


2016

Akaka Kōwhiri

TE WAIMANA
KAAKU
TRUST

EVALUATION

WAKA HAUORA MĀORI SUICIDE
AWARENESS POSTER PROJECT



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Contents

Acknowledgement	1
Key Messages	2
Background	3
Objectives	4
Programme	4
Programme Description	4
Deliverables	5
Implementation	6
Programme Design	6
Community Interviews	7
Narrative Findings	9
Wānanga	12
Conclusion	17
Infographic	18

Table of Figures

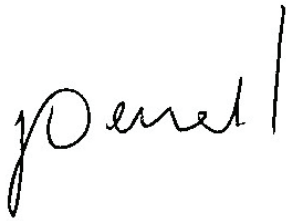
Figure 1: Tamariki at Piripari Paa- July 2015	3
Figure 2: Rangatahi at Cape Reinga- July 2015	6
Figure 3: Mokopuna from Te Waimana (2015)	12
Figure 4: Coroner hui at Matatahi Valley, July 2015.	13
Figure 5: Wānanga on Wheels- July 2015	14
Figure 6: Pakeke at Piripari Marae- July 2015	14

Acknowledgement

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Tuia a Papatūānuku e takato nei
Herea te hiringa tangata hiringa wairua
E koko ia ra
Haumie hui e taheke e

On behalf of the Waka Hourua Māori and Pasifika Suicide Prevention Programme, Te Rau Matatini would like to acknowledge Te Waimana Kaaku Trust for their commitment to the wellbeing of whānau (families), and communities in the Eastern Bay of Plenty and to increasing the awareness and prevention of suicide.

Nāku noa,
Nā



Tio Sewell
Te Kīwai Rangahau (Research and Evaluation Team)
Te Rau Matatini

Key Messages

Waka Hourua

He Rongoa te Kōrero, identifying somebody trustworthy to talk to and to listen more were strong messages concluded from this programme.

- Tukua te kōrero, talking more with others within or outside of the whānau, somebody you feel safe talking with.
- Kaua e whakamaa te kōrero- no need to be shy to talk
- Me whakarongo ki te kōrero- not only listening but hearing what's being said.

Background

Te Waimana Kaaku Trust is one of four tribal authorities within the rohe o Tūhoe Potiki, under Te Uru Taumata. Te Waimana Kaaku encompasses 12 marae and nine hapū along the awa o Tauranga (Tauranga river) within the Waimana tribal area. Te Waimama is a rural community situated in the Whakatane District. Te Waimana has a permanent population of approximately 576 people (census 2013), most of whom are Māori. Thirty three percent of Waimana population are under 15 years of age compared to the general population of New Zealand a little less than 25 percent.



Figure 1: Tamariki at Piripari Paa- July 2015

Te Waimana Kaaku Trust has an over arching focus on the development of its people/hapū through supporting their cultural, educational, and health needs. This project is supported by the Waka Hourua Community fund, providing the Trust an opportunity to address mental health issues arising in its community. Beginning in September 2014 the programme included the delivery of wānanga in the Waimana community targeting whānau of all ages and hapū of the rohe.

Te Kīwai Rangahau, Te Rau Matatini's Research and Evaluation Team was commissioned to undertake a review of the Waka Hourua Fund. The focus of this review therefore was to assess and to determine how Te Waimana Kaaku Trust programme implementation aligns to the goals of Te Waka Hourua and what actually happened during its implementation (how much, how well, and is anybody better off).

Objectives

Te Waimana Kaaku Trust Waka Hourua programme involves the delivery of three wānanga in Te Waimana targeting whānau and hapū to build their capacity and capability to prevent suicide, and to build resilience and leadership among the whānau.

The programme aligns to the following key Waka Hourua outcomes;

- 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 risk of suicide
- People are informed about and assisted to access services available to them
- Families, whānau and communities have stronger relationships and confidence to be able to talk about their difficulties
- Community leaders empower people, foster resilience and bring people and resources together
- People bereaved by suicide receive the support they need within their families and whānau.

Te Waimana Kaaku programme aligns with Goal One of the Waka Hourua Outcome Framework: Informed, Cohesive and Resilient Communities specifically the pathways and indicators under Secondary Prevention: Targeting at risk individuals;

Pathway	Indicators
Strengthen community resources including cultural, economic and social resources	Communities have established innovative learning pathways and suicide prevention resource

Programme

PROGRAMME DESCRIPTION

Te Waimana Kaaku Waka Hourua programme involves a suite of three wānanga to be delivered between September 2014 and June 2015, individual interviews and focus hui. Each wānanga includes information, education and tools to help develop problem solving and conflict resolution skills amongst participants and whānau. Wānanga and the related components are:

- Wānanga supported by local hapū, tohunga (traditional healers).
- Wānanga will be attended and supported by local service providers in the Waimana Taneatua, and Opotiki.
- Related topics include; society, mate ohore (sudden death), Hauora, Relationships, and re-indigenisation.
- One on one support will be available to whānau who require this support from Wānanga.
- Building leadership of whānau, hapū in the development of a pool of tohunga in Te Waimana.

Deliverables

Te Waimana Kaaku Waka Hourua programme outlines six expected deliverables to be achieved between September 2014 and July 2015. These were, recruitment of a program facilitator, a signed agreement with the facilitator, agreement inclusive of wānanga schedule, resources, and content deliverables, recruitment of external consultants, Tohunga in delivery of programme content, facilitation of three wānanga with a total participation of 150 attendees, furnishing of three monitoring reports to Te Rau Matatini using the template provided. Expected deliverables and key performance standards are outlined in the table below.

Key Deliverables	Performance Standards	Status
Finalise agreement with programme facilitator	Signed agreement with facilitator Revise and update wānanga program schedule, resources and content deliverables.	Fully Achieved
Recruit tohunga and other resource people for wānanga	Attend relevant hui Negotiate content delivery and expected outcomes.	Fully Achieved
Wānanga programme and timetable	Three wānanga, dates venues, programme and resources.	Mostly Achieved
Completion of wānanga one (50 participants)	Attendance from Waimana and surrounding areas. 90 percent increase in suicide prevention, intervention and post-vention.	Mostly Achieved
Completion of two Wānanga (50 participants at each wānanga)	Attendance from Waimana and surrounding areas. Recommendations arising from wānanga to influence legislation change around suicide and handling of tupapaku. 90 percent increase in suicide prevention, intervention and post-vention.	Mostly Achieved
Three project monitoring report submitted to Te Rau Matatini at agreed intervals	To progress reports and a final report using waka Hourua template provided.	Fully Achieved

Implementation

What they did, how well did they do it, and is anybody better off.

PROGRAMME DESIGN

This programme initiative was conceived and implemented by Te Waimana Kaaku Trust (The provider) in conjunction with Maui Te Pou, independent trainer, facilitator. Maui was engaged for his expertise and knowledge in working with local communities, whānau and hapū in suicide prevention, and wellbeing. For the purpose of this review the programme covers three key activities undertaken over a nine-month period from September 2014 to July 2015.

Programme components involved an interconnected suite of suicide prevention and post-vention activities supported by a grant by the Waka Hourua community Fund. The overall aim of the programme was to deliver wānanga aimed at developing problem solving and conflict resolution skills within individuals and whānau of Te Waimana.

The Trust determined that individuals and whānau need to learn non-violent ways to manage conflict within whānau relationships, to learn cultural resilience tools to assist them to maintain healthy lifestyles, and to be aware of the needs of others and how their actions impact on the life's of others. Three wānanga were to be delivered by 30 June 2015. Wānanga topics would include society, death, health relationships, and re- indigenisation.



Figure 2: Waimana rangatahi at Cape Reinga- July 2015

FINDINGS

This report identifies and reviews three core programme activities encompassing expected, and non – expected core deliverables;

1. Eighty seven Individual interviews and focus hui undertaken with whānau from Te Waimana, and surrounding iwi between November 2014 to July 2015. While conducting individual interviews was not a specific deliverable in the agreement between the Waka Hourua Fund and the Trust it was a significant and necessary activity in the context of this programmes success and to the fulfilment of deliverables two to five in the programme agreement. This rich information and sharing was held by the Waimana community at 18 locality with more than 300 attendees.
2. Three wānanga held at Tataiahape Paa, Wānanga on wheels (WOW), and Piripari Paa in Te Waimana during July 2015.
3. Findings from wānanga and individual hui were documented, and evaluated. Feedback and recommendations provided to participants at Piripari Paa 31 July 2015.

COMMUNITY INTERVIEWS

Eighty seven individual interviews and focus hui were undertaken at sixteen locality between November 2014 and July 2015. Interviews were conducted using a semi-structured questionnaire with four questions across five age group cohorts; Questions asked were:

Q1; Why are our people committing suicide?

Q2; What happens to a person’s wairua when they commit suicide (illicit attitudes beliefs)?

Q3; What do we need to be doing that we aren’t doing?

Q4; How to get out of dark states of depression?

Documentation provided by the provider lists five cohort groups:

- Rangatahi (youth)male cohort 15 – 18 years
- Female cohort 18+ years of age
- Female cohort 65+ years of age
- Couples cohort 50 + years of age
- Group cohort 50 + years of age

These cohort groupings were further reported under subtitles of young Māori men (under 20 years of age), young mothers (under 30 years of age), Tohunga / specialist (50 years of age +) Māori male under 50 years of age and kuia 70+ years of age.

Interviews began in November 2014 with ad-hock interviews undertaken with community leaders, ministers and tohunga to obtain their views and beliefs about mate ohore (sudden death) and suicide. Hui attendees at 18 locality encompassed more the 300 attendees at hui a hapū, a hāpori (community), and a hāhi (religion).

Interviewees, focus hui attendees came from diverse community backgrounds, including rangatahi, unemployed, low socio economic populations, whānau with lived experience of suicide, school teachers, and senior citizens, kaumātua, spiritual and community leaders, tohunga, matakite (visionaries), ministers and clergy.

Interview findings were collated and categorised into practical strategies for whānau / hapū plans. A summary of findings was presented at the final wānanga evening and kai (food) put on for communities and participants. The following table shows interviewee profiles by age group and gender.

Individual Interviewee By Age And Gender

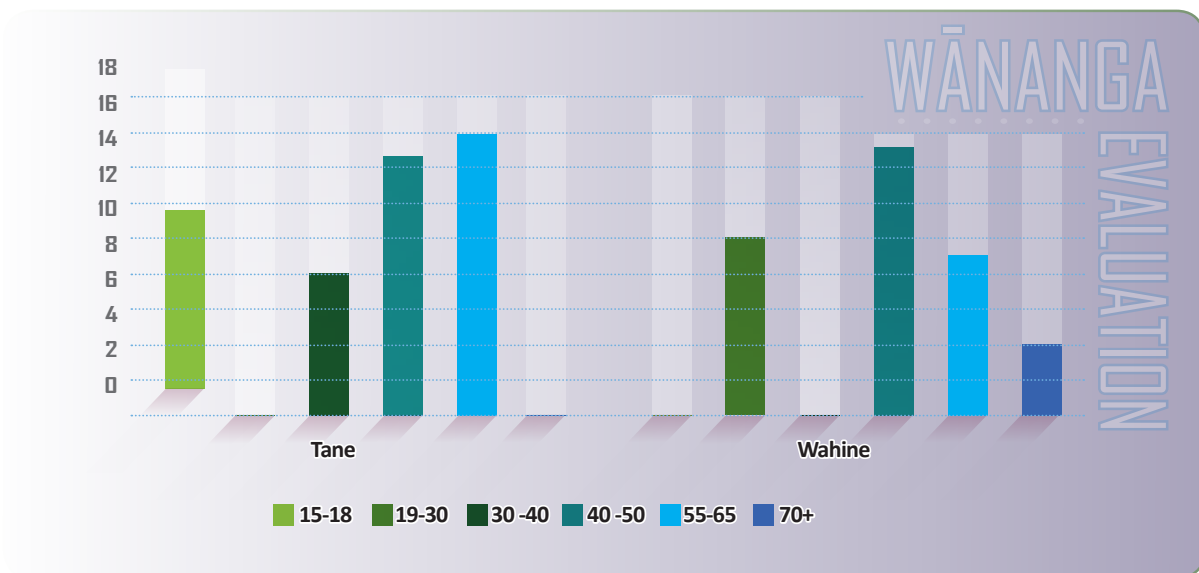


Table one above shows that individual interviewees were overall a more mature cohort, with 68 percent of all participants in 40 years and over age group. This contrasts to a younger median age for Waimana of 31 years of age with 33.3 per cent of the resident population under the age of fifteen. Of those interviewed 30 were aged between 40 and 50 years of age, and 29 aged fifty five and over. The largest cohort of attendees by age were male aged between 55 and 65 with sixteen interviewees, followed by male and female interviewees in the 40 – 50 years of age group with 15 each, followed by female aged 55 + with 13 including 4 aged 70 years or older in this group. A unique aspect for the male cohort was the under 18 male cohort of 10 attendees. There were no females interviewed in the under 20 age group.

Narrative Findings

Conversation and feedback from cohort groups are summarised under the four subject areas of enquiry.

Q1; why are our people committing suicide?

For the young male cohort aged 15 – 18 years of age answers include being unsure of who and how to ask for help. Partner leaving the relationship, family discord and alpha male syndrome were identified as significant factors by this group. Young Māori mothers (18 to 30 years of age) identified having no resolution of issues, causing anxiety and depression. Fifty + years of age couples identified confusion of having to appease two cultures, a strong Māori environment and the difficulties of redressing a living history as significant factors for why people commit suicide.

Tohunga – specialist (50 + age group) identified inability to recognise what is happening around us, families straining to cope with issues and situations. Similarly, males aged 20 to 50 years of age identified recognising *what is happening within whānau, doing your best to look after the woman, wanting to do well by providing for partner and for whānau*. Pressures compounded by lack of suitable employment, and not having enough money was significant for this group. *'You begin to hide your feelings of inadequacies, socialising, drinking the many choices of alcohol and drugs'*.

Māori female (50 plus) with lived experience gave similar responses as the younger male and female groups, not knowing where to go, nowhere to go at the time, having no resolution, and thinking they were alone. Kuia Māori (70 plus years of age) further identified deep past unresolved issues, the black sheep, and bad egg label. Whānau never fully resolving the issue. Not knowing who to talk to and where to discuss the issues.

Other general comment and feedback for this question also included;

- Inability to cope with financial strain
- Day to day burdens
- Bullying
- Alcohol and drugs
- Feeling helpless and hopeless
- Not feeling loved
- Too much anxiety leading to over thinking and depression
- Inability to cope with relationship difficulties was a major concern

Q2; what happens to a person's wairua when they commit suicide?

This question was to gauge participant beliefs and attitudes to mate ohorere (sudden death). The different age groupings shared a range of feedback, and understandings. Variable responses within groups includes responses such as the spirit heading back to its original state, and, the spirit hurting and being lost. A variation of this was the spirit remains in limbo versus the spirit moves on regardless of how it leaves. One group felt regardless of how the person dies, the spirit is still the same, and all comes from the same space, but that unresolved issues remain.

The older couples group shared that knowing there is a god who cares, helps and that the spirit is fluid with a capacity to come back. Another view was that the spirit is searching for passage, an immortal part of man. A consensus from the Māori males 20 to 50 years of age attested to some type of ripple or karmic effect, that what happens comes back, therefore the spirit being around and then moving on. The kiua cohort (70 years plus) shared that there was too many assumptions about the wairua and that whatever a person believes is what will happen and that the wairua world is as active as the world we live in.

Other general feedback for this question also included;

- To not be shy to share stories and experiences
- Building self confidence
- Be more honest
- Listen and hear what is being said
- Feed the spirit amongst those in need
- Empowering others to help themselves
- Needing to respect the story teller
- Being together more often as whānau and friends
- Know and support whānau
- Provide space to dialogue

Q3; what do we need to be doing that we aren't doing?

There were some similar themes across age groups for this question. Young Māori men felt that it was important to encourage and help your mate to be happy. Young Māori woman (18 to 30 years of age) shared the need to be honest with ourselves in order to help others, to identify people with same approaches, someone to talk with who is trustworthy. The fifty years of age plus couples were more generative in their sharing with, *watch, listen and help more*, life skills programmes, and be more reassuring. Other feedback was to generalise (normalise?) the conversation of mate ohorere. Be courageous and put it out there, and who to talk to. Like other groups the fifty plus Māori woman's group felt the importance to awhi emotionally and socially as best we can. Having a same view and approach to wellness, and that the teenage years were more vulnerable. Kuia further shared *more talking* among whānau and non- whānau members, sharing the pain, with people they trust.

Q4; how to get out of dark states of depression?

Young Māori men under twenty thought finding a mate or whānau member to talk with was helpful, listening to their favourite music, or going to their favourite quiet place or space. With this group it was felt that with in their peer group some form of thought and discussion had occurred but the attitude towards such behaviour was seen as a weakness, adopting a men don't cry attitude. The young mothers group shared the need to be more accepting, and non-static-keep changing the channel. The fifty years of age couples group felt the need to take the initiative and enquire. Do a whānau plan for members, put more time in and show more interest in the young was thought to be important for this group. Tohunga / specialist felt more mentoring and role modelling was important.

Māori men from twenty to fifty years of age thought keep talking, focus on not giving up, be aware of sandwich depression? Older Māori woman thought teaching the whānau to recognise the symptoms and communicating more within whānau was important, and being more proactive. Kuia also felt that looking for someone who knows your world is important.

Other general feedback for this question also included;

- Keeping busy and active and finding that approachable person
- Look for trust worthy assistance
- Be creative
- One to one contact
- Utilise and experience the natural world to heal and teach
- Be with them, keeping it positive
- Love them harder, not just saying it, but show it!

An overall summary of findings, and for individual age cohorts was provided with the monitoring reports. A special presentation back to participants was had at a wānanga at Piripari Paa in Waimana.

Three wānanga were held in July 2015 at Tataiahape Paa, a Wānanga on wheels (WOW), and Piripari Paa in with a total of some 81 attendees across all three wānanga. Originally scheduled to be completed by June, this programme was moved to the later dates in order to not clash with other local suicide prevention initiatives happening during this period.

Wānanga attendance included a wide cross section from the local Waimana communities and surrounding districts, encompassing whānau members, church groups, rangatahi, local health and social service providers, NZ police, kaumātua, and parents of young families.



Figure 3: Mokopuna from Te Waimana (2015)

Tātaiāhape Paa, Matatahi Valley Road, Waimana 10 July 2015

Attended by 20 attendees, the purpose of this wānanga was for attendees to learn and understand legislative processes regarding sudden death, the rights of whānau of deceased particularly for bereaved whānau affected by suicide, and to make recommendations.

Guest speakers included Wallace Bain and Richard Ellis from the Regional Coroner's Office, the NZ Police, and Funeral Directors service. A panel discussion using a sudden death scenario was put to each invited speaker to discuss and for attendees to ask questions.

There were three agreed outcomes / recommendations to come from the Wānanga:

1. Development of a Tohunga register available to whānau and community providers for whānau effected by sudden death.
2. Develop a framework for iwi and communities to access coroners and a clear pathway, with police and whānau during times of grief.
3. Further education in both legal and cultural knowledge, to understand diverse beliefs to better meet needs of whānau.



Figure 4: Coroner hui at Matatahi Valley, July 2015

At the conclusion of the hui attendees were asked to mark how informative the day was for them from 1 to 5 (poor – excellent) and to rate their guest speakers. Twelve evaluations were completed and returned. Scores ranged from very good to excellent indicating a high level of satisfaction from attendees.

Wānanga on Wheels, 15 -19 July, 2015

Wānanga on wheels (W.O.W) involved taking at risk rangatahi tane (male) between the ages of 16 and 20 years of age on a trip from the Eastern Bay to Te Rerenga Wairua (Cape Reinga). The W.O.W concept was fashioned to assist rangatahi who would never attend any cultural wānanga, described as underachieving in the education sector. Eleven mokopuna (grandchildren) chose to participate with supporting adults, a driver, and kaumātua.

Aims of the W.O.W were;

- Treat rangatahi to an alternative way of learning and other iwi cultures
- Expose rangatahi on new horizons and experiences
- To demonstrate to rangatahi that they are valued whānau / hapū members
- To teach rangatahi the significance of their cultural identity as being important in a modern context
- To Learn other iwi historical facts by being part of certain landscapes
- To visit key significant land marks which they may not otherwise have this opportunity.

Written evaluation feed-back from six of the attending rangatahi showed that they found the kaupapa informative and helpful in their lives, rating the overall expertise from good to very good. Important things they learnt included, meeting new people, keeping the connections, seeing and learning about other places, travelling together, and traveling to the top of the North Island.



Figure 5: Wānanga on Wheels- July 2015

Te Waimana Kaaku Trust - Waka Hourua Project, Piripari Paa, Matatahi Valley Road, Waimana, 31 July 2015

The purpose of this wānanga was to present a summary of findings and recommendations collated from the earlier Coroners meeting held 10 July, Wānanga on Wheels (15- 19 July) and feedback from the interviews, focus hui held November 2014 to July 2015. A power point presentation provided findings from the interviews, and focus hui with recommendations.

A resource of 12 Actions to do was presented and distributed to attendees, supporters, kaumātua, and ringawera. The resource was also posted in the local community newsletter Te Manu o Te Waimana, August edition, 2015.



Figure 6: Pakeke at Piripari Marae- July 2015

The Do Actions

The twelve to do actions are listed below with some brief commentary.

1. Have dinner as a whānau, no technology at the table.

In the interviews and focus hui having dinner together was identified as being a simple action to encourage whānau dialogue where by all whānau members could share, strengthen and nurture whānau unity.

2. Less talk, more listening and hearing what's being said.

This recommendation came from a group described in the report as marginalised . . . Having someone trusted to talk to and who had patience to really listen.

3. Say I love you more often, to all the whānau

One group identified the need for more mentoring and more role models.

4. Be not afraid to talk about spiritual matters

This action point came from question three; what happens to a person's wairua when they commit suicide. It was documented that many were surprised by this question and were apprehensive. Two interviewees described the apprehension as making them think about things you cannot see, yet the value of those important things in life are hardly ever seen, exercised or believed in. The majority did elude to religious beliefs and were open and understanding towards the belief of others. Anglo Christian beliefs was clearly known with limited to no understanding of other beliefs.

5. Generalise the conversation

A point of interest by consensus was the need to generalise the discussion or conversation; it was suggested that formal discussions would need to be guided by skilled facilitators or advocates within a forum comfortable to all parties (monitoring report, 2015).

6. Visit good web sites

One online site identified was Outside the Comfort zone by James Rakena Robinson. James is a motivational speaker who shares about the grief of losing a baby and depression. His Facebook page was set up to help people struggling with mental health issues, depression, and suicidal ideation.

7. Create whānau plans

Couples 50 years + identified whānau Plans for whānau members, putting in more time, and showing kore interest in the young. The 50 years plus Māori female group and kuia group further encourage more communication and talking amongst whānau.

8. Attend any religious services

Attending the Ringatu 12th was one event identified with each local iwi parish having their circuit.

9. Identify forums to create dialogue (pō whakamutunga, marae karakia)

This was discussed as hapū / marae of tribal hui, and identifying who can be trusted.

Creating safe spaces to dialogue ie poroporoaki, and as a forum where people can be identified.

10. Identify people you trust, whānau, professionals, friends

Factors describing trustworthiness by younger people interviewed were individuals who demonstrated their love for their whānau, for their home, their paa /marae, and Individuals of action. This action was also identified as an exercise for whānau, hapū, whārua (tribal) to ask whānau members who would be trust worthy. Examples listed from interviewees included a wide range of people from the wider community; Elder's, non whānau, peers, interest groups, coaches, teachers, aunties, uncles, grandparents, including safe spaces to dialogue.

11. Approach community church leaders to help

Church and community leaders who participated in this programme included various Christian denominations, kaumātua and traditional healers (Matakite).

12. Understand our cultural systems and values

A cultural fact highlighted was that during the tangi (funeral) process speakers on the marae could and often would openly create dialogue and debate. Therefore, the debate or discussion would be an open and collective response. This however was not entirely accepted by those who were personally affected by the trauma and wanting only to deal with the issue personally and with a few members only. Yet are comfortable with having funeral at paa where the pain and grief was collectively shared. In such traumatic situations (whakamā) shame, specifically the shameful response affected all involved.

Conclusion

Te Waimana Kaaku Waka Hourua Community Fund initiative is a programme undertaken by Te Waimana Kaaku Trust in conjunction with Maui Te Pou, independent facilitator and Trainer. This programme involves an interconnected suite of suicide prevention and post-vention activities with the overall aim of developing problem solving and conflict resolution skills within individuals and whānau of Te Waimana.

Critical to its success was the involvement and participation by local community leaders, whānau, and hapū of Te Waimana, local service providers, and agencies. Eighty seven individual and focus hui were conducted between November 2014 and July 2015 with a wide range of between 15 to 70 + years of age from the community to obtain their views and understanding about approaches to suicide prevention, and bereavement.

Three wānanga were held in Te Waimana with different groups to provide information, and input by community stakeholders. The first hui was held with the regional coroner, and the NZ Police for the community to receive information and ask questions relevant to them in circumstances of sudden or unexpected death and suicide, legal aspects and resources available to whānau. The second wānanga involved a trip for 'at risk' rangatahi to travel as a group to Cape Reinga. The third wānanga was held at Piripari Marae on July 2015 for the provider to feedback findings, recommendations of the programme.

Key messages include all of community participation, increased communication with whānau about matters that concern them, active listening, and problem solving skills.

Waka Hourua
Te Waimana Kaaku



.....
A community based initiative which used wānanga to help whānau become better informed, and develop problem solving and conflict resolution skills as a means of suicide prevention and post-vention.
.....

.....
Topics covered included the legislative processes regarding sudden death and bereaved whānau rights, at risk rangatahi tāne (male youth) learning about Māori culture identity; as well as the dissemination of findings from community interviews the first two wānanga of this initiative regarding suicide prevention.
.....



.....
81 whānau members participated across 3 wānanga:
100% Māori
Rangatahi (youth) though to kaumātua (elders)
.....

.....
A 12 point action list was created to give simple guidance to whānau regarding suicide prevention. Recommendations included spending quality time with whānau, the importance of open communication, and significance of culture.
.....



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