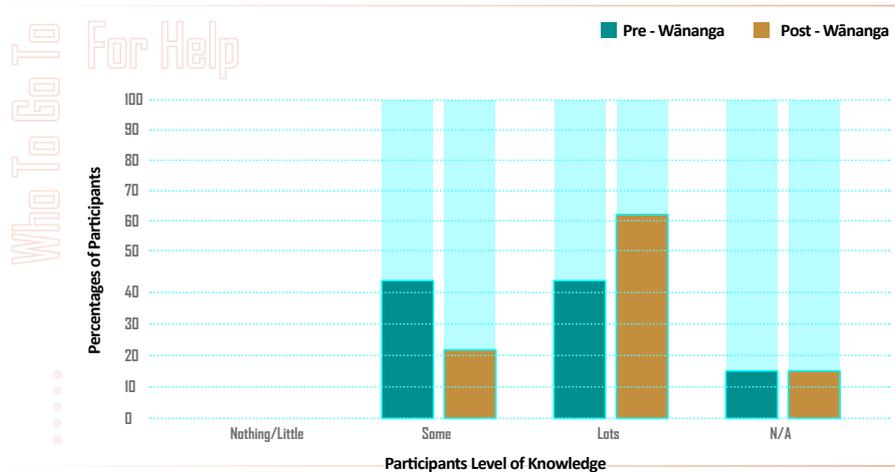


Figure 14 shows that prior to the Whānau Healing Day 42.1% of the participants had some knowledge about who to go to for help and another 42.1% identified as having lots of knowledge. Post the Whānau Healing Day 21.1% of the participants identified as having some knowledge about who to go to for help. 63.2% of the participants said they had lots of knowledge about who to go to for help. The whānau were also provided with access to suicide related resources, all of which were Ministry of Health approved resources for whānau.

Resources included:

- Tihei Mauri Ora: Supporting whānau through suicidal distress
- The first 48 hours: What to expect after a sudden death
- Responding to people at risk to suicide: How can you and your organisation help?
- When someone dies
- Check it out
- Stay connected
- Thelowdown.co.nz
- Good communications
- Feeling good
- Grief and loss.

The Whānau Healing Day activities related to Who are your champions included the confirmation of whānau champions in order to connect whānau to support. Whānau champions were viewed as a key person among all those identified as supports, the specific “go to person” to help a specific whānau member in times of need. The person who would be the most appropriate for the person in their time of need.

Figure 15. Who are your Champions

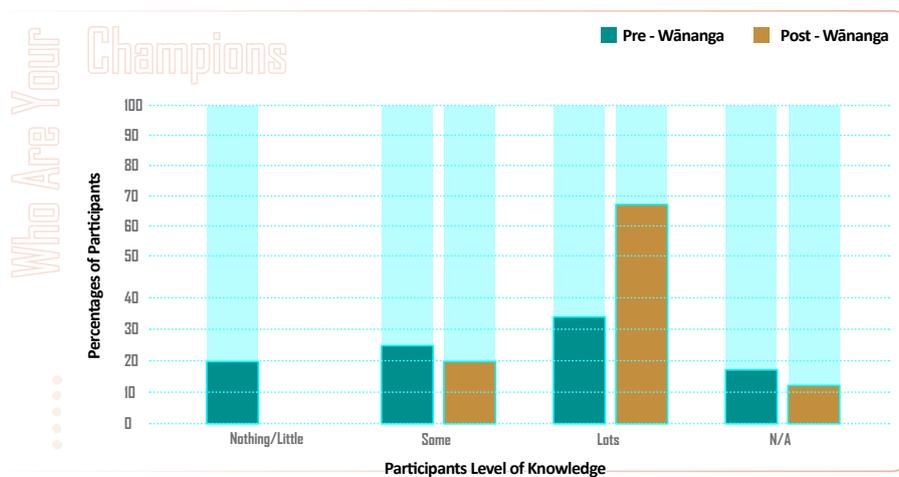


Figure 15 shows that prior to the Whānau Healing Day 21.1% of participants had no or little knowledge about who their whānau champion was/the go to person when they or a whānau member was not okay with regards to suicide, 26.3% of the participants had some and a remaining 36.8% identified as having lots of knowledge of who their whānau champion was. Post the Whānau Healing Day 21.1% of the participants said they had some knowledge about who their whānau champion was and 68.4% of participants identified as having lots of knowledge about who their whānau champion was.

Whānau also stated;

Support is always needed, safe sharing, understanding and being part of an awesome whānau experience.

## Future Focus: Communication Plan

A whānau communication plan (Table 1) was also discussed and confirmed at the Whānau Healing Day. Like the Whānau plans this would provide a future focus for the whānau members.

Key Task Area	Objectives	Outcomes	Timeframes
Whānau Ora wānanga.	To maintain the whānau communications and keep in touch about how well everyone is, the status of the whānau, wellbeing of the tamariki and a means of supporting one another through struggles.	<ul style="list-style-type: none"> <li>- To meet quarterly</li> <li>- Each whānau to host on a rotation basis</li> <li>- To develop and grow an economical base as a whānau</li> <li>- Continue to learn what we have gained from the Whānau Ora wānanga</li> <li>-Key areas of development: Tikanga, te reo and whakapapa</li> </ul>	Monthly 2014 – 2018.
Key Task Area	Objectives	Outcomes	Timeframes
Ruha whānau reunion.	These wānanga should be orientated to understanding Ngāti Ruha whakapapa.	<p>Each whānau have a turn hosting. The Takarei Ruha whānau hosted the first of these on the 6 – 9th March 2012.</p> <p>Maintain consultation with the wider whānau.</p>	The wider whānau take responsibility for this planning when planning the next reunion.
Key Task Area	Objectives	Outcomes	Timeframes
Reconnect with our Patuwai whānau and make a trip back to Motiti Island. This is our mother's whakapapa. The importance of this trip is that at least two generations of the whānau have never been to Motiti.	A weekend trip to Te Hinga o Te Rā (our marae). To return and learn our whakapapa on our mother side.	<p>Meet our Patuwai whānau that live on the island.</p> <p>Learn our whakapapa on our mother's parents side.</p> <p>Learn the history of the island.</p>	To be reviewed.

## Conclusion

*Waka Hourua*

The Takarei Ruha Whānau Trust Whānau Ora Wānanga 2014, funded through the Waka Hourua Māori and Pasifika Suicide Prevention programme provided 56 whānau members with the opportunity to discuss and develop individual whānau plans. This was achieved at the scheduled Whānau 4 Lyfe and Whānau Ora wānanga where activities were programmed that encouraged whānau members to discuss as well as identify trusted “go to people” both internal and external to the whānau.

These “go to people” are able to provide support inclusive of cultural support in terms of rebuilding of whānau and contributing to identity. These supports include peer, other whānau members, kaumātua in regards to whānau whakapapa (genealogy) and tikanga (customs) connection, and tohunga (traditional healers). A safe social environment to share stories and access information about suicide was also viewed as seminal.

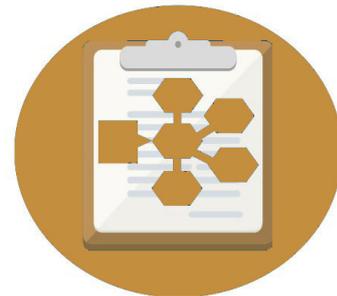
*Maka Houurua*  
**Takarei Ruha Whānau Trust**

**Whānau Ora Wānanga initiative**



A whānau based initiative which provided whānau with tools to talk about suicide.

Whānau completed Whānau Plans. A paper based tool which encouraged them to identify and connect with the key social supports in their lives and communities.



56 people attended two events:  
100% Māori  
65.3% wāhine  
34.6% tāne  
69.4% under 35yrs

Whānau learnt about a variety of topics related to suicide and their whānau wellbeing, including whakamōmori (suicide), lifting the silence, whakapapa (geneology), Māori tikanga (Māori customs), intergenerational cycles of abuse, and whānau champions (go to people in times of need).



Prepared by:  
Te Kīwai Rangahau Research and Evaluation Team



**Te Rau Matatini**

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*Maka Kōwhiri*



**Te Rau Matatini**