Peta Ruha

Title: The Kawerau Story is a Case Study of a Kaupapa Māori Suicide Prevention and Postvention pathway mobilized by whānau for whānau.

A Thesis presented in partial fulfilment of the requirements for the degree of Doctors of Philosophy in Indigenous Studies

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Declaration

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Peta Ruha

Signature ……

Date

Acknowledgements

“E hoki ki tō ūkaipo kia puhipuhia koe e ngā hau o Tāwhirimātea”. Otirā, ngā hau o ō maunga. He taonga tuku iho nō rātou mā, nō ngā tipuna. Kei ngā whānau kainga, kei ngā whānau whanui tonu o te ao ēnei taonga tuku iho. Kei roto i ngā whakatauki te tino rangatiratanga mō te ao taketake Māori. Nā reira tēnei te mihi ki te tokomaha e whakapono ana, kei a tātou tonu te rongoa mō tātou.

Ngā aitua o te whakamomori, ngā mate, moe mai, moe mai. Ū atu i te waka rangimārie, haere, haere, hoki wairua atu rā.

Tūwharetoa. Tēnā koe. Nā koutou ngā tawhititanga i whakatakotohia hei huarahi takahi. Tūwharetoa. Ngā mihi aroha ki a koutou ngā kaimahi o te hauora, koutou kua hauhaunga i te momori i tāea e tātou.

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Ki ngā whānau toa i haruru ai te rongo i te āhua o te whakamomori mai i ngā tau 2011-2019. Mā te tuhi, mā te kōrero i ngā mamae o ngā whānau i pā ki te whakamomori, e kitea ai te pūtake o tēnei ngārara. Nā te tāmitanga o ngā tikanga Māori ka puta mai tēnei ngārara, ā, e haere tonu nei ināianei.

Abstract

The whānau champion transformative praxis pathway is underpinned by kaupapa Māori traditions that have survived generations of time. Concepts such as aroha (love), manaakitanga (hospitality), kaitiakitanga (guardian), and whakawhanaungatanga (relationships), rangatiratanga (determining our own wellbeing) are core principles of whānau champion transformative praxis.

These principles are the foundations of what whānau champions consider to be key in building relationships where one feels a sense of connectedness and trust. In this research whānau champion narratives are captured to gain a greater understanding of the role of whānau as a solution to suicide prevention and postvention (SP&P). Whānau champion transformative praxis is a movement, a resistance, a grassroots experience that transformed the Kawerau Township and its response to the spate of suicides occurring in the community during 2011-2018.

The Kawerau Story is driven by the bereaved whānau to suicide and those 'go to' whānau champions of the Kawerau community. It is a story of inspiration, resiliency, tears and hard work. A kaupapa (purpose) driven by the whānau because of the sense of responsibility to ensure that 'not one more life' was lost to suicide. In this story we learn about the impact colonisation has had for third generation whānau Māori living in Kawerau and the similarities that echoed through the stories of our indigenous brothers and sisters across the global nations.

More importantly we learn about the struggles of supporting whānau Māori in a political environment that is fraught with barriers and systems of oppression and marginalisation. It has been through the bravery of the bereaved whānau to suicide and the whānau champions that we get to hear the realities that are often silenced by the system, in terms of the struggle of getting help.

When whānau are working with whānau, a space is created where whānau can share their stories, while transforming whānau praxis and healing themselves. An ideology that continues to be marginalised as it sits outside the realms of Western medicine. The Kawerau Story is evidence of the transformative whānau space that was designed and mobilised by whānau champions and our 'go to' whānau and in doing so, we have learned from those lessons and are now positioned to rewrite what works for whānau Māori in SP&P.

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Glossary

Ahi Kaa / the home people

Aroha / Love

Bay of Plenty District Health Board / BOPDHB

Child Youth and Family / CYF

Clinical Advisory Service Aotearoa / MOH Funded provider: who offer clinical advice

Coronial Data Services / CDS

Critical Pedagogy / A theory and praxis

Cultural responsiveness / for the betterment of the people

Department of Social Work / DSW

He Ara Oranga / A wellbeing pathway

He tangata, He tangata / it is people, it is people

Indigeneity / Being Indigenous

Indigenous / The tribal nations of the lands

Immediate Response Team Process / IRT

Kaitiakitanga / "go to person" / guardian

Kaimahi / staff / workers

Kapu Tī / a cup of tea: an analogy referring to it not being everyones kapu tī – it is not everyones choice or too their liking

Karakia / Prayer

Kawe / to carry

K FACTOR / a Kawerau music idol competition

Kahupō / loss of hope / blinding

Kanohi kitea / face to face

Kaupapa Māori / A Māori approach

Kaupapa a Whānau / Whānau by association

Kaupapa a Whakapapa / Whānau by geneology

Kaupapa Māori methodolgy / Māori research methods

Kaupapa Māori providers / Māori providers who deliver kaupapa services

Kawerau suicide prevention action plan / KSPAP

Kawerau Immediate Response Team / KIRT

Kawerau Immediate Intervention Team / KIIT

Kia Piki te Ora / A Kaupapa Māori Suicide Prevention Provider

Kiekie / climbing plant

Korero / talking / a meaningful one on one

Kupu Māori / Māori word

Life. Youth. For. Ever. / LYFE: whānau for life plans

Ma te whānau mo te whānau / by the whānau for the whānau

Mana / authority

Māori motuhake / preservation of land and pride

Marae / ancestral house

Mauri Ora / good health and wellbeing

Manaakitanga / duty to care / hospitality

Manaakitanga / Manaaki / duty to care

Māori models / Māori ways of knowing

Primary Health Organisations / PHO

Māori related issues / spiritual experiences

Mātauranga Māori / Māori Knowledge

Ngāhere / bush

Ngā Toa o te whānau / the " go to" workforce

Ngā Toa o te whānau / whānau champion workforce

Ngāti Tūwharetoa / the tribal people of the Kawerau region

Oranga Tāngata, Oranga Whānau / well people, well families

Pā / ancestral land

Pakeke / adult

Papa Kāinga / the homelands

Pedagogy for Liberation / A theory and praxis for liberation

Primary Health Organisations / PHO

Putauaki / Mount Edgecumbe

Rangatahi / teenager

Rangatiratanga / self –determining

Rau / leaves

Resistance / the position and stance

Riders Against Teenage Suicide / RATS: a bikie group who ride against suicide

Self Determination / by Māori for Māori

Suicide Prevention & Postvention / SPP

Suspected Self Inflicted Deaths / SSIDs

Take haere / tools down and everyone goes and helps

Target Zero / Kawerau Story Documentary

Tane Māhuta / god of the forest

Tangata whenua / people of the land

Tāwhara / flower bracts

Tarawera / the name of a river, in the Bay of Plenty region

Te Ao Māori / The Māori world

Te Rau Ora / Te Rau Matatini / Māori Workforce Development Centre

Te whakapapa o Kawerau / the history of Kawerau

Te Tini o Kawerau / The Kawerau tribe

The Kaupapa / the agenda / pupose

The Pounamu Model / a bicultural model of practice

The whānau champion kaupapa / the “go to” model

The whānau champion pathway / the “go to” pathway

The wānanga / gathering

Tīkanga / Traditional practice

Tinorangatiratanga theory / self determination theory

Tohunga / Specialist Māori healers

Toi Kai Rakau / ancestor of the Bay of Plenty shores

Tōku whānau / my family

Transformative Praxis / a space that strengthens us

Tūwharetoa ki Kawerau Health Education and Social Servcies / TKKHESS

Tūwharetoa ki Kawerau Hauora / a tribal health provider of Kawerau

Ureure / fruits of the kiekie

Urupā / cemetery

Wairua / spirituality

Whakawhanaungatanga / relationships

Whānau champion transformative praxis / the “go too” practice

Whānau Indigeneity / Indigenous families

Whānau narratives / Families stories

Whānau champion transformative praxis / a practice designed by whānau for whānau

Whakapāpā / Kinship / geneology

Whakawhanaungatanga / a process of building connections

Whakamomori / an act of pining / loss / the potential

Whakamānawa / deep seated issue / voice / the narratives of the lived experience

Whakapiri / gathering

Whakamārama / to enlighten

Whakamana / to strengthen and grow

Whakawhānui / to share

Whakapiri / gathering

Whakamarama / to enlighten

Whākamana / to strengthen and grow

Whakawhānui / to share

Whānau ora / whānau wellbeing

Whānau a kaupapa / connected through association

Whānau a whakapapa / connected through bloodties

Whānau champion hīkoi / The whānau walk / story

Chapter One
Introduction

1.1 Broad introduction of the study

This thesis focuses on the whānau champion transformative praxis, which is defined as those whānau champions who are the 'go to' people, (a tool we use to assist whānau to identify who they go to when they are not ok). These are the people in our lives, the ones we go to when we need guidance, support and help. The whānau champion model emerged in 2010/2011 in Kawerau, as a response to a series of 13 suicides during this time. The local bereaved whānau to suicide mobilized themselves and advised the health providers that: what we were doing was not working, so the whānau champion approach was put into practice under the umbrella of Tūwharetoa ki Kawerau Hauora (a local health provider based in the Bay of Plenty of New Zealand, and will be referred to as Tūwharetoa Hauora). The study intends on evidencing the whānau champion model for Māori suicide prevention as a means of improving service delivery not only for Māori but for all.

1.1.1 Kawerau history

Albert Terire of Ngāti Tūwharetoa describes the meaning of Kawerau as the carrying of leaves, from kawe (to carry) and rau (leaves). Traditionally, the people of Kawerau would gather the fruit of the climbing plant kiekie each year, and offer tribute to Tāne Māhuta, the god of the forest. The kiekie is a rigorous climber; reaching to the tops of the trees, has leaves three to four feet long, bear fruits called ureure and flower bracts called tāwhara. The kiekie can be found along the Rotomā Lake and lower flank of Pūtauaki Mountain. During the November months, ureure was carried back to the Pa's and settlements along the Tarawera. It was during this communal event that a son was born to Whaitiri Papa. The baby was named Kawerau, to commemorate the gathering and carrying of the kiekie fruit (Moore, 1991).

In the accounts by the late Terire, the Kawerau people are descendants of the original settlers who were here prior to Toi, known as Toi Kai Rakau, who arrived in New Zealand circa A.D. 1150. With the arrival of Toi, intermarriages occurred including those from the Kawerau area. The Kawerau tribe, was eventually known as Te Tini O Kawerau. Over time, many Kawerau people migrated north to the Waitakere ranges in the Tamaki area, but a significant number remained in the tribal lands alongside the Tarawera River until the rise of Tūwharetoa. Kawerau was the birthplace of Tūwharetoa. Tūwharetoa's original name was Manaia who descended from Ngatoroirangi (Moore, 1991).

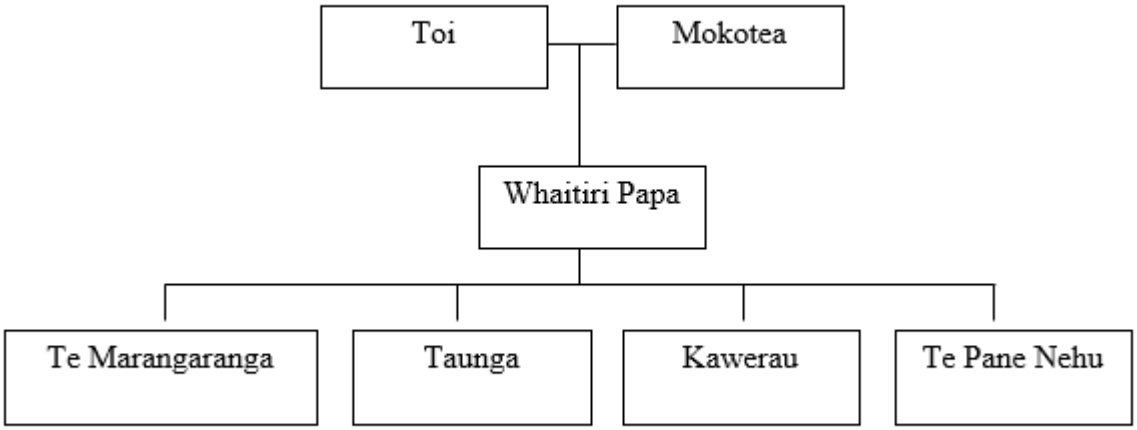

Figure 1. Te whakapapa o Kawerau.

In 1953, the New Zealand Geographic Board gave the name Kawerau to the district once known as Onepu, before the town mill was established. Kawerau is a township located in the Bay of Plenty of the North Island of New Zealand (Moore, 1991).

Figure 2. Map of the Bay of Plenty region (Whakatane District Council, 2011).

1.1.2 Background

Kawerau is a township that was built to accommodate the many nations who migrated into the area for work and employment in the local pulp and paper mill. My parents being one of those many families. I recall my own childhood memories growing up in Kawerau in the 1980s. A town that was thriving and alive, where we would spend most of our days at the Tarawera river, swimming, grazing on fruit trees and friends' pantries in the neighbourhood homes on the way to the river and after school due to the scorching rays of the hot summers. During the evenings we would have the luxury of going to the skating rink or enjoy shopping or spending time with friends in town every Thursday. On Saturdays, we would go play netball and celebrate after the games at the local Spacies Parlour. A time when, even those of us who come from whānau who had little, we could survive on the riches of the surrounding resources of the river, sea, lake and the connectedness of the local communities' care for one another. I remember floating down the river and picking watercress, and although we had little, the land and surrounding neighbours filled the cupboards with the fruits from their trees.

In returning home seven years ago, home tells a very different story. This is a time in my life where I cherish my childhood memories of growing up in Kawerau. I have a sense of obligation to give back to a community that is in need of support to transition into changing economic times. In the past 10 years, Kawerau has since seen a significant decline in the employment opportunities within the local milling industry. The downturn of employment over this decade has seen the population of this community decline from 6,810 in 2006 to 6,363 in 2013. Statistics New Zealand (2013) indicates that the Kawerau community is made up of a Māori population of 3,477 of which 61.8% of the total Kawerau population is living on an income of less than $300 a week.

Figure 3. Putauaki (Mt. Edgecumbe) and the Tarawera River, Bay of Plenty, New Zealand (Capper, 2008).

In response to this changing economic environment, Tuwharetoa Hauora had to shift the community support so that it was better connected to the whānau of the Kawerau community. Because of the community changes the local Kawerau providers were seeing a range of presenting issues they were supporting whānau with such as, mental health and addiction issues, major social stressors, poor physical health, a range of whānau dynamics and unresolved underlying issues. Kawerau, a community once in crisis due to the significant numbers of suicides (McNeil, 2016). The Kawerau community is consistently being labelled and stigmatized by these issues in the media with a deficit lens. Despite the positive developments in the community, the media always focused on the challenges and the 'not so good' features of the community. Therefore, wider communities always perceive Kawerau as a dangerous place to live. It is through these challenging times, the whānau champion transformative praxis was born.

Praxis as a dialectic relation between theory and practice and a place for 'conscientisation, resistance and transformative action' (Smith, 2015, p.18). This praxis was designed by those who have lived the transition from what was once a thriving community, to one that now had to transform itself back into a thriving community. A praxis designed in response to the changes in the local employment status, and economical societal changes.

1.1.3 Whānau champion: an organic form of transformative praxis

The landscape of suicide prevention and intervention changed for Kawerau as whānau highlighted that they were not going to health providers and services any more for help for a range of reasons. They instead turned to whānau to take care of themselves. The question was asked, 'if whānau were not seeking help from health providers, how were the health providers supporting whānau who were now taking care of themselves?' In 2011, Tūwharetoa Hauora kaimahi (staff) and the Kawerau Immediate Response Team (KIRT) rolled out a 'go to' tool through community consultations to gauge where whānau were turning for help. The wananga (gathering) asked, 'who do you 'go to' when you are not OK? For example, your whānau, peer group, community, or any other significant supports.' The tool was mobilized through different events, which further evidenced that whānau were not going to health providers, instead were going to whānau, peers, significant supports and other alternative healing environments (such as the urupa [cemetery], the ngahere [bush] and tohunga [specialist Māori healers]).

This is the 'Kawerau Story', and the roll out of a Kaupapa Māori SP&P approach (an approach that has been designed by whānau of Kawerau drawing on whānau Māori ideology). The intervention was used to manage the response to our suicide crisis. This is a kaupapa that has been driven by Tūwharetoa Hauora kaimahi since 2011. This thesis is dedicated to those kaimahi who are rowing the waka (canoe; an expression to reference the kaimahi from the whānau, community, and providers driving the mahi in supporting whānau) through all the challenges, highs and lows, during this period. The story also highlights the community politics that kaimahi had to steer while also supporting whānau through their challenges. The complexity of the whānau presentations required kaimahi to ensure that services were the right fit, at the right time, by the appropriate person for the whānau.

Whānau champions learnt to work through issues that whānau faced, such as understanding the jargon used within the health sector. Addressing local providers who were supposed to be collaborating, but instead withheld information and operated in silos. The management of the media and researchers' constant enquiry, which was time consuming due to correcting their miscommunications and inappropriate use of our whānau stories.

A central point of coordination ensured that SP&P services were being streamlined in order to organise training, supports to the whānau and community, through a central point of coordination. And managing the barriers of changing the status quo used by providers and clinicians (a psycho-medical approach) with a whānau-derived service delivery. The key to achieving our work was ongoing communication with all key stakeholders. Working together, wherever possible, to ensure that whatever resource we had was being shared in line with meeting the needs of the whānau in Kawerau and surrounding communities.

1.2 Purpose and Significance

The Kawerau community were heavily impacted by the economic changes from 1990 – 2017, resulting in high rates of suicide. The community had become silenced, and the idea of speaking out and talking about suicide was not happening. The community and whānau were silenced by the misunderstandings of contagion: suicides being triggered by suicides, and the fear that if people talk about it, it will cause more. Despite this myth, the bereaved whānau cries remained unheard by providers. The first step in making the necessary community changes was to encourage the 'breaking of the silence' of suicide through several targeted levels of intervention.

1.2.1 The Kawerau Suicide Prevention Action Plan

The Kawerau Immediate Intervention Team (KIIT) established the first of the Kawerau Suicide Prevention Action Plan (KSPAP) interventions for 2013 to 2015 (Appendix A). The group consisted of representatives from the Ministry of Health, Kia Piki te Ora (Kaupapa Māori provider that specialises in Māori suicide prevention), Tūwharetoa ki Kawerau Hauora Education Social Services (TKKHESS; a team within the Tūwharetoa Hauora) kaimahi, and bereaved whānau. The KIIT further set up a core clinical forum, and suicide prevention training and promotion was operationalised across the community. The interventions reflected the priorities identified by the community regarding suicide prevention. The KSPAP plan guided the KIIT team through the work to address the high - risk rates of suicide and local poverty by providing a wider range of wrap around supports and services for the community. Bereaved whānau were key to driving the development of the services.

In order to mitigate the high-risk situations for whānau in the community, the core clinical forum provided an immediate process to manage the clinical concerns identified within the current service providers.

This included clinicians not collaborating, a community blame culture, workforce development issues, safety and practice issues in supporting whānau.

This was the first time the Kawerau community, clinical and local service providers and Ministry of Health had come together. The representatives were brought together to develop the KSPAP for 2013 to 2015.

The practice of being transparent about what we were doing in supporting whānau across the communities was critical to the success of the KSPAP plan being mobilised. The SP&P training was an effective approach to target everyone in the community, across the sector, targeting all age groups. The implementation process was multi-layered with three interventions occurring at one time. In this case it was through driving the KSPAP and rolling out the SP&P training and support. Establishing the core clinical forum and triaging risk assessments from TKKHESS. The mental health team at Tuwharetoa Hauora were not only doing this work, they were also required to manage their core contractual business as well. This required kaimahi and whānau commitment to the mahi (work) over a five-year period, in the name of 'aroha' (a term we use at the hauora to describe the intensity of support and love that goes behind everything we do in helping whānau, despite the struggles and challenges). This is the work that is over and above our core roles and responsibilities as kaimahi. We do this mahi in the name of love, we do it in the name of whānau, we 'do it' because it needs to be done.

The Kawerau bereaved whānau and community members mobilized the need for services to be more responsive to the needs of those bereaved to suicide. A special mention goes out to Michelle and Marama Elliot (bereaved whānau to suicide whose voices mobilised the change in Kawerau SP&P servicing and support), it was through this voice we (TKKHESS kaimahi, the 'go to' kaimahi, the bereaved whānau and the community voice) that made a charge in breaking the silence of suicide. The bereaved whānau formed a group to raise the issues with Minister of whānau ora, the Honourable Tariana Turia, who stepped out of parliament in 2012. The key issue they were faced with was that service providers were not being responsive to the needs of the bereaved whānau. This was also complicated by having no bereaved voice in the management of SP&P in the community. There were several service provider issues such as poor case coordination and consultation. It appeared that providers were duplicating services, and while they believe they were doing something, some whānau had no service intervention or support at all.

The bereaved whānau raised key themes, such as needing to be heard by providers, the need for more accountability from providers in terms of SP&P service delivery, greater whānau participation, coordination of SP&P services, media management, and a range of training in SP&P to be made available. A critical factor that required careful management was communicating with the community, whānau, and the local agencies and specialized services. The development of this plan was pulled together from a range of professionals, Ministry of Health representatives, Bay of Plenty District Health Board (DHB) planning and funding staff, bereaved whānau to suicide and local community providers. Kia Piki te Ora kaimahi, Emma Kutia, was a critical resource in the development of what was to follow in respect to implementing the KSPAP. There were lots of tears, emotion and stories shared during those times which strengthened the relationships between the KSPAP whānau.

Table 1.

Five key goals and intended outcomes of the KSPAP plan.

Goal	Objective	Outcome
One	Education and awareness	Upskill: whānau and community
Two	Whānau engagement	Whānau ora approach
Three	Accountability	Providers are responsive
Four	Provider collaboration	Services are accessible
Five	Communication	Service communication

1.2.2 Transformative praxis to address suicides in Kawerau

The following processes were the strategies used to implement KSPAP across the Kawerau community. The KSPAP provided a tool for the community to understand the threads of SP&P intervention that would occur across the community, in managing the coordination of suicide intervention and a pathway for postvention wrap around support and follow up. These practices have been driven by several sectors and professionals, more importantly we have had bereaved whānau and community representation across all the processes. We are seven years on from the implementation of these processes and the relationship with the police and the KIRT process is now the central point of coordination when servicing the whānau across the community as early as possible.

The core clinical process has been critical in stabilizing the practice risks across services and providers. However, it is a process that has now been streamlined back into daily service provision, as it is no longer a process that is heavily relied on to manage high risk in the community.

The KSPAP is a layered community-driven approach supported by TKKHESS across all sectors of intervention and service delivery. It has been based on being transparent in supporting each provider and having an open frank relationship, with the intention of growing the expertise in the community. In turn, the whānau experience is a more coordinated specialized service that is a better fit for the whānau and communities. Despite these positive changes for the Kawerau community, it had become very clear that New Zealand needed to consider a greater grassroots approach to suicide, so required the initiatives to be driven by whānau and the community. For example, mobilizing SP&P support across the country and move away from the more hands-off approach that we have become accustomed to as providers, for fear of causing more harm. When in fact, the solutions lie with the whānau. We needed to change what we were doing as providers.

1.2.3 The Kawerau Implementation Team

To develop and drive this the KSPAP, a core group of whānau gave significant days and long nights to bringing the plan to reality. Initially this group was called the 'Kawerau working group', which then merged into the Kawerau Implementation Team (KIT). The group met on an as required basis, as a means of designing the Kawerau suicide prevention implementation plan. The KIT in 2013, morphed into 'Te Kupenga', the support net and a group of bereaved whānau to suicide. This roopu (group) was responsible for facilitating the implementation of the plan, so were key leads in the roll out of the SP&P training, education and support to communities across the country (Heretaunga, Auckland University, Whanganui DHB). Te Kupenga were the heart of SP&P kaupapa in the initial stages of the KSPAP. This work was a true testament to the resilience of whānau, and our collective resiliency in making changes as a means of preventing suicide within our community. It was an acknowledgement of our whānau narratives, and how we called on them to move past the grief of losing loved ones to suicide.

One of the key outcomes of the KSPAP was coordinating clinical support specific to SP&P. The community and whānau based SP&P training, increased communications amongst the providers.

A high-risk management forum (the core clinical group), and the development of the Kawerau Immediate Response Team (KIRT) process forum, addressed immediate whānau needs and highlighted provider follow up and priorities. The KSPAP plan was the framework used to co-ordinate and streamline training. A training that was a better fit for the whānau bereaved and our rangatahi, Māori whānau, marae / ancestral spaces and the community. The KSPAP strategy was the vehicle used to drive the operationalization of the KSPAP across the community.

1.2.4 The Kawerau Immediate Response Team process

I, the writer of this thesis, was the clinical manager for Tūwharetoa Hauora. As part of the role, I was also responsible for the clinical leadership and point of contact for the KIRT process with the police. As the KIRT clinical lead, it was critical to manage the early intervention and wrap around support in response to those who are at risk of suicide. This relationship between the KIRT and local providers is built on collaboration with one another in order to support whānau through difficult times. The KIRT process is a SP&P early intervention strategy. It is used to mitigate any issues experienced by bereaved whānau further escalating to crises and managing high risk situations in the Kawerau community as efficiently and effectively as possible. As the clinical lead, I drew on the range of services provided by Tūwharetoa ki Kawerau Hauora, which are mobilized in response to the initial triage of information provided by police. The wrap around support includes an initial face to face with a team of TKKHESS kaimahi, who offer support to the whānau. These roles and relationships are sensitive, because in most cases the whānau champions know the whānau members who are engaged with the police. Therefore, there is a code of confidentiality and clear roles that are adhered to. This ensures that the mahi and process is safe in helping others and working with one another. Clinical and cultural supervision was critical for me in my role as the clinical lead, as this ensured that we were briefed on managing high- risk situations.

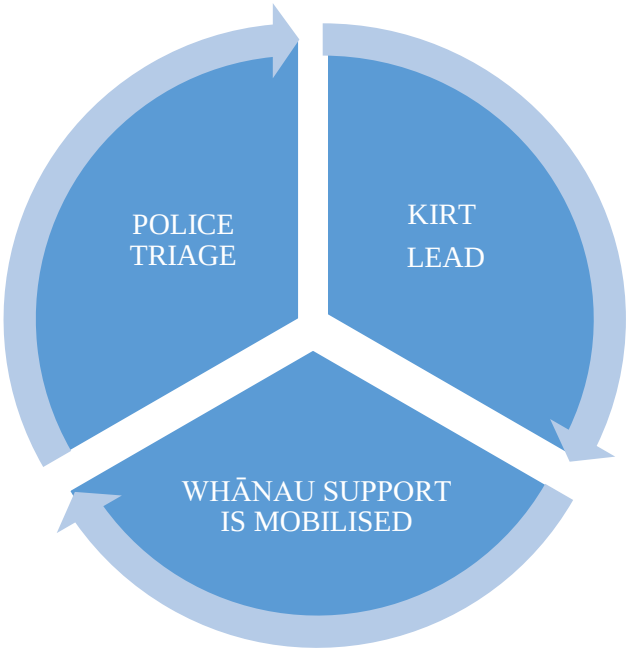

Figure 4. The Kawerau Immediate Response Team process

1.2.5 Suicide prevention and postvention education

The Ministry of Health provided an initial establishment fund to set up these SP&P processes in the first two years of the KSPAP roll out and was used to support the resourcing of training for the community, marae and whānau. Early intervention forums with expert community speakers specific to addressing the issues of suicide were invited to share their stories and solutions for change.

Te Rau Matatini, rebranded as Te Rau Ora (initially established as a National Māori mental health and addictions workforce development organisation / now a National Māori workforce development organisation) provided a year long training programme to seven Kawerau community members. These community members applied through a 'request for proposal' process, followed by an interview. The training was specific to suicide prevention, intervention and postvention. The project intended to cross pollinate the SP&P training experience and expertise across a range of Māori communities (marae), rangatahi (youth), whānau, clinical, male and transgender populations. The idea was to take the SP&P knowing into whānau, through a range of mediums and events through those being trained by Te Rau Ora. Another key project, designed in partnership with Te Rau Ora, was the development and design of a whānau and rangatahi specific SP&P training and education package. These programs were designed by whānau for whānau.

This is where we learned that tagging (messaging as a way of promoting suicide prevention) was an effective way of communicating and messaging suicide prevention themes.

What we have learnt from these programmes was that funding for SP&P strategies need to come with fiscal pathways that can be drawn on and be flexible in order to implement solutions that are identified by whānau. The KSPAP plan was largely funded by Tūwharetoa Hauora over the past seven years. This was achieved through the collaboration with the BOPDHB Māori Health Planning and Funding team (Janet Mclean and Connie Hui have been key foundations for the implementation of the KSPAP). Through the support in creating flexible contracting solutions this allowed a greater engagement with whānau and an opportunity to operate outside of the mainstream contracting constraints.

1.2.6 Tūwharetoa ki Kawerau Health Education Social Services

TKKHESS is a non-government organisation (NGO) and a local iwi health provider that provides a range of kaupapa Māori clinically integrated services, for those aged 0–60 years old. Tūwharetoa Hauora has been servicing the Kawerau community for the past 20 years. TKKHESS provide a range of services from birth to kaumatua, with access to a range of clinical expertise, therapy, support and follow up for a range of social and health needs. During 2011–2018 the kaimahi of Tūwharetoa Hauora were critical in the stabilization of the suicides that happened soon after the roll out of the whānau champion process. Chris Majoribanks (of Te Whānau Apanui, a tribe located in the Eastern Bay of Plenty) the Chief Executive Officer (CEO) of the organisation navigated the Ministry of Health, whānau and community through this process with the support of Te Puni Kōkiri, Ministry of Social Development, funders and the work being driven throughout the hauora, alongside other providers. Tūwharetoa Hauora is the iwi provider lead for the roll out of the KSPAP. During this time, we had the privilege of working closely with the bereaved whānau to suicide through the KIT team, who then morphed into Te Kupenga. Tuwharetoa Hauora continues to lead the core clinical forum and the KIRT process.

Tūwharetoa Hauora had a kaimahi base of 31 staff, who are both Māori and non-Māori and come from a range of backgrounds, clinical credentialing and life experiences. In today's contracting environment, it is now a requirement to have clinically qualified kaimahi who can service the clinical requirements. Tūwharetoa Hauora provide a range of kaupapa Māori services and programs, designed for creativity in servicing the contracts, and more importantly, meeting the needs of the whānau and community.

As a kaupapa Māori provider, it is a given that services will be provided drawing on supports that are derived from Māori models of praxis. The pounamu model (Ruha, 2012) is a streamlined Māori assessment that is used across the entire organisation and is one of the key assessments and triage tools used by the TKKHESS mental health team. The TKKHESS mental health team have been the backbone to the development and roll out of the KSPAP mahi and whānau champion praxis across the Kawerau community.

1.2.7 Kaupapa Māori praxis: indigenous transformative pedagogy

Praxis is a space created by whānau to create revolutionary whānau-based practice (Edgar & Sedwick, 2002). As a kaupapa Māori provider we are not only required to be qualified clinically and have some basic competency with clinical tools, we are also expected to deliver services that are reflective of culturally appropriate supports that engender manaakitanga (the art of hospitality and care), whakawhanaungatanga (relationships and associations), aroha (love and respect) and being tika and pono (responsible and honest) to the kaupapa. The kaupapa (purpose of why we are here as providers of health) is to meet the needs of the people. When we lose sight of meeting the needs of the people then we need to step out of the kaupapa. We are there to serve the people, do the best we can in managing the risks, concerns, needs and offering support. Whānau champions are a tool that is driven by whānau working with whānau, for whānau by whānau, ultimately having a service that operates from a whānau ora ideology. As a kaupapa Māori NGO provider we validate the whānau-based solutions that are derived from whānau ways of knowing.

1.2.8 The Bay of Plenty DHB suicide prevention and postvention action plan

The whānau champion model is also a key feature in the Bay of Plenty DHB suicide prevention and postvention plan 2015–2016 (Bay of Plenty DHB, 2015). A regional tool that I was involved in driving during the year 2016. The plan was leveraged off the NZ Suicide Strategy Action Plan 2006 (Ministry of Health, 2006). The Bay of Plenty DHB developed an integrated healthcare strategy with Pae Ora as a framework (mauri ora [healthy individuals], whānau ora [healthy families], and wai ora [healthy environments]). An interconnected holistic approach to healthcare for the next eight years, it is a model designed for improving service delivery to Māori. Thriving Healthy Communities (Bay of Plenty DHB, 2015) is a document that the Bay of Plenty DHB suicide prevention and postvention plan advisory group referenced in 2016 to design the Bay of Plenty DHB suicide prevention and postvention action plan.

The Bay of Plenty DHB suicide prevention and postvention plan had to be in line with a Ministry of Health requirement in which all DHBs had to develop a DHB suicide prevention and postvention plan for the next five-year period. The suicide prevention and postvention toolkit for DHB (Ministry of Health, 2015) was specifically drafted in 2015 to support the DHBs in designing their SP&P plans. I was successful in securing a six-month funded contract with Te Teo Herenga Waka (Bay of Plenty DHB Māori Health Planning and Funding unit). The project leveraged off the foundational work completed by Dillon Te Kani, a Māori contracts manager, who undertook a region wide consultation to collate information that formed the design of the Bay of Plenty DHB suicide prevention and postvention plan. The Bay of Plenty DHB suicide prevention and postvention plan, was signed off in July 2015, by the Ministry of Health (Bay of Plenty DHB, 2015).

The core components of this plan are formed by the Pae Ora framework (Durie, 2015). Pae Ora provides a framework that sets out how the SP&P activities will be operationalised across the Bay of Plenty region. This is an all age inclusive approach with specific cultural themes including, wai ora, whānau ora, and mauri ora. The Pae Ora framework is interconnected and supports the SP&P clinical activity to sit under this approach. The integrated plan serves as a framework to assist with the development of SP&P supports that are closer to home. The strategy to do this is through the applied practice of the whānau champions, the 'go to' people. The whānau champions work with whānau, to attend to the issues of concern and work in partnership to find solutions to stabilize the presenting issues.

The rationale behind this thesis is based on the working understanding that whānau champions are better placed to design whānau SP&P interventions and ongoing wrap around support to improve service delivery to whānau Māori (Durie, 2003). The whānau notions and ideologies derived from Kaupapa Māori knowing are solutions that are working for whānau, those who are bereaved and affected by suicide, in turn reawakening hope. The purpose of the study is to support the belief that whānau champions are best placed as the solution for improving service delivery to whānau Māori when supporting whānau affected by suicide. This does not mean they are the sole solution but must be situated as the solution for change for Māori suicide prevention. Smith (2006) highlights that kaupapa Māori theory and praxis is the bridge and link to both worlds, both realities. The whānau champion transformative praxis kaupapa is an approach that is a better fit for Māori who are bereaved and impacted by suicide, therefore requires further research and study to highlight pathways for change in the suicide prevention space for Māori.

The Kawerau Story has offered significant learnings, and the thesis looks to retell those grass root narratives and solutions we have developed and understood since 2011. We know the whānau champion approach works; the rate of suicides has reduced significantly in the Kawerau community over the last seven years, and Kawerau has not had a reported suicide between from 2014 to 2015. The writings provide an insight into the Kawerau story and the learnings from the work completed by writer, the TKKHESS team and bereaved whānau to suicide. The Kawerau story is an acknowledgement to all the work that was done by the many hands who have been on this Kawerau hikoi (journey) with us since 2011. This is our chance to record our story, from our voice as the ones who mobilised the mahi. It highlights what worked, what did not work, and how we inspired change and hope back into our community through, the models, tools and grass root dedication and commitment from the whānau. This doctorate is a dedication to all those whānau champions out there doing the mahi in the name of Aroha (love), Manaaki (care), and Whakawhanaungatanga (relationships).

He tino mihi aroha kia Kapua Teua (all our love to Kapua Teua) who passed away in 2018. Kapua was our tohunga and kaitiaki o "ngā toa o te whānau" (whānau champions). I will never forget that when I first started at Tūwharetoa Hauora, I was advised to go and see if Kapua would come on board as a tohunga for Tūwharetoa Hauora. Kapua came and supported the mahi that needed to happen, and it was through their guidance and support we were able to make a difference and save the lives of our loved ones. I often ponder on the many journeys we have taken in making a difference for our whānau and acknowledge all the teachings Kapua has left unto us. Moe mai rā e te Rangatira (rest in peace chief).

1.3 The key issues

Whānau based initiatives are marginalized and yet we are being challenged by the tragic suicide statistics and ongoing increasing rates of suicide in New Zealand. Rates that have plateaued to an average of 500 completed suicides a year for the past decade. In New Zealand, we are needing to change what we are doing. Despite all the evidence encouraging us to change the status quo of SP&P, we are continuing with what we have been practicing for the past decade. The main question is, 'Why are we not validating whānau-based solutions, and continue to marginalize these solutions by writing them out of the strategies time and time again?'

This is further evidenced by the Kawerau story, even though this community approach has had successful outcomes and all information has been made available to a range of strategic forums. The ministries continue to struggle to apply these learnings into our policies for communities to consider. Instead we stick to what we know and continue writing what we know, using language that is not clear and causing confusion. The main problem is that mainstream provides a psycho-medical approach to SP&P as it is evidence-based, whereas community initiatives are whānau based and tested through generational knowing and what works, rather than relying on mainstream scientific practices that have been evidenced.

1.4 Aim and objectives

Broadly, this study will investigate the effectiveness and impact of the whānau champion model for whānau Māori affected by suicide and involved in Māori SP&P. The ways in which I will present this is through:

- capturing the narratives of the bereaved whānau to suicide and the "go to" whānau.
- Enabling the bereaved whānau to suicide from Kawerau rewrite their stories back into the narrative landscape.
- Showing evidence that our solutions lie within our own narratives as whānau Maori.
- Capturing the Kawerau Story as a solution to suicide prevention and postvention.

In order to achieve the aim as described, the research seeks to answer the following questions throughout the chapter themes:

1. Are whānau champions, as a model of practice, effective for Māori SP&P?
2. What is the whānau role in suicide prevention, and values of whānau, such as whakapapa?
3. What are the whānau dynamics and the strength of whānau?
4. Is the whānau champion transformative praxis, a whānau derived knowing, a praxis that has been evidenced through the traditions of time?

1.5 Chapter outline of thesis

Chapter One provided a background to the Kawerau Story and an insight into why the bereaved whānau to suicide had to mobilize themselves, to break the silence that was being perpetuated by the system. It highlights a time in the Kawerau township when third generation whānau were impacted by the changing economic times, but ultimately had to absorb the struggle to get help for loved ones when they were suicidal.

Chapter Two draws on a critical lens to examine the solutions that were mobilised by the bereaved whānau and survivors of suicide in partnership with Tūwharetoa ki Kawerau Hauora, and how these strategies were implemented across the community in addressing the suicides.

Chapter Three outlines the methodology drawn on, to rewrite the narrative of survivors and bereaved whānau to suicide. Drawing on an indigenous ideology to capture the inherent responsibilities we are bound by when undertaking kaupapa Māori research. Furthermore, calling on indigenous frameworks to strengthen the indigenous lived experience voice as a researcher writing for and on behalf of the whānau. We wanted to tell our own story, rather than someone else writing for us as survivors and bereaved whānau.

Chapter Four talks to the reality of what whānau Māori experience when seeking out services, in a system that sets up service delivery to operate as rivals and teaches providers to duck for cover. Access to suicide prevention and postvention services is fraught with challenges, that whānau must navigate when seeking out the necessary support they need for loved one's who are suicidal. This chapter breaks the silence on the systemic inequalities that are perpetuated and captures how the whānau champions have navigated this space. The chapter highlights the whānau champion practitioners' space that is silenced and oppressed by the system.

Chapter Five highlights the literature that captures the grassroot realities which are often silenced in our praxis as kaupapa Maori mental health practitioners. In a system that only validates evidence-based models that are defined through western definitions. The literature ventures into an indigenous space, that validates traditions of praxis that have been critiqued through practices from the traditions of time, further evidenced through the similarities we experience as indigenous nations across the globe.

The Kawerau Story highlights that whānau Māori have been mobilising the recommendations from the government inquiry into our mental health and addiction system for generations but is continually marginalised.

Chapter Six gives life to the voices of the survivors and bereaved whānau to come forth. The narratives capture the lived experience of our youth, parents, elders and whānau. We get to hear how our traditional knowledge sources have evolved in response to surviving colonial times. More importantly we hear the whānau hope stories and the common themes of traditional praxis that whānau draw on to strengthen their whānau resilience, through challenging times.

Chapter Seven highlights the common whānau experiences and narratives that showcase the inequities that whānau Maori experience in seeking out the necessary pathways for change. More importantly bringing forth the learnings and the whānau hope solutions in those struggles. It is through the whānau narratives we can identify the pathways and options, so we as whānau Māori are better placed to find the solutions for change.

Chapter Eight provides a space for the writer to note the lived reality of being a whānau champion, a “go to” person in the whānau. We must break the silence on the lived reality we bring as whānau Māori, because in that knowing we find our solutions to leave for our future generations. An inherent responsibility we all have, to hold the line for the next generation, of our whakapapa.

Chapter Two

Case study: The Kawerau Story

2.1 Introduction

Chapter One provided the backdrop to the beginnings of the whānau champion transformative praxis kaupapa and its origins in Kawerau, and how it transformed a community in crises to one that is now working more closely aligned with one another in addressing SP&P. This literature review will set the foundations in understanding the whānau champion transformative praxis kaupapa as a community model of practice for Māori SP&P. The kaupapa is uniquely Māori in that it captures the narratives of whānau Māori and the role whānau play when supporting whānau using values such as whakapapa, manaakitanga, whanaungatanga and aroha. It provides an insight into the dynamics and strengths of whānau as 'go to' people, and how they navigate through the systems in supporting whānau who are bereaved and or impacted by suicide as individuals, whānau and communities.

The Kawerau Story provides a suite of SP&P systems and processes that have been implemented in the community since 2011. These systems are grounded in Māori ways of knowing. Whānau champion transformative praxis creates a space where whānau a kaupapa (connected by community association) and whānau a whakapapa (family through geneology) can shackle themselves from the hegemonies and colonial infrastructures that marginalize what solutions work for Māori SP&P. Whānau champion transformative praxis is the resistance against the current SP&P ideology that evidence-based practice defined by scientific paradigms knows best. However, whānau champions are drawing on indigenous pedagogies and knowledge as a means of reclaiming what works for whānau Māori.

These writings will define what is: critical pedagogy, pedagogy for liberation, reclamation, resistance, indigeneity as a critical praxis, indigenous, cultural responsiveness, self-determination, kaupapa Māori, Māori models of practice, transformative praxis, mātauranga Māori (translation), kaupapa a whānau and kaupapa a whakapapa approaches, and how these concepts are situated in whānau champion transformative praxis.

The writings of Freire (1970, 1973, 1993, 2014, 2016), Linda Smith (1999, 2012) and Graham Smith (2003) provides a platform by which we can rewrite ourselves back into the practices of SP&P, reflecting on current times and how whānau champion transformative praxis challenges the status quo.

Kaupapa Māori theory and praxis is the boundary in which we practice as whānau champions in SP&P, a boundary that is defined by honouring the generations of knowing, feelings and the collective will of the community (Spiller & Wolfgramm, 2015).

2.2 Critical pedagogy

Critical pedagogy is when we as learners can see our own oppression. The silencing of whānau based solutions by whānau for whānau is a form of oppression. Critical pedagogy is a movement that serves as a form of critique and hope (McLaren & Leonard, 1993). The bereaved whānau to suicide mobilised themselves, and in turn mobilised hope across the community. Pedagogy is an art of teaching that supports learning through well-examined practices (Gill & Goodson, 2014). Critical theory is developed through critical spaces where participants come together and share dialogue of resistance, and solutions of empowerment that are whānau derived that is critiqued by those in the space at the current time (Denzin, Lincoln, & Smith, 2008).

The whānau champion wānanga space allows whānau who have been impacted by suicide to talk through the realities of their own lives, circumstances and come together to share their common understandings of why the system is the way that it is. Through these facilitated critical spaces, whānau can unload the realities in which they live and in doing so find hope and resilience in the collectivity of the culture circle (McLaren & Leonard, 1993).

Culture circles are defined in these writings as a whānau wānanga space, a critical thinking space where we can shackle ourselves of the hegemonies and kōrero as equals no matter what your experience or qualification (Wexler & Gone, 2012). Through the whānau wānanga spaces, we are liberated by one another and united because of the realities we experience and the similarities of our mind and spirit. Whānau wānanga creates systematised static, because we are able to detect the oppression and how this affects our lives. Through the collective energy, we are liberated to make the changes; this allows our lenses to be sharpened and fine-tuned to our own whānau-based solutions, but more importantly how to navigate through the oppressive ideology (the gaps and failings) of the system.

Suicide is a response to the oppressive nature of society and the system, it does not matter what colour you are, age or qualifications you hold; the gaps and failings of the system affect us all (Peter & Besley, 2015). As whānau Māori, we have become accustomed to blaming others and ourselves.

Furthermore, we are tortured by the system to take responsibility for our action, actions that have been moulded through generations of colonial influence and systems that perpetuate our oppression (Kruger et al., 2004). As whānau champions/transformation agents, we can truly enact the principle of whānau-based solutions where whānau draw on their own ability to help meet their own needs and or the needs of the greater whānau (Spiller & Wolfgramm, 2015).

Whānau champion transformative praxis allows us to take our daily realities and process these circumstances to find new understandings and opportunities of hope and change to move forward. Through the Kawerau Story, we see how the whānau champion space was mobilised to create a liberated community movement with the collective force of Tūwharetoa Hauora. We hear the collective voice of the KIRT process through the whānau messaging in the participant's narratives in chapter six. that liberated the change and navigated whānau through the oppressive clinical practices, to ensure whānau and community voices were being heard. The narratives of the whānau, the KIRT, Te Kupenga, and core clinical forum (a gathering of providers, clinicians who service into the community) share how the KSPAP, was used as the framework to create transformative SP&P pathways that were a better fit for the whānau and community.

2.3 A pedagogy for liberation

Whānau champion praxis draws on whānau-based solutions to liberate the whānau, as advocated for by Dame Tariana Turia through whānau ora (Turia, 2004; Taskforce on Whānau-Centred Initiatives, 2010). A native praxis grounded in grass roots theory derived from whānau experiences. Native praxis is knowledge and wisdom drawn from the collective network of relationships through blood and by association for the ultimate good for all (Spiller & Wolfgramm, 2015).

A pedagogy of liberation is defined as the space that is occupied by whānau-based initiatives, by whānau for whānau. A clinically and culturally integrated space. A space where whānau create transformative praxis ideologies and native practice (Denzin, et al., 2008).

The key whānau champions engaged in the initial stages of the whānau champion transformative praxis were the TKKHESS. These kaimahi come from a range of clinical backgrounds and life experiences, some who are mana whenua (people of the land) to Tuwharetoa Hauora who hold significant roles in the community.

These champions have formed the foundations of this kaupapa through their genealogical knowledge of who belongs to which whānau (whakapapa). These whānau champions are in most cases primary points of contact for those who need support.

The whānau champions are respected by the community because of the mahi they have done in supporting our whānau who reside in Kawerau. More importantly, the whānau champions are the tool that has been used to care for everyone during the spate of suicides that were happening in our community from 2011 to 2015.

TKKHESS is eight years on from the KSPAP developments and have been rolling out the whānau champion transformative praxis kaupapa, as the SP&P tool for Kawerau and surrounding communities across the country. The Kawerau Implementation Team provided many talks and presentations across the country during the 2011 to 2015 period, sharing the Kawerau story as a means of offering our solutions through our mahi with the rest of the motu (country). In 2015, TKKHESS captured the whānau champion kaupapa through the filming of the 'Target Zero' documentary alongside Mike King, a reflection of all the work from the year 2011 to 2015. 'Ngā Toa o te Whānau: whānau champions' (King, 2015).

'Nga Toa o te Whānau' is a name gifted to the kaupapa by Kapua Teua. The name acknowledges that we have always been doing this mahi (work). The whānau champion transformative praxis space validates the whānau solutions driven from the grassroots perspective. We capture this approach through the Kawerau Story, which we used to share how we implemented a SP&P strategy to address and support those who were impacted by suicide, with a specific focus on Māori SP&P. The researcher utilised these learnings to contribute to the development of the Bay of Plenty DHB Suicide Prevention and Action Plan.

2.3.1 The Bay of Plenty DHB suicide prevention and postvention action plan

The DHBs throughout the country are required to design a SP&P plan for their respective geographical regions in which they service (Ministry of Health, 2013). In 2016, I was fortunate to sit as part of the design of the Bay of Plenty DHB suicide prevention and postvention action plan. As a natural progression of working within the SP&P sector for the Kawerau community, I had the privilege of bringing these learnings to the regional strategy. During the initial development of the action plan, a key expectation was to provide regional SP&P coordination across the Bay of Plenty DHB regional area. Key discussions with the Bay of Plenty DHB suicide prevention and postvention advisory group were to ensure a smoother and more improved access to SP&P training across the Bay of Plenty DHB region.

To further provide a streamlining of SP&P training as a priority, and to focus on improving the consultation and liaison with all key SP&P stakeholders, regionally in the Bay of Plenty and nationally.

The relationships provided insight into what was happening in the SP&P space for Māori. More importantly, it was identified as a critical response in supporting SP&P whānau champions to assist with the design of supports that are 'Closer to Home', a New Zealand Health Strategy theme to improve services for all, (Ministry of Health, 2014). The 'Whānau for L.Y. F. E / Life. Youth. Forever: plans are designed by whānau, that identify who the 'go to' people are in their lives, the ones they 'go to' when they are not ok. The 'go to' plans become the safety framework that is mobilised by the whānau champions when their loved ones are experiencing suicidal ideation and or presenting with concerns that they need help with. Kumar, Dean, Smith, and Melsop (2012) describe this as help seeking behaviour, that is often determined by the community and environment in which they live, this being a seeking support behaviour that fits with the whānau in Kawerau, in particular advocated for by those bereaved to suicide who live in the community.

SP&P starts with us, asking ourselves who are our 'go to' people in our whānau, peer groups, community and significant supports? If we do not know whom our loved ones are going to when they are not ok, then we need to 'have that kōrero'; another tag we used to promote the suicide prevention message. We need to ask ourselves, whether those 'go to' people know that they will be whānau champions, and who we will go to when we are not ok?' Whānau have many responsibilities, such as nurturing and disciplining and seeking support when in distress, therefore, the whānau have a greater role in determining, what a good fit is in regard to meeting health needs (Kumar et al., 2012).

2.3.2 Coronial suspected suicide data sharing

A crucial component of the Bay of Plenty DHB suicide prevention and postvention action plan (2015-2017) is to identify and collate data on service provider's Immediate Response Team (IRT) processes, to capture data pertaining to the suicide presentation and, more importantly, to capture the SP&P interventions being mobilised and or implemented. The World Health Organisation (WHO) refers to this process as a surveillance system: a system and process of capturing suicide data, in capturing this data it allows for better insight into identifying what are effective suicide prevention interventions (World Health Organisation, 2016).

The IRT is defined as a process that captures the SP&P activities that occur within the NGO kaupapa, with a focus on the interventions and whānau champion mahi happening across the community and region. This data allows the social distress to traditional whānau structures to be captured, that Kaupapa Māori providers are managing (Kumar et al., 2012).

In response to supporting whānau, identifying providers' immediate response team (IRT) processes being applied in the services across the communities and regions allows crucial SP&P data to be captured. The IRT process provides a framework to capture the whānau champion mahi, this has been a discussion and recommendation put forward for the Bay of Plenty DHB suicide prevention and postvention action plan. We need to be capturing a continuum of suicidal behaviour data on (completed suicides, suicide attempts, deliberate self-harm, description of suicidal ideation both historical and current, contributing distress factors and whānau status). The current SP&P surveillance data does not capture the contributing factors and current whānau status (World Health Organisation, 2016).

The IRT data provides an outlay of the complexities of issues whānau are presenting with and ultimately, how kaupapa Māori providers contribute to the healing for whānau. IRT processes capture the presentations of high risks, the suicidal behaviour, the management of the risk, and timeliness of providers mobilizing support for whānau as soon practicable (Kumar et al., 2012). This process also ensures that whānau are notified and supported immediately about suspected self-inflicted injuries, in a coordinated manner. The whānau know where to go to get help and have access to SP&P support when required, drawing on a collaborative community approach. Good coordination of SP&P services/supports reduces the incidence of suicidal contagion: where the original suicide causes others to attempt or complete suicide (Clinical Advisory Services, 2009).

A key risk to the Kawerau community was managing the spreading of a rumour that there had been a suicide. If whānau heard that someone has committed suicide and notified others, when the rumour was not true, it ended up causing panic and major trauma for those affected by the rumour. The work of Hatfield, Rapson, and Le (2009) highlights that people are more prone to mimicking behaviours as a means of empathizing with the significant others. Contagion within the Kawerau community had been translated into the community as not being able to do anything for fear of causing more suicides, so in turn, the suicide solution movement had become silenced. Breaking the silence on suicide has been a critical component of SP&P in the Kawerau community that the bereaved whānau to suicide, whānau champions continue to advocate (World Health Organisation, 2014).

2.3.3 Coronial data services

From 1 July 2014, the Chief Coroner agreed to release basic information on suspected self-inflicted deaths (SSIDs), (Clinical Advisory Service, 2016). SSIDs data as defined by the Coroners Amended Act 2016 No (29) is a death that was self-inflicted or there is reasonable cause to suspect that the death was self-inflicted). The coroner is the only person who can determine that one has taken their lives by way of suicide, so although we know at a community level that we had 13 suicides in our community during the 2011/2012 period, the coroner ruling might differ (Mok, 2014).

The coronial data services (CDS) operates through a memorandum between coronial services, Ministry of Health, Clinical Advisory Services Aotearoa (CASA) and the DHB. This strategy is to support the existing DHB SP&P services and supports they provide. The process is mobilised through the delegation of the CDS' SSIDs data to authorised DHB recipients. The information is then co-ordinated by these recipients and the respective providers of SP&P (most DHB have SP&P coordination roles). These roles are ultimately delegated the SSIDs information in terms of supporting the notification to the respective providers (Clinical Advisory Service, 2016) FAQs. In most DHB cases, the SP&P coordinators are authorised recipients, because this is their core business. A key concern with this process is that some SP&P coordinators must battle to receive this information. The failing of this process is that the SSIDs notification process happens secondary to the community notification process that is mobilised. Whānau champions within the community usually mobilise the notification process, as we learn the news about the SSIDs by word of mouth, by Facebook, by whānau and whānaunga (relatives/networks). The CDS notification process is useful in that it confirms the SSIDs for lead community providers and addresses the rumours that happen as a natural progression of social network/relationships (Abrutyn & Mueller, 2015).

2.4 Reclamation

Reclamation is defined as a movement of identifying the gaps and designing whānau champion praxis pathways, through the resourcing of traditional knowledge (Muriwai, Houkamau, & Sibley, 2015; Nasir et al., 2016). A practice that integrates both the clinical and cultural realities to navigate through the complexities of the system, more importantly address the needs of whānau. It is founded in kaupapa Māori knowledge, theory and praxis.

We can reclaim and maintain our identities from being eroded by the oppressive systems and processes we live in drawing on Māori ways of knowing. Smith (1999) states that recovery is a selective process that is often about responding to crises rather than planned processes. Smith also states that this is because we are not in control but being controlled by the system. The Kawerau Story highlights the current SP&P systems and the gaps. More importantly, it gives some insight into how this community implemented the solutions for change, moving from a community crises state into a collective force managing the community reality.

The communications of completed suicides are important. A mention needs to be noted, that there are no lines of communications regarding the SSIDs if the person deceased is buried away from the location where the SSIDs occurred. Currently the local SP&P support for bereaved whānau is mobilised by word of mouth, through the networks and community relationships. It is important to have a process implemented where there are communications between support services and key NGO Māori health providers where the deceased are being returned home to (McClintock et al., 2017). This ensures that those whānau whom the deceased is returning home to, can be supported through the bereavement.

In Kawerau, these return home SSIDs notifications happen through the whānau champion network. This information is then reported back into the DHB system and reported to the SP&P coordinators. This is further supported by the KIRT process, so there are dual pathways of notification that are happening locally when there is a SSIDs returned home. Eight years down the track, all suicide behaviour, including those SSIDs returning home are reported through the KIRT and whānau champions into TKKHESS, as the clinical lead for SP&P in the Kawerau community. The Kawerau SP&P process has been streamlined; therefore, our early intervention and suicide prevention is being mobilised more effectively and the community are experiencing these supports in a coordinated manner (McClintock et al., 2017).

2.4.1 The suicide prevention and postvention coordinator role

The SP&P coordinator role is critical in supporting access to resources as soon as a CDS SSIDs notification is received. This role plugs the gaps where the system process falls short of coordinating care for those requiring support in response to suicidal behaviour. The role often carries a huge sense of responsibility in suicide prevention, the coordination and access to supports and services.

It requires an ear to the ground and across all levels of service delivery, which can often be isolating. Hence the importance of being networked and strategically aligned to the nationwide SP&P developments. SP&P happens across all communities, service sectors, whānau, hāpu and iwi (McClintock et al., 2017). Any intervention is better than no intervention, so keeping your ear to the ground about the movement occurring across the nation that is a native/indigenous kaupapa is important to know what is working and happening for SP&P (Cameron, Pihama, Millard, Cameron, & Kopu, 2017). At times, the role is isolating, because of the need to move in and out of different forums to provide information and access to suicide prevention resources means you are working across a range of environments, relying on networks and established relationships to support the mahi you are promoting.

2.5 Resistance

Whānau-inspired and resistance-led (where whānau are turning to people they trust and not to the system) through the whānau role in SP&P coupled with values of whānau is a collective native voice being rolled out across NZ. We see these initiatives through the work of organisations such as Te Rau Ora. Te Rau Ora has been instrumental in breaking the silence on suicide, in supporting whānau to share their stories across the nation, about whānau based SP&P solutions (McClintock et al., 2017). The resistance is a response to the multiple layers of oppression, we require a range of eclectic ways of knowing, in responding to the presenting struggles we experience in our daily lives (Peter & Besley, 2015). The resistance is a stand against the struggle to be Māori, to think whānau Māori and to be more self-determining (Freire, 1970). The Kawerau Story reflects the strength of the community and how they mobilised themselves through grass roots movements and initiatives to find their own solutions for change, specific to SP&P (Hokowhitu et al., 2010). The struggle without end is a stark reminder of the words uttered by Matiu Rata in 1979, and that the resistance is real and relevant 40 years on:

> *We have, as a people, never felt more let down, more insecure and more economically and socially deprived. We will no longer tolerate policies, which take no account of our language, customs and lifestyles, nor will we accept being governed or administered by anyone who does not understand the way we think. (*Walker, 1990, pp. 127-128).

Bargh (2007) identifies the concept of "making do" as a resistance against being caught up in the system. And so true those tones are for those whānau affected by the spate of suicides in Kawerau in 2011, until those brave enough bereaved whānau made a stand to challenge the system. They raised the alarms because they were not prepared to lose anymore loved ones to suicide.

Kia Piki Te Ora is funded by the Ministry of Health. Kia Piki Te Ora is a service that provides Kaupapa Māori suicide prevention support to the Māori communities. Kia Piki Te Ora o Te Taitamariki was developed in 1998 and then reintroduced as an all-aged strategy in 2006 (Lawson – Te Aho, 2013). This kaupapa over the past decade has ultimately worked in isolation from any mainstream SP&P supports and providers and have been required to attend to the SP&P needs of Māori communities and whānau, across the nation. What the Kawerau Story learned from the relationship with the Kia Piki Te Ora kaimahi relationship is that without the complimentary clinical relationship, the support by this role is fraught with barriers. It is also an unfair expectation that these roles in isolation from the right clinical relationships have been positioned to attend to all Māori communities (whānau, hāpu, marae, iwi). The relationship with Kia Piki Te Ora (Emma Kutia) was critical in the success of mobilizing resources, providing grass roots whānau support, and a native voice to advocate into different forums about suicide prevention specific for Māori. The ultimate sense is that Kia Piki Te Ora was seen as a space where the clinical sector could shift all the responsibility in regards to meeting the needs for Māori, creating further marginalization and isolation for whānau Māori and the Kia Piki Te Ora kaimahi (Lawson-Te Aho, 2013).

The community voice was important in challenging the range of disciplines that needed to increase their awareness about SP&P for Māori. Key voices that need to be mentioned, because of the vast contribution these community representatives (Wayne Hastie, Jody Hawe, Vicky Paul, Emma Kutia, Michelle Elliot, Marama Elliot, Cliff Maru and Gaylene Apihai) made in addressing the silence in the community. Their concerns also raised issues about the poor service delivery from providers, highlighting the rivalry amongst providers about safeguarding contracts and unfortunately covering their 'backside' because of the blame culture the community had become accustomed to. This was fraught with the oppressive ideology that you could not talk about what worked and what was a good fit unless you were a qualified clinician.

The idea that the 'expert knows best' was alive and well in the community, therefore, creating a culturally unsafe community environment towards Māori SP&P (Lawson-Te Aho, 2013).

The community had been silenced into believing this notion, but due to the spate of suicides and the concern and fear by those bereaved mums and the impact about the poor support, and service delivery for them since losing their loved ones, they brought in Minister Turia to listen and hear what was happening for them. In this initial hui, TKKHESS was called into the forum as an invited provider by the bereaved whānau to hear what had been happening for them, and as a result we had to take responsibility for not meeting the needs of the bereaved whānau. It was from this point that the whānau voice was supported to mobilize what needed to happen. This voice is captured in the KSPAP and has been one of the contributing success factors to the Kawerau Story (Bay of Plenty DHB, 2015).

2.6 Indigeneity as a critical praxis

Indigeneity as a critical praxis, is a praxis that is designed and transformed through a political act of knowing that is derived from the day-to-day realities that we, as tāngata whenua (people of the land) live (McLaren & Leonard, 1993). A praxis that engenders a sense of hope and resilience for those brave enough to challenge the status quo (McLaren & Leonard, 1993). Indigeneity as a critical praxis is a stand against the many struggles and challenges, we face in our everyday lives in response to the social, educational, political and cultural oppression (Peters & Besley, 2015). Indigeneity is a radical praxis that is grounded in the common struggle shared by whānau, in a shared struggle for freedom (McLaren & Leonard, 1993).

Indigeneity is a process, a series of encounters, a set of relationships that is a matter of becoming and not a fixed state of being (Smith, 2006). Indigeneity captures the indigenous knowledge that is resourced to manage the relationship between the indigenous cosmos and the Western world (Denzin et al., 2008). Indigeneity reflects the solutions that are derived by whānau that are resilient to colonial oppression and support the move forward to make the changes. We see processes of indigeneity emerge through the Kawerau Story and the breaking of the silence, the whānau resistance against oppression.

In the Kawerau Story, we come to know who the TKKHESS kaimahi were and where their origin of practice stems from. We learn that through the Kawerau suicide crises, that whānau mobilised themselves and utilised traditional practices of whanaungatanga, aroha, manaakitanga, and whānau to find solutions for change. The change happened through many hands who worked across the sector.

The documentary ‘Target Zero’ (King, 2015) captured the first roll out of whānau champion transformative praxis mahi that was being driven by TKKHESS whānau champions. The mention of the suicide word created anxiety for the community because of the confusion about what was contagion, a form of marginalisation of the solutions being cried out by the bereaved to the community driving the change. A whānau voice that was falling on deaf ears because we were busy being specialist, qualified, contract protectors, community politicians, mana (power) munching community providers. We had lost sight of the whānau, we had forgotten how to sit at the table with whānau, and we were talking at whānau and to ourselves and not with the whānau (Love, Lawson-Te Aho, Shariff & McPherson, 2017).

2.7 Indigenous

There have been many lessons from the whānau champion hikoi, unfortunately it has been at the expense of traumatic episodes and experiences in the bereaved whānau lives. Kawerau has been privileged that the bereaved whānau have been able to bring the lessons and learnings to the table, so we may improve service delivery to the whānau and Kawerau community (Sewell, 2016). We must acknowledge and pay homage to the resiliency that the bereaved whānau have developed in getting the providers to wake up and hear them. Providers had forgotten how to be with whānau so we could not hear them, and we sadly could not see them. The whānau and community members, impacted by the loss of loved ones to suicide, were in a community that was not responding to their needs. Love et al., (2017) highlights that these are ongoing issues of the colonial influences, due to politics and the fact that providers were only attending to the symptoms and not supporting the work needing to be done with the underlying issues. A range of common themes we see presenting across services includes, grief, abuse, childhood trauma, identity and Māori related issues (Tiatia-Seath, Lay-Yee, & Von Randow, 2017).

2.7.1 The realisation: lessons of the whānau champion model

Kawerau was a community that was not resourced with a workforce that could attend to those presentations. A priority for the Kawerau Township was initially to learn how to start trusting one another as providers and to develop a relationship of taking better care of each other. Through the bereaved whānau resiliency, they supported the transformation of the Kawerau community in becoming more responsive to the needs of whānau bereaved to suicide.

Therefore, the idea that everyone has a role to play in SP&P (Moir, 2001) was unearthed. This did not mean we were able to satisfy the needs of all bereaved, but we gave a 110% commitment to do whatever we could to support whānau who were impacted by suicide. The whānau champion kaupapa was not everyone's 'Kapu Tī' (a Māori saying, in this case meaning 'choice of supports') but it made a significant impact in shifting the lens of the Kawerau community from being risk averse, to doing the best we could at the time with the resource we had (Tiatia-Seath et al., 2017).

In 2011/2012, the Ministry of Health provided an initial fund to support the development and draft of the Kawerau SP&P action plan. The initial funds supported the establishment of the Kawerau Intervention Team and the initial roll out of resources with respect to the suicide prevention training and education across the community and with the whānau. In 2013, the ongoing roll out of the SP&P developments relied on creative funding from TKKHESS as we settled into streamlining more effective service delivery and collaborative relationships across the community. Tūwharetoa Hauora continues to provide suicide prevention, intervention, and postvention support, with no ministry funding. The whānau champion vehicle is the modality used to roll out these interventions without funding, and utilizes whānau wrap around support (whānau based case management: assessment, formulation of issues and whānau intervention) as the fiscal response to having no funding and being creative with our existing contracts.

As far as Freire (1970) is concerned, reclaiming is when we as the oppressed get involved in liberating ourselves, that we strengthen the belief in ourselves, through an exercise of not only intellectual discovery but also through reflection. Through the unmasking of clinical and systematic theories, it empowered the Kawerau community and whānau to draw on past learnings through the eyes of the bereaved and allowed the current tools that whānau Māori were using to be valued and appropriately represented.

2.8 Cultural responsiveness

Narratives are a therapeutic lens that captures the reclamation of telling our stories (Smith, 1999). Through the pounamu model we can assist whānau with the therapeutic whānau transformation and change (Ruha, 2012). Dian (2013) describes this as a people reclaiming traditional ideologies using different ways of knowing to heal, drawing on knowing's that sit outside of ways of healing that are used to make money.

It is seen as a deficit mind set, but we need to own our issues and look at ourselves, not look for blame. Taking responsibility for our own issues is about being able to share our stories, because in those stories are the healing solutions that have aided the therapeutic transformation. Million (2013) furthermore refers to this as a state of self-organisation: drawing on a self-determination theory. Whānau Māori call this "Tino Rangatiratanga" theory.

Managing clinical relationships as a kaupapa Māori provider has been critical in sharpening the mind set in the community and the provider arm about SP&P for Māori (Durie, 2003). This form of knowledge is situated at the bottom of the hierarchy of knowledge as it is determined by evidence that has been validated by whānau knowing through traditions of time and not by science. The whānau champion kaupapa is an integration of both clinical and cultural knowledge bases, or forms of knowing. Whānau champion epistemology is a transformation of whānau service delivery by whānau for whānau in clinical and cultural realities (Hoskins & Jones, 2017).

Hoskins and Jones (2017) goes further to explain that there is frustration, difficulty, and often opposition between Māori and mainstream relationships, which TKKHESS has experienced in an attempt to integrate clinical and cultural realities at a service provider level through memorandums of understandings (MOU). In mainstreams attempt to streamline the clinical and cultural interface into a paper process, it creates politics of imperfection (Todd, 2009, cited in Hoskins & Jones, 2017). The actual application of whānau champion transformative practice is a completely different mind-set (Hoskins & Jones, 2017). An example is that currently, some providers send referrals they receive, should be flicked over to TKKHESS without being triaged or assessed by that provider in the first instance. However, good practice is when you receive a referral, triage what the need is, and then identify what are the good supports and refer onto another provider only if you cannot service the need (Herbert, 2002). This is good practice and so I ask myself, 'why is it different for mainstream referrers? Why is it ok that they think they do not have to triage, or do anything about a referral when they receive one, and can just flick on to another provider?' Whereas if that was an NGO kaupapa Māori provider they would have been crucified about their poor practice standards and the referral would not have been accepted (Macfarlane, Blampied, & Macfarlane, 2011).

Kaupapa Māori providers have to often remind mainstream providers about the fact we are here to serve the needs of our whānau, do what is best in the interest of the whānau, it is not about managing the MOU, or taking care of our own workload, it is about our whānau (Smith, 2012).

2.9 Self-determination

Indigenous knowledge is local knowledge that is derived from families and communities, it is knowledge that is holistic, and are ideas and practices that are one (Kincheloe & Samali, 2011). Indigenous knowing is grounded in grass roots ideology and reflects how we live our lives in a colonial society in our resistance against oppression (Hokowhitu et al., 2010). Kaupapa Māori is an indigenous theory that validates cultural processes and practices, it provides a cultural methodology of capturing the whānau resistance, challenging the systems and structures of power, and promotes rituals of cultural practice of whānau and communities (Mutua & Swadener, 2004).

Smith (2000), highlights that there are seven challenges of protecting indigenous knowledge:

- to engage in positive and proactive modes of action,
- develop a critical analysis of what counts as science,
- take care in creating states of labelling,
- find pathways that are positive and offer genuine transformative opportunities,
- seek out the academic writers who support the struggle,
- develop theories that arise from our own knowledge bases, and
- engage in deeper societal change to make the change and move forward. (p. 207 – 224)

The Kawerau Story emulates these states of indigenous resistance, critical analyses in making societal/community change in moving forward, that have been challenged through the support and work of Tūwharetoa Hauora. TKKHESS is a provider that specializes in the Pounamu assessments and the whānau champion mahi and ‘go to’ tool. The partnership between the NGO sector and the clinical sector is always being fine-tuned from the NGO provider end.

Managing secondary services barriers in accessing specialized services is an ongoing case management theme that is highlighted in almost all our cases we manage, as an NGO provider.

Developing an MOU and strategic relationships is critical in supporting the roll out of the whānau champion mahi across the clinical sector, to support the health workforce to undertake tasks that are traditionally outside their roles (Ministry of Health, 2016). Whānau champion transformative praxis is based on whakawhanaungatanga, which is developed through networking and connections. An approach that takes a mindful intention to heal, driven by the spirit within that relationship which is derived from a cultural paradigm. A reality and practice that the clinical environment is removed from, whānau champions create this point of integration (Carlson, Barnes, Reid, & McCreanor, 2016; Brazzoni, Dobson, 2016).

2.10 Kaupapa Māori

The most critical lesson is that bereaved whānau to suicide must always be at the table when it is about SP&P. This is evidenced through the community projects funded by Te Rau Ora, showcasing whānau based solutions, driven by whānau for whānau (McClintock et al., 2017). The bereaved whānau bring the soul to the table and the heart of the lessons and share the experience through their loss so we can see what change needs to happen as whānau, as a community, and as a people (Duran, 2006). The bereaved whānau and community group, Te Kupenga, had a clinical conduit that floated between both the bereaved whānau group and the core clinical group. This role is currently being managed by myself, as the clinical lead for the core clinical forum and clinical manager for TKKHESS. This approach made sense, as it centralised the coordination of services that were required to be mobilized when responding to high risk issues and more importantly responding to the KIRT triages (Sewell, 2016). Succession planning, therefore, is critical in recruiting and training successors into these positions, the NGO kaupapa Māori provider sector provides a space that supports this praxis (McClintock, 2016).

2.10.1 Non-government organisation provider experiences: collaboration struggles

The fragmentation of service delivery contributed to why Kawerau had such a high incidence of suicidal behaviour.

No one knew who to go to, there was no point of contact in the community when someone was feeling suicidal, and the service coordination was chaotic. This required a clinical lead to come forward and facilitate pathways of coordination and clinical management of suicidal behaviour in the community (Sewell, 2016).

This was ultimately because the providers and community were not communicating with one another and were constantly covering what they were doing or not doing at all, because of the fear of being blamed. Information was not being shared, there were no trusting relationships and or respect for one another. Providers of the Kawerau community talked about collaborating, but we were far from doing that. Whānau had issues across the local provider sector for several reasons, in particular with the secondary sector mental health services, so whānau were not going to providers for help (Dudgeon, Calma, & Holland, 2017). The burden of making a stand and putting your hand up to take on this responsibility was frightening for anyone to consider. Before returning home I was told by my colleagues it would be career suicide because there was nothing happening in Kawerau, but going home actually escalated my practice to another level of performance when I made the decision to assume this responsibility as a means of addressing the suicides in our community.

2.11 Māori models of practice: eclectic ways of knowing

The core clinical forum and the KIRT process were the strategies used to implement and streamline the coordination of the suicidal prevention, intervention, and postvention upskilling within the Kawerau and surrounding regions. The core clinical process was critical in designing, coordinating and managing local community SP&P strategies, solutions and interventions. The core clinical is formed by a group of representatives from a range of providers who service into Kawerau (Ministry of Health, 2013). The representatives are qualified clinicians with at least five years post experience in the mental health and addictions sector. The core clinical forum was the space where issues regarding confidentiality and accountability were discussed and thrashed out through debate. The forum was also used to upskill the provider network, reduce the incidence of burnout from working in the SP&P space, which was achieved through the providers sharing information, knowledge and being transparent (Hanssens, 2008).

We would also cross pollinate one another's experiences and skills as a natural progression of being immersed in the multidisciplinary discussions and reviews. The collectives were learning from one another and taking better care of one another (Lalonde, 2006).

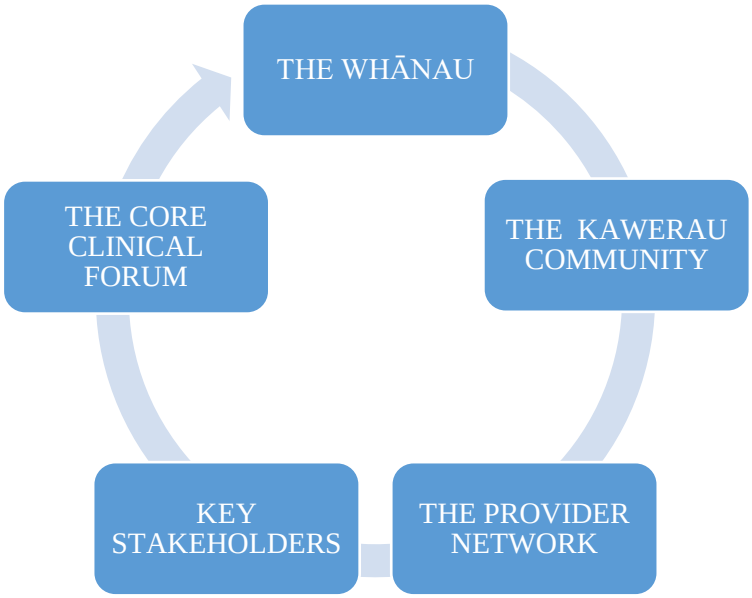

Figure 5. The core clinical framework of the KSPAP.

2.12 Transformative praxis

The whānau are the priority in the core clinical forum. The core clinical forum met on a fortnightly to monthly basis to discuss high risk concerns. The focus was to triage and support one another in mitigating all risk, ensuring the appropriate supports were mobilized for whānau (Tiatia-Seath et al., 2017). The forum was the space where barriers were discussed and removed. The specific focus was managing suicidal behaviour (Sewell, 2016). There are several local and regional providers that service into Kawerau, in managing suicidal behaviour and offering support services. There are also mainstream providers such as the DHB mental health teams that service Kawerau. An integrated clinical and cultural voice in the core clinical forum was critical in assessing and managing the suicidal risk (Macfarlane, et al., 2011). Facilitating transparent communications in maintaining our accountability to one another and our whānau of the Kawerau community. The 'bright spots', is a theme of the New Zealand Health Strategy that looks at service delivery that is closer to

home (Love et al., 2017). It is a key objective of the Bay of Plenty DHB (2014-2020) integrated health strategy. Bright spots create a space to look at what we are doing differently, therefore, looking for what is working and doing more of it and celebrating the work that is being undertaken in response to SP&P across the region.

The SP&P model being rolled out across the Bay of Plenty DHB region is 'Ngā Toa o te Whānau' whānau champions. To support the roll out of the plan it required many hands from across the entire sector to advocate, promote and participate in the design of SP&P supports closer to home. The closer-to-home plans (approaches that are driven from whānau based ideology) provided communities and whānau greater access to the national sector of SP&P networks. Key forums pivotal to the Bay of Plenty DHB plan is the DHB national suicide prevention coordinators forum. It included a support network for clinicians and workers in SP&P areas, NZ suicide strategy advisory group, Te Rau Ora, Mike King (a Māori suicide prevention leader in New Zealand), and our regional and local whānau champions (our local 'go to' whānau).

2.12.1 The isolation of the suicide prevention & postvention clinical leadership

SP&P clinical leadership in small communities like Kawerau can be very isolating (Hanssens, 2008). The role required a clinical lead who is experienced, had community connection, cultural insight and someone seasoned in the mental health sector. This experience and credentialing assisted because the lead needed to be resilient to manage the complexities of the issues that whānau presented with, which were intense, acute and fraught with challenges (McAlister et al., 2017). It required thinking outside the square in identifying solutions and 'bright spots' that are a good whānau fit. This required a degree of risk taking and trust in whānau to ensure the 'good fit' solutions are followed up and monitored. Access to experienced mental health clinicians was difficult due to the workforce dynamics in small communities, most of these roles service and work outside the community. The workforce that existed within the Kawerau community were beginning practitioners in the initial development stages of the Kawerau Story, who had limited mental health experience.

Te Rau Ora Hoea te Waka community fund, supported the development of the community leadership in Kawerau to take up the SP&P roles in the absence of the clinical support (McClintock et al., 2017). The SP&P leadership required a clinician who was prepared to straddle the fine line between the red flags, manage practices that required a degree of boundary crossing and flexible practice in managing the politics and ethics of suicide.

The role of the clinical lead for suicide prevention in the community is a demanding role that is called on at all hours of the day and night. The role needs to be able to manage the urgency and need, considering the importance of taking a break (Macfarlane et al., 2011).

To resource the SP&P work in the community it required a degree of resource creativity because there is no funding to support the role for the clinical leadership, as the resource for this role sits with the DHB. However, this support falls over as they only service moderate to high mental health presentations. Most whānau SP&P presentations, therefore, sit outside of their criteria. This is further complicated by the fact whānau refuse to seek out secondary support services for a range of reasons, but mainly due to bad experience and or the lack of support (Dudgeon, Calma, & Holland, 2017).

2.13 Mātauranga Māori

There have been critical clinical relationships with practitioners (Peter Topsand, Geoff Symonds, Denise Steers) from the Bay of Plenty DHB secondary mental health sector, who have contributed to the success of KSPAP and its implementation into the community. The relationship with advanced practitioners such as those mentioned helped guide the change in the community relationships that whānau had with clinical services (McFarlane et al., 2011). The above practitioners come with extensive mental health and addictions expertise and cultural awareness through time-tested experience, so it made it easy to foster an equal partnership with them when working with whānau (Goodwin-Smith, Hicks, Hawke, Alver, & Raftery, 2013).

These roles assisted in managing the red tape of the mental health secondary sector about accessing services during crises. For example, calling on collegial relationship to assist with the demand and whānau need and crises, supporting the workload and acuity. The relationship between the clinician who worked for the secondary services and the clinician who worked in the NGO sector were united in their clinical voice in mitigating the risk. Risk posed by the fragmented relationships as a result of the blame culture that the community had become accustomed to, in dealing with the multitudes of suicidal behaviour that was occurring across the community (Dudgeon, et al., 2017). The relationship between the secondary sector team and NGO provider was critical in challenging the stigma and discrimination due to the lack of understanding and knowledge the community and people had about suicide.

2.13.1 Māori models of practice: community workforce development

The scarcity of an experienced mental health workforce and workforce development contributed to the poor SP&P service delivery across the Kawerau community. Building the skills and expertise across the community, was fraught with challenges (Gee, Dudgeon, Schultz, Hart, & Kelly, 2014). We had providers who were not appropriately qualified and not being supported by their services to upskill in the roles that they had been employed into. Therefore, as clinicians we found ourselves working with providers who were unskilled and struggled to understand basic good practice. For example, providers and workers were using the confidentiality to cover up for the fact they had not done any of the required work. They used the clause to hide the fact they did not provide any support for those whānau in need, so providers were not working together for the betterment of the client. Whānau wrap-around was key in drawing on the natural supports within the whānau and the community, which provided a pathway space where both the needs of the whānau and the development needs of the community could be operationalized as a dual process.

2.13.2 Whakaaro Māori: Breaking the silence of suicide

A strategy the Kawerau whānau used to manage the contagion was encouraging our whānau, communities and tribal nations to talk about what was happening (Milroy, Dudgeon, Cox, Georgatos, & Bray, 2017). The pounamu model was a tool that kaimahi and whānau champions used to capture the stories to identify the issues and formulate a plan. 'Breaking the silence', a tag we used to capture our rangatahi to encourage them to talk to someone because it is better than talking to no one. Breaking the silence was a scary time for whānau and the community, it required courage and strength to break the silence for whānau (Dudgeon, et al., 2017). It required whānau to be brave, and as a result the emergence of community secrets and abuse created shame, and putting suicide prevention kaimahi and whānau champions at risk of being targeted by perpetrators, abusers, violent offenders and anti-suicide campaigners (McAlistair, et al., 2017).

Whānau champions and kaimahi required a layer of resiliency to break the silence. Through telling your story it exposed what was actually going on, which caused hurt, pain and hate from those it affected. In turn, the whānau champions become isolated and criticized by whānau and communities coming to terms with working through the issues that perpetuate the vast contributing factors that drive loved ones to take their lives. Breaking the silence was becoming risky business for whānau champions and SP&P kaimahi. A state of healing at the expense of the suffering (Gill & Goodson, 2014).

The whānau champion model has been road showed across New Zealand into a number of communities and different forums since 2011.

The Kawerau Story was presented at the University of Auckland for the Child and Adolescent Mental Health Services conference in 2011; at the Regional Māori Health Bay of Plenty DHB forum from 2012 to 2015 on numerous occasions; at the Te Taiwhenua o Heretaunga mental health service in 2015; and at the Riders Against Teenage Suicide event in Dargaville in 2015. It is now finally being rolled out through the whānau champion training in Kawerau 2016, Nga Toa o Te Whānau: whānau champion training.

2.13.3 Whānau champion transformative praxis training: Nga Toa o Te Whānau.

Whānau champion training is a Kaupapa Māori SP&P practice. It is a training that pulls together work that has been examined and tested through the practice from whānau champions. Whānau who were involved in driving the KSPAP through the whānau champion mahi in Kawerau from 2011 to 2017. The core component of the training draws heavily on Kaupapa Māori models, in offering up solutions for change. The training teaches whānau an understanding of how to share and own their stories to heal and make the change (McAlister et al., 2017). The training also offers a risk management tool for whānau, for us, for ourselves in designing whānau for Life, Youth, Forever, (LYFE) plans through the 'go to' tool (see Appendix G). These are grassroots tools that have worked for whānau champions in mitigating risks of suicide within their own whānau in Kawerau (Sewell, 2016).

2.14 Kaupapa a whānau: non-government organisation provider experience

The second notification process that is mobilized in Kawerau is the KIRT process between the core clinical lead and the police Sergeant of Kawerau. That is, for the release of the information and mobilization of the necessary support for those that are suicidal, or at serious risk of suicide and for completed SSID. This process is the primary process that alerts TKKHESS of all suicidal behaviour and SSID that occur in our community. The CDS notifications reports are often delayed, so by the time the information is received we already know the details of the SSID (Sewell, 2016). Depending on the relationships that you have with the authorized personnel also affects the timeframes in which you receive the information. This raises issues when NGO or community providers do not have a good relationship with the secondary sector, and commonly seen by the mainstream provider as a provider that is not clinically competent.

Information to these providers is fraught with challenges, in turn, the suicide prevention coordinator ends up having to navigate through the issues with the NGO provider and mainstream in managing the communication breakdown (Durie, 2017).

This forum is different to the core clinical in that it is on call 24 hours. In the first two years it was working around the clock in terms of responding and managing notifications and concerns. More recently, it has shifted back to working hours only, this reflects the success of the KSPAP plan. The core clinical forum is where discussions are held about the factual details about the SSID to assist providers to manage the contagion (Goodwin-Smith et al., 2013; Wilson & Clark, 2005). The clinical lead facilitates this forum. The difference in incident material regarding the notifications of the SSID process via secure network process is that the KIRT process provides the onsite community details of the SSID, so we have a greater ability to assess needs so all necessary services can be mobilized to support the work that needs to be done immediately.

2.15 Kaupapa a whakapapa: whānau mobilization

Despite the constant cries from the bereaved whānau about the lack of support for whānau impacted by suicide, service providers were ducking for cover (Williams, 2014). This required a significant change in how we rolled out the SP&P training. When we asked ourselves whether whānau were going to one another, we then needed to consider how we would roll out training specific for the whānau and the community. The solution that was rolled out was a multi-layered SP&P approach (Ministry of Health, 2013). Key events were driven by whānau and the providers in support with the bereaved whānau and clinical sector. Training was designed by whānau for whānau. Bereaved whānau were central to all the developments specific to SP&P training, promotion and conferencing (Tiatia-Seath et al., 2017).

The Riders against Teenage Suicide (Kāhui Neho; RATS) is a kaupapa that was used as a vehicle to mobilize community promotion and exposure to SP&P. RATS for the first five years of the mahi, were the champions that we worked closely with in championing the SP&P message. A space that was conducive to our rangatahi. The roar of their bikes was like a rattling of the silence and sending out a very clear message, talk about it, break the silence of suicide, share your story. RATS is a kaupapa being driven by Kāhui Neho, targeting our youth, our future generations.

Mike King has been a keynote speaker over the years because of his ability to engage and connect the messages with whānau, and with our rangatahi. His return into our community is because we see him as an ambassador for suicide prevention and postvention. In 2015, we were privileged to capture our story in a documentary called 'Target Zero', which was developed by Mike and his producer Kathleen Mantel. The filming of the Kawerau documentary was filmed at a marae based wānanga facilitated by TKKHESS, which we held at Hahuru Marae in Onepu (a small rural village) titled 'Whakamomori Wānanga' in 2013. Key issues that were raised were the ongoing dilemma about what is whakamomori and that it is not actually a translation of the word suicide, it is a state of loneliness that leads to the act of suicide (Ihimaera & Macdonald, 2009).

The debate continues to rage today amongst the Māori nations about what is suicide in Te Ao Māori, what is the appropriate word. For the purposes of breaking the silence of suicide in Kawerau, it was referred to as SP&P. More importantly, we adopted the kupu whakamomori because the debate about what the right word was, was the least of our worries because of the work at hand with the whānau and community. No longer were we going to mince words. It was about suicide prevention, doing whatever it takes to work, and supporting whānau to care for their own whānau because that was what was working in response to SP&P (Dudgeon, et al., 2017; Love et al., 2017; Durie, 2017; Tiatia-Seath, et al., 2017).

2.16 Data and statistics

Capturing our SP&P outcomes, data and statistics is a topic of discussion that is frowned upon, because it insinuates that whānau who have taken their lives by way of suicide are just numbers and so becomes a painful process (Williams, 2014). The other side of this argument is that we have no evidence that whānau champion transformative praxis is a valid solution because we do not have the data and statistics to evidence that this praxis works. The Immediate Response Team (IRT) process is one way of capturing this data. When we look past this idea, we see that the statistics tell us a story, highlight gaps, and help us understand what is happening within our communities and for Māori as the indigenous nation of the land. The focus should never be predominantly focused on data and statistics, but all factors and narrative landscapes should be considered when trying to see what the big picture is regard to suicide (Durie, 2017).

Data on SP&P needs to be more inclusive, of data that the provider arm is capturing. IRT processes allow the SP&P work that is happening at a community, provider level to be captured. The IRT processes that need to be captured are: type of SP&P being triaged; type of suicide assessment being completed; note of brief safety assessment; contact triage of presenting risks; suicide intervention and postvention need; suicide education and training being provided or recommended; age, iwi and marae affiliation should be noted along with whānau relationship status (disconnected or isolated and why) finally; and recording the key triggers that contribute to the suicidal behaviour (Ministry of Justice, 2017). The IRT approach can make a difference in terms of identifying the themes emerging within the communities. The following statistics have been provided by the Bay of Plenty DHB SP&P coordinator. The annual data was released on 18 October 2016, by the Chief Coroner (New Zealand Chief Coroner Statistics, 2016). The suicide figures are for the year 2007-2016 year.

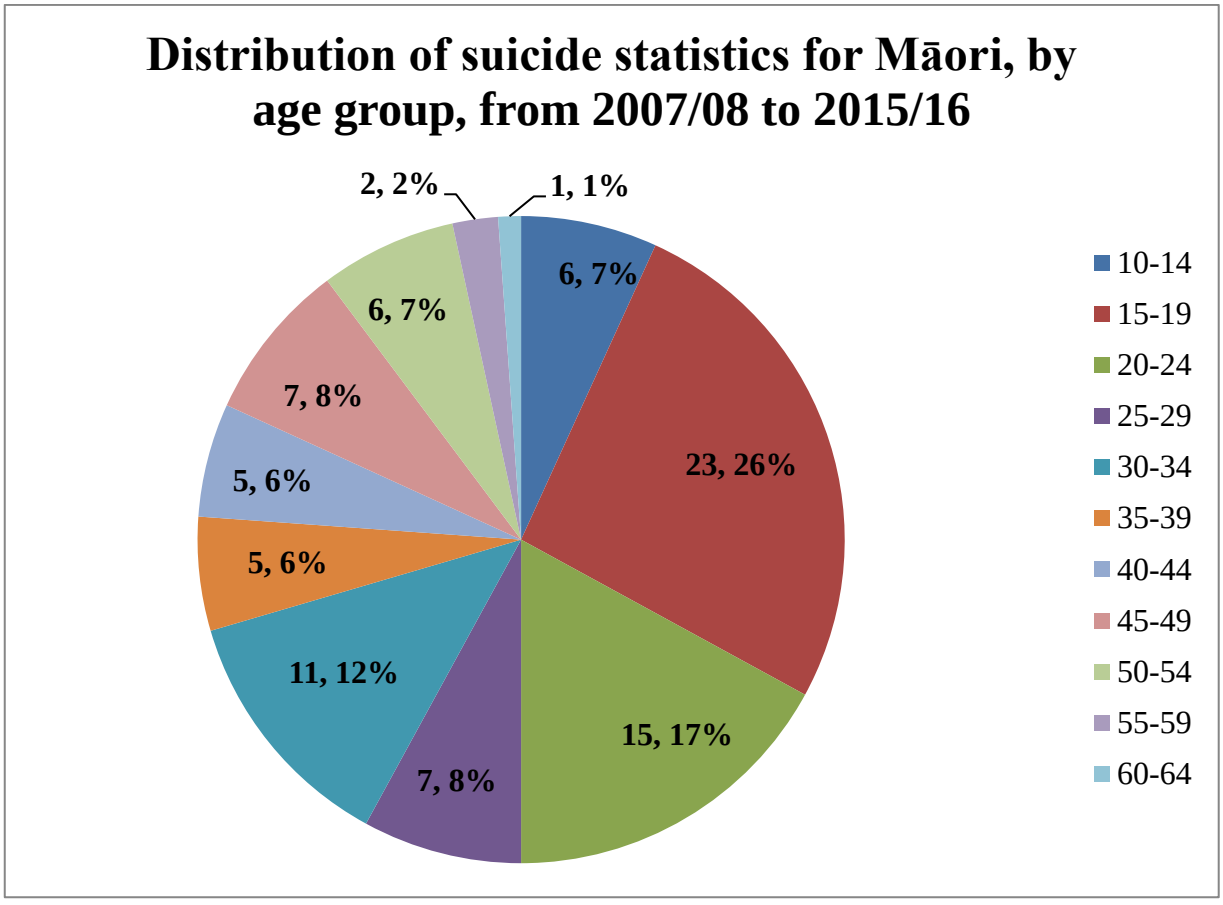

Figure 6. Distribution of suicide statistics for Māori, by age group, from 2007/08 to 2015/16 (New Zealand Chief Coroner Statistics, 2016).

In Kawerau the age group 15–19 have been a key target group in the management of suicide prevention in our community. Key strategies that have been implemented under the auspices of the Tūwharetoa Hauora kaupapa is the Rangatahi Advisory Group who have been critical in the roll out of specific rangatahi suicide prevention initiatives. K FACTOR (a local singing competition for youth) as an event to drive the SP&P messages was a marae-based initiative. The intention was to promote SP&P through the talent quest. The community and rangatahi response were positive. The kaupapa encouraged rangatahi to show case their talents as a means of strengthening their resiliency and sending messages of HOPE to the greater community.

The KSPAP is a community plan for all and targeted the high-risk population within Kawerau resulting from a range of underlying issues. The use of Māori models of praxis such as Te Pounamu and Whānau Champions have been critical in engaging with whānau that the system did not connect with whānau. Whānau have ultimately been marginalized as a result of the impacts of being homeless, whānau isolation, severed relationships and present with significant social stressors. Designing SP&P plans closer to home are critical to the success of breaking the silence of suicide into whānau environments.

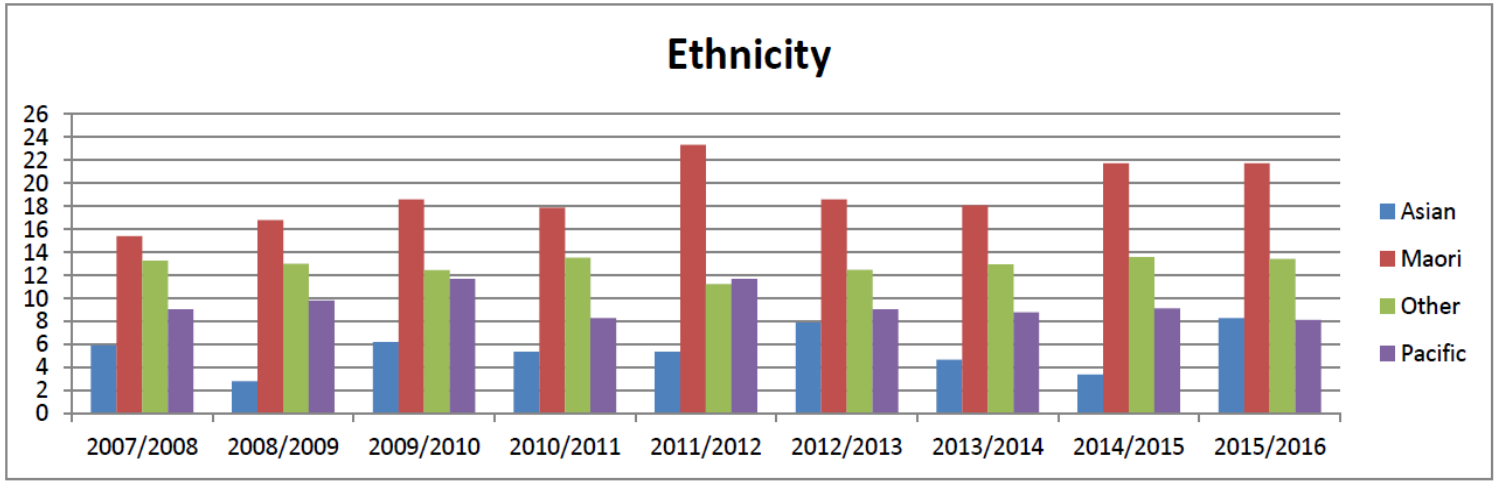

Figure 7. Provisional suicide rates by ethnicity per 100,000 population between July 2007 and June 2016 (n=4930), (New Zealand Chief Coroner Statistics, 2016).

Note: the 'Other' category includes New Zealand European, European, and not elsewhere classified.

The data presented in *Figure 7* was calculated using Statistics New Zealand annual population information from the 2006 and 2013 censuses (New Zealand Chief Coroner Statistics, 2016). The data indicates that deaths by suicide for Māori compared to other ethnicities in New Zealand is disproportionate.

This data is a clear indication that more needs to be done about SP&P for Māori. The Kawerau Story is a community based kaupapa that is not driven by the clinical or government sector, it is driven by whānau for whānau. The contracting and policy writers need to redesign contracting to ensure a greater alignment to whānau based service delivery that is defined and driven by whānau. The clinical and government sector need to have easier access, therefore, removing the red tape (processes and systems) that now suffocate access to specialised supports and services. Accessing specialized services for those whānau with high and complex needs is fraught with complications and difficulties.

Table 2.

Provisional suicide deaths reported to the New Zealand Coroner by Māori ethnicity between July 2007 and June 2016

Age Group (years)	2007/2008		2008/2009		2009/2010		2010/2011		2011/2012		2012/2013		2013/2014		2014/2015		2015/2016		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Total
10-14	2	2	4	3	1	1	3	4	5	4	1	1	1	2	3	3	1	1	42
15-19	12	4	10	14	10	8	21	7	25	12	16	8	7	11	13	10	13	11	212
20-24	11	2	10	4	11	5	12	5	13	6	15	13	22	5	13	6	14	8	175
25-29	9	2	4	4	13	2	11	2	15	3	10	3	12	5	18	5	16	5	139
30-34	10	3	10	1	8	1	6	3	7	6	9	4	8	6	13	3	12	6	116
35-39	4	7	6		11	2	3	2	5	2	6	1	7	2	10	4	7	5	84
40-44	5	3	6	2	10	2	7	1	10	2	7		5	2	13	4	3	3	85
45-49	2	1	2	1	7		5	2	5	1	2		5	2	4		4	3	46
50-54	4		3	1	2	1	5	1	3	2	3	2	1	3	3	2	4	1	41
55-59	3		3	1	3	3			4		3	1			1		3	2	27
60-64	1		3		2	1	1		1				1		2		3	1	16
65-69			1																1
70-74			2		1				1								1		5
75-79													1				2		3
Total	63	24	64	31	79	26	74	27	94	38	72	33	70	38	93	37	83	46	992

Note: data released 18 October 2016 (New Zealand Chief Coroner Statistics, 2016).

The statistics for Māori male have doubled that of Māori female over the past five years as indicated by this data. The whānau champion kaupapa has allowed for a greater reach into the hearts and minds of our whānau. Because of the natural course of support through whānau by whānau, we have noticed a significant shift in the ability to engage and connect with the appropriate supports when required earlier rather than later. Perhaps because of the natural flow of support provided by whānau for whānau, our Māori men are feeling more comfortable about opening and seeking help, talking about what is going on for them and seeking support. In 2019, the New Zealand government did not adopt the 20% reduction rate as recommended by the Mental Health and Addictions Inquiry (Williams, 2019).

The current New Zealand government, the Labour Party, refused to sign up to a suicide target because every life counts and one death by suicide is too many (Williams, 2019). The most recent provisional coroner's figures show 668 people died by suicide in 2017/2018, but officials were not persuaded to introduce a suicide reduction target of 20% by 2030.

In 2015, Mike King and I were members of the Ministry of Health Suicide advisory group. It was at this time King advocated for zero suicides, but in the end, he resigned and announced that the strategy was rubbish. It has taken the New Zealand government three years to take on board, zero suicides. Mike King had to become New Zealander of the year to influence the change (Carter, 2019).

Chapter Three

Kaupapa Māori methodology

3.1 Chapter introduction

Chapter Two reviewed the SP&P work implemented by Tūwharetoa Hauora and the outcomes achieved and developed since the implementation of the KSPAP 2011-2015. The case study focuses on whānau transformative practice through a kaupapa Māori lens, drawing on critical theories that create the space by which these whānau based ideologies are supported. The Kawerau Story provides a platform to rewrite our own stories in finding Māori SP&P solutions for change.

The methodology for this research focuses on the outcomes implemented in supporting the Kawerau community SP&P coordination. Furthermore, the research collated stories from 10 bereaved whānau to suicide. The collation of these stories was through a process of whānau hui (meetings), which incorporated traditional practices of karakia (prayer), kanohi kitea (practice of face to face contact), whakawhanaungatanga, aroha, and manaakitanga to support whānau to share their stories. Smith (2000) identifies these as principles that guide kaupapa Māori research.

Kanohi kitea is a practice of face to face contact, where we meet and spend meaningful time together. Through karakia the process of kanohi kitea clears the way for the kōrero to happen freely for both writer and participants, therefore, providing a sense of safety in revisiting the past trauma and experiences. The development of the rapport between both persons is facilitated through a process of whakawhanaungatanga between the writer and the participants which allows for a meaningful dialogue to occur during the hui. The relationship between myself and the participants has been developed over the past eight years. I have worked with the whānau directly in a therapeutic capacity in working through their own stories, and then supporting them in their roles as whānau champions or the ‘go to’ people in supporting their whānau. The practice of Aroha / love is an innate emotion that drives both me and participants to actively engage in the research, because of the aroha we have for our people and desire to share our learnings to stop whānau seeing suicide as an option. Manaaki is the act of taking care of one another both as myself and participant, because we have a responsibility to look after one another and ultimately a responsibility to our whānau, a commitment to our people.

Chilisa (2011) describes manaakitanga as an act of respect for the participants when they are actively engaged and benefit from the research.

The intention of writing about the Kawerau Story was to ensure that those experiences in curbing the suicide statistics in our community were being captured by those directly involved in the work undertaken, during that period and not written by another researcher who sat outside of the Kawerau community and not part of the team involved in completing the SP&P work. We were tired of being written about by others and wanted to write our own story. The bereaved whānau consented to me capturing our Kawerau Story, because I was also a bereaved whānau member to suicide and played a key role in leading the co-ordination of the Kawerau SP&P action plan.

Kaupapa Māori theory and praxis provided a framework that ensured the stories and experiences of the participants were validated and captured through meaningful traditional processes. This approach ensured whānau felt safe and more importantly that the stories and learnings were going to be captured in a manner that was appropriate for them as participants (Smith, 2000).

The critical theories provided the writer and whānau with a platform to rewrite the experiences of being bereaved and how the systems marginalised those realities. This ultimately allowed both the writer and participants a space to identify the solutions for change in moving forward with their experiences and their lives after losing loved ones to suicide (Parr, 2002).

3.2 Research questions

This chapter describes and explains the research proposals, and how the participants assisted the study. The aim of the study was to investigate the effectiveness and impact of the whānau champion model for whānau Māori affected by suicide and involved in Māori suicide prevention. In order to achieve the aim as described, the research sought to support the following proposals.

1) Whānau champions: whānau champions as a model of practice for Māori suicide prevention.
2) Whānau in suicide prevention: the whānau role in suicide prevention and values of whānau, such as whakapapa.
3) Whānau dynamics and strengths: what are the whānau dynamics and the strength of whānau?

4) Whānau champion praxis: whānau champions as evidenced based practice.

Chilisa (2011) describes the 'w*hānau champions as a model of practice for Māori suicide prevention'* as a strategy of both the researcher and the participants being co-researchers. The researcher is involved in the training of the participants and the participants as a natural progression impart their lived experiences creating a shared learning space between participant and researcher.

Guba & Lincoln (2005) refer to the *'the whānau role in suicide prevention and values of whānau, such as whakapapa'* as participatory methods of research where the participants speak for themselves.

Reinharz (1992) highlights that '*…the whānau dynamics and the strength of whānau'* is about self-flexibility which is a process of acknowledging the many faces of the researcher and the importance of reflecting critically as a transformative healer.

Chilisa (2011) draws on a creative relationship framework in conducting seminars that are flexible, take time to build rapport, that there is reciprocity and reiterative processes validating '*whānau champions as evidence-based practice'*. The primary method used to gather the information for the research involved a process of interviewing participants. This involved hui with whānau champions and whānau members a year before the actual interviews were undertaken. It was important that whānau had undertaken work on their own stories therapeutically to reduce the incidence of being re-traumatised by revisiting those stories. It also allowed me and whānau time to talk about the research and develop a greater understanding of the kaupapa.

The second part of this method was an integration of gathering their stories as they were actively engaging in supporting their own whānau as whānau champions. Chilisa (2011) acknowledges the process of reflexivity and the importance for self-research. This process of data gathering grounded the participants in understanding what it meant for them to be whānau champions and what this looked like for them and their whānau. In turn, the whānau were better placed to identify what suicide prevention looked like for them as whānau champions for their whānau, thus being able to determine the solutions that worked and what did not work for them. Therefore, whānau champions were well placed to identify the strengths and dynamics of their own whānau, in mobilising solutions for change.

3.3 Doctoral research proposal approval

The doctoral proposal was submitted in 2015, in the first year of my doctoral program. The proposal focused on providing a backdrop of the Kawerau Story and its history to ensure the context of the contributing factors of the community crises were captured, in understanding how this community had changed and the impact for the whānau who resided in this community. Thompson and Gitlin (1995) argue that knowledge that counts is derived from the standpoints and arguments of different groups.

The proposal required me to be able to identify participants at an early stage of the writings. The participants were recruited by me and were approached face to face, during the roll out of the whānau champion work that was being implemented by Tūwharetoa Hauora. The key driver that influenced participants to engage was the whānau common goal of preventing further whānau from taking their own lives and the importance of challenging the current SP&P model. The 'Johari Window', developed by Joseph Luft and Harr Ingham (1955), is a model that helps with understanding and teaching self-awareness (Mertens, 2008, p. 1 -70)

From 2011 to 2015, I developed a strong relationship with the participants as a natural progression of mobilising the whānau champion mahi with Tūwharetoa Hauora, which was used to inform the writings of the doctoral proposal. However, a gap in the rollout of the KSPAP was that we were inundated with managing the community work and community crises. As a result, we had no written records or evidence of the work that we had been mobilising. Therefore, I was under pressure to initiate the research writings and start capturing the outcomes and whānau champion story.

To capture the Kawerau Story and the whānau champion kaupapa, a story book was developed by Tūwharetoa Hauora. Unfortunately, the quality of this footage was not of good quality, as we had limited funding to have a story book designed professionally, so called on a whānau resource to design the storybook. Due to the poor quality of the recordings the story book was not able to be released and so these stories have remained archived as raw interview footage. This data remains with me, and as a result, it added further pressure for me to initiate the doctoral writings. Participants during the proposal phase of the research had given verbal consent to participate, which was then consented in writing in 2016 as part of the interview process. The doctoral proposal was signed off by the ethics committee in 2015 (see *Appendix H*).

3.4 Ethical issues

The research has been conducted to capture the 'state of dreaming' of those whānau whom have been directly impacted as a result of losing a loved one to suicide. The state of dreaming acknowledges the mixed emotive states that the bereaved whānau whom have been directly involved in this research traverse every day as a result of living with this loss (Laenui, 2000). The grief is always present; every day is a new day. Every day comes with new solutions for healing and in that lies the dreams and challenges. In response to the grief those who are bereaved to suicide are constantly managing states of recovery, the mourning, the state of dreaming, the commitment, the need to action and being whānau. Laenui (2000) describes these phases as a process of decolonisation. In decolonising our minds, we find who we are and our own solutions. We are decolonising our minds through the Kawerau Story. A story about whānau taking care of whānau.

3.4.1 Ethics of rediscovery and recovery

The bereaved whānau through their loss of their loved ones they have sought help, not necessarily through mainstream and traditional supports, but through those whom they connect with. As whānau champion participants they have had to re-discover their own voice and stories and in doing so, have been well placed to help providers, such as Tūwharetoa Hauora, identify solutions that are a better fit for whānau. In developing this relationship as a whānau champion for Tūwharetoa Hauora, the bereaved whānau have become a resource for the Kawerau community and for those soul dreamers who have lost loved ones to suicide. As a whānau champion, they not only seek to be available to support those who are bereaved or working with whānau who are experiencing suicidal behaviour, they are also finding tools and solutions for recovery in helping others. The systems ideal of managing suicidal behaviour and supporting the bereaved whānau to suicide is that they seek out the appropriate expertise who are clinically qualified to support the healing. However, where there is no connectedness, there is no voice and with no voice there is no rediscovery of one's own story and pathway of recovery. In the "rediscovery there is recovery". The providers are funded to provide services and yet the whānau in the Kawerau Story were not only servicing their own needs, they were servicing the needs of the community.

3.4.2 Ethics of mourning

Laenui (2000) highlights that mourning is a critical process that one must go through to heal and move into a state of dreaming. The challenge with this research is that the participants believed that these emotive experiences remain entangled as one and are never isolated emotive experiences. The mourning of the bereaved also captures the ongoing assault from their experiences of being marginalised from existing SP&P treatment models. The mourning for the participants was further complicated and challenged by the ongoing exposure to whānau completing suicide through the duration of the study. The conflict for both the bereaved and the whānau champion was finding meaning in the therapeutic healing as the healers who have also been traumatised, working with the trauma in an environment that is in a state of crises. How do we define what this therapeutic healing process looks like as indigenous people, when the traumatised are working with the traumatised in an environment that is traumatised?

3.4.3 Ethics of dreaming

To dream is to give voice to those indigenous communities in which we engage, and in those voices, we hear their resiliency, feel their loss, and understand their worldviews and realities. Ultimately, we are provided with the opportunity to rewrite ourselves back into our own stories, "by whānau for whānau", by "Kawerau for Kawerau". Smith (1999) highlights that we find social justice in the stories of those being researched and moves us into gaining a better understanding of practices that have sustained us as indigenous peoples. Laenui (2000) challenges the researcher to imagine that those being researched are researchers as we capture their theories, so they too own the knowledge that they share with the researcher. The state of dreaming acknowledges the space that is not talked about, and that is the state of dreaming for those loved ones we have lost to suicide. To dream outside of the indigenous space is to be seen as someone who is crazy/mentally unwell. Well it is about time we woke up. It's a reflection of the mismatch we experience with the system as Indigenous nations. This is our resistance to the system.

3.4.4 Ethics of commitment

Escobar (1995) points out that indigenous peoples' knowledge through research has been rewritten and theorised and come back to us as new knowledge and theory.

The commitment to the Kawerau Story is that the SP&P work from 2011 to 2018 is written by those whānau champions who were engaged in the implementation of the Kawerau SP&P strategies. There is a responsibility by the researcher to ensure that the whānau champion voices are captured because in their stories lies the solutions and greater commitment to support surrounding communities and whānau.

3.4.5 Ethics of action

Laenui (2000) defines action as a key aspect of participatory research, where the researched are actively involved in telling their stories, finding solutions and then acting to better their own lives, the lives of their whānau and communities in which they live. Furthermore, Laenui acknowledges the activist stance that is required by the researcher to undertake such an approach as a means of driving social transformation and change. As a clinician/practitioner/kaimahi Māori, it has required a stance that challenges the status quo that the clinician is the expert, when in fact the experts are those being researched, that is us the whānau. The Kawerau Story highlights that the whānau champions are the experts, but in doing so it has also highlighted the gaps of the mainstream services in meeting the needs of whānau Māori. In response to making recommendations to the local DHB SP&P strategy, the whānau champion approach has been greatly criticised and exposed to ongoing marginalisation. This is because it has not been tested against Western-based research clinical theories, and therefore, is not seen as an evidenced-based practice approach, despite the positive outcomes for Māori impacted by suicide in the Kawerau Story.

3.4.6 Ethics of voice

Guba and Lincoln (2005) defines voice as a form of research that includes a researcher's and participant's voice through mediums of training and forums that are designed specifically for participants themselves. For the purposes of this study, the participant's voice is captured in understanding their stories. The pounamu model is the framework that has been used to hear their voice, it is also the tool that has been utilised to support whānau in understanding their own stories and in doing so are well placed to make the necessary changes in partnership with the researcher and their identified supports. The research, in turn, becomes more meaningful for the participants as it becomes a process of healing and transformation in action research; while the writing of their stories then becomes a resource for the whānau champions and their whānau, for future generations in better understanding what happened and why they lost loved ones to suicide during that period.

The voices of self, the whānau champion, and the healer are one; they are not seen as individual responsibilities. The indigenous voice of the whānau is grounded in the relationship and responsibility to one another.

3.5 Ethics approval to conduct interviews

The interviews have been conducted drawing on two forms of interviewing. The first is through a Kaupapa Māori research approach, which is defined as research that calls on traditional processes and practices that are culturally appropriate and meaningful to the participants (Bishop, 2008; Smith, 1999). The interview was guided by the following traditional Māori practices: karakia, kanohi kitea, whakawhanaungatanga, aroha, and manaakitanga.

3.5.1 Karakia

The participants were given the opportunity to open the forum with karakia or drawing on ways of knowing that they saw fit as an opening to clear the way for them to speak freely. The interview is guided by the kōrero that happens in the interview, so although there is a structured interview scheduled the process of questioning, it is guided by the kōrero from the participant, it is a natural process of "just being with one another and sharing kōrero/being whānau" that is us, it is who we are (Chilisa, 2011).

3.5.2 Kanohi kitea

The interviews were conducted face to face at an identified location that was suitable to the participant. All the participants participated in the interview process at the writer's offices. It provided privacy and a space free of distractions for participants to talk about their stories. The process of consent has been an ongoing aspect of the relationship with the writer and participants. Participants were provided with information through a group wānanga process, where a power point presentation was made to the participants as a group. Those participants who could not attend the group wānanga were individually given a one on one Power point presentation explaining the kaupapa. This was an opportunity to strengthen the relationships between all participants.

3.5.3 Whakawhanaungatanga

The rapport between the participants and I have been developed over the past eight years dating back to 2011. I worked in a supportive capacity providing wrap around support for the participants themselves and their whānau from this time up until 2018.

Up until now, no matter where we go, we will always be ‘go to’ whānau for whānau. As a result of this relationship, the participants and I have developed a trusting relationship which operates both in an informal and professional capacity as we live in the same community and are often engaged in the same activities. I was also responsible for the co-ordination of suicide prevention in the Kawerau community, so the participants who are seen as whānau champions of SP&P are called on to support the community, in turn i provided the necessary clinical advice as required by whānau champions in supporting whānau through their presenting issues.

3.5.4 Aroha

My rapport with the participants has been strengthened by the common desire to ensure that we do whatever it takes to make certain that those of our whānau and within our communities do not see suicide as an option. “Aroha” for the purposes of this research is defined by the common heart conditioning that has been moulded by the emotional turmoil that those bereaved by suicide experience, and the constant desire to stop our whānau from taking their lives. Aroha for our whānau, aroha for our Māori people, and aroha for the kaupapa; doing whatever it takes to work in SP&P for whānau Māori.

3.5.5 Manaakitanga

The commitment to care for one another is defined by the shared experience of being bereaved to suicide. We have a sense of responsibility to one another, making sure we engender a sense of care when hearing their stories. Manaakitanga is defined by the unity that is inherited through the grief and loss of being bereaved to suicide. It is a practice that is born through the common understanding of the turmoil and trauma and so the art of caring has layers of commitment to one another and to the kaupapa. We have a responsibility to care for the kaupapa; ensuring we have future generations to continue the legacies of our ancestors and working beyond the boundaries of mainstream society for the betterment of our whānau Māori.

3.5.6 The interview schedule

The interview questions were identified through key themes that emerged over the duration of the implementation of the KSPAP. Identifying the tribal affiliations of the participants was about respecting the identity of the participant, and more importantly, acknowledging that their identity was a critical aspect of the participant’s resiliency.

Gaining an understanding of the participant's perspective of suicide as whānau champions was important because every participant had a different experience that was unique to them and their whānau. As a natural progression of being impacted by the loss of a loved one to suicide, participants were having to navigate their recovery through the politics of mainstream interventions, whānau beliefs and values and their own lived realities.

As the writer, it allowed for a privileged insight into their perspectives as whānau Māori and whānau champions, who had lost loved ones to suicide, and who their 'go to' people were. Through the sharing of the participants' stories, not only did it help with their recovery and healing it also allowed for the participants to share their insights into what worked for them as whānau Māori, what their solutions and key SP&P messages are and what supports they need in supporting their whānau. The participants also saw the interview time as an opportunity to give feedback to me about the work that had been completed with them, alongside Tūwharetoa Hauora, and areas for ongoing development.

3.6 The Pounamu Model

The second of these interview approaches is through the pounamu model (see *Figure 8*), which was used to capture the participant's stories. I developed the pounamu model in 1995. The model provides a framework of key themes, commonalities presented by those who present with a range of socio-economic determinants (Ruha, 2012). One of the key outcomes of drawing on this approach is to reach into the homes and minds of the wider whānau and or those who are significant supports for whānau members. A key difference of drawing on Māori models of practice is that, these approaches validate our stories (Smith, 2000). A unique aspect of the pounamu model is that the participants' stories are mapped against the pounamu model and given back to them. This practice allows the stories to be validated and creates a space where participants can then look at the transformation that has occurred between the time of the story and the now and are positioned to identify how they got through the change. In that change is organic whānau transformative praxis (Smith, 2012) that the research aims to capture in shaping Kaupapa Māori SP&P whānau-based solutions.

The key themes captured on the pounamu model are: (1) the presenting issues (history of mental illness; safety issues: history of self-harm or homicide; social stressors, such as accommodation, employment, education and income; physical complications, including head injuries).

(2) The identified coping strategies used by participants to cope with the stressors and realities of the time (history of alcohol use and abuse; violence and anger; history of criminal activity; alternative lifestyles such as engagement with gangs). (3) The whānau dynamics (issues of isolation as a result of burning their bridges and supports with whānau; parenting issues; relationship issues with siblings). (4) The relationships with wider supports (peer relationships, social support; sexual orientation). And (5) the underlying issues (grief; abuse; childhood issues; identity issues; Māori related issues), (Ruha, 2012).

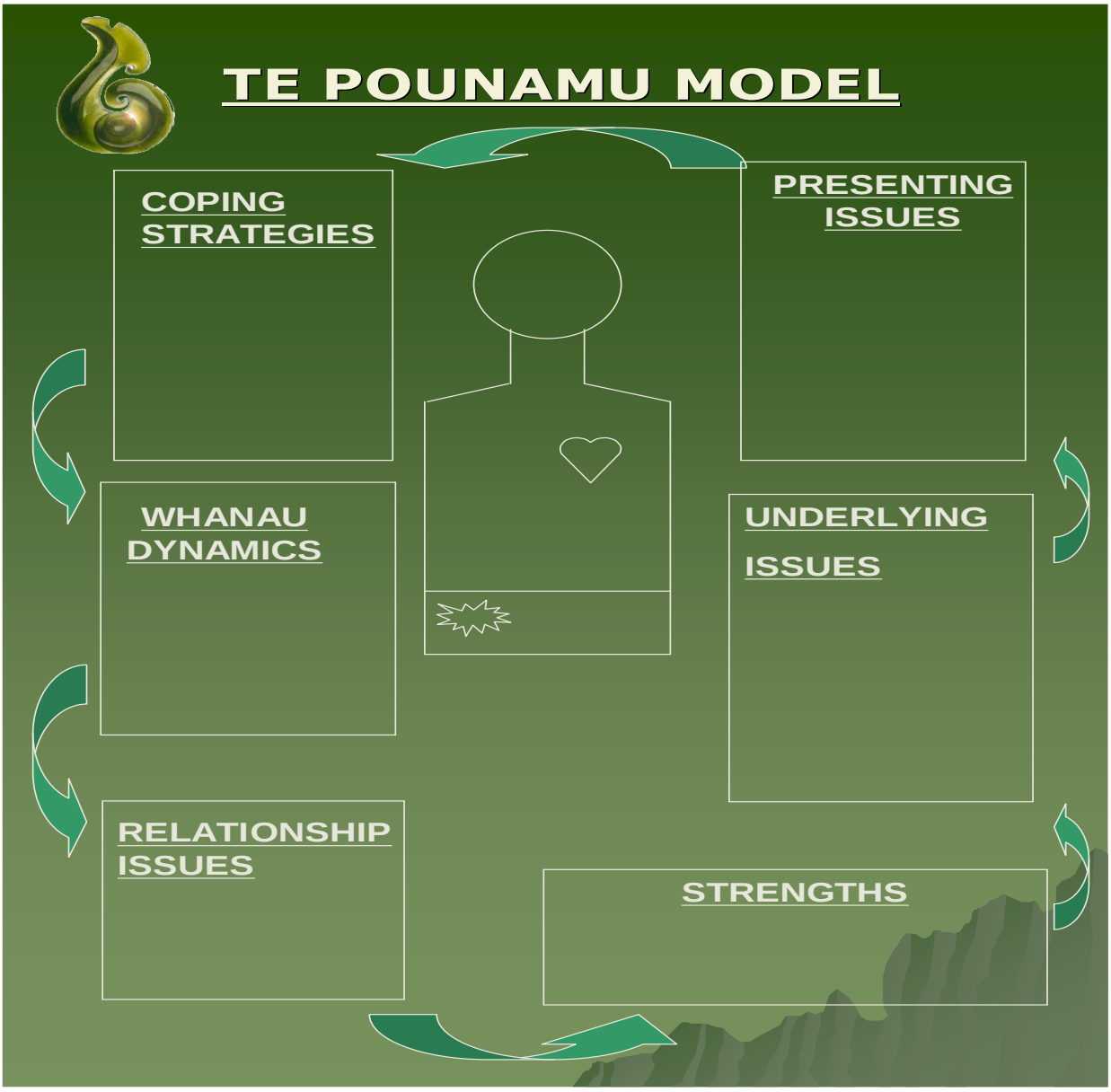

Figure 8. The Pounamu Model (Ruha, 2012).

The pounamu model is one of the tools that the whānau champions are trained in using as a tool in supporting whānau who seek out their support. The pounamu model provides the whānau champions with a tool to capture their whānau members story, which is then used to help whānau of concern identify where they need to be supported and where to go for support and why. Kaupapa Māori research encompasses meaningful processes that are important for whānau (Henry & Pene, 2001). The researcher acknowledges that the Pounamu model is an eclectic approach that shares similar themes liken to that of the recovery model and traditional formulations and standard approaches in mental health (Bernal, 2006., Brave Heart, 2001)

3.7 The creative relationship framework

The key outcome is to work together for the betterment of the people, for all. Chilisa (2011) describes this as a creative relationship framework, based on five key themes: (1) intention, (2) rapport, (3) reciprocity, (4) interviews, and (5) reiterative process.

3.7.1 Intention

The relationship between the whānau champions of Tuwharetoa Hauora and I was developed through a creative relational basis (a relationship developed through the whānau champion mahi). The intention of the Kawerau Story is to validate the whānau learnings from the Kawerau Story. Captured through the implementation of the whānau champion mahi, a Māori exemplar of a kaupapa Māori and SP&P strategy. A key aspect was through consultation wānanga with the whānau champions. A series of interviews were held with participants: coupled with a series of semi structured discussions, through a series of power point seminars with the participant group about the whānau champions.

3.7.2 Rapport

The rapport between the whānau champions and I have been developed through the active engagement in the roll out of the SP&P work occurring across the Kawerau region. As the researcher, I am responsible for capturing the story, and the beginnings of the whānau champion kaupapa. Throughout the research there have been some incidences with key relationships who were engaged with the research as whānau champion participants, due to those issues the interview transcripts have been omitted from the key outcomes of the case study. The growth of the relationship between the writer and the whānau champions is an ongoing natural process.

3.7.3 Reciprocity

The process of giving back to one another, a responsibility to be kinder to one another especially during times of crises. The Kawerau Story captures how the grassroots mobilised a SP&P strategy, a kaupapa Māori model. Through the whānau ideologies and sharing of these realities through loss, builds for strong communal relationships.

3.7.4 Interviews

The whānau champions and I met on a one on basis. I also met with the entire roopu of whānau champions through several different training forums. These training opportunities were also used to discuss the whānau champion transformative praxis kaupapa. Whānau champions were also provided with an information sheet to outline the research, the consent to participate and the interview questions. A combination of all these approaches allowed for a comprehensive overview of the application of the whānau champion kaupapa in praxis to be applied at service delivery for SP&P. Through the whānau champion training by Tūwharetoa Hauora and the whānau champions, feedback has been sought by whānau both about the effectiveness of the training for whānau. Power point presentations were the key presentation mediums used to discuss the research when feeding back to the whānau champions about the Kawerau Story research. The interviews were then transcribed, and the key themes were elicited from those stories, transcribed from the interviews. The source of information from these stories is overwhelming and a privilege to be part of the whānau champion kaupapa.

3.7.5 Reiterative process

A kaupapa Māori praxis lens allows the Kawerau Story to be seen in a narrative light that was designed by the whānau champions. This approach is about connectedness to the ‘go to’ people of the land who are connected through peace, love and unity. We all have a responsibility to one another, which is ongoing overtime.

The interviews were completed with participants once the ethics approval was given to conduct interviews. The interview information was transcribed, and copies given back to participants to ensure the transcripts are correct. Chilisa (2011) refers to this process as member checks. The feedback of the findings will be presented throughout the research period of the Kawerau Story. We are all ‘go to’ people for whānau, so are engaged in the whānau ora kaupapa both inside and outside of our roles we hold at Tūwharetoa Hauora.

The SP&P discussion and strategy will grow through the cries of whānau bereaved to suicide, it is them who will highlight the need for whānau bereaved to suicide.

3.8 The whānau champion kaupapa

During the process of the research the participants were being called on by whānau as whānau champions of SP&P, in response to the ongoing suicides being completed by their whānau members. The whānau champions mobilised a variety of methods in supporting whānau experiencing suicidal behaviour. Parr (2002) refers to this as a method of rapport and reciprocity, where we build harmony and respect with our relationship in the community and develop a sense of connectedness to the research, the researcher and our whānau. Mertens (2009) refers to this research as transformative participatory action research. The researcher collects the stories and hears the voices of the participants and the participant actions those frameworks in supporting their wider whānau. The mobilisation of that support by the whānau champions ideology is known by the participant and the researcher, in creating the necessary social transformation and change (Freire, 1973).

3.9 The whānau champion pathway

The process of communications for whānau champion praxis is driven and initiated by the whānau champions. It has three distinctive pathways of theory and praxis as noted in the diagram below.

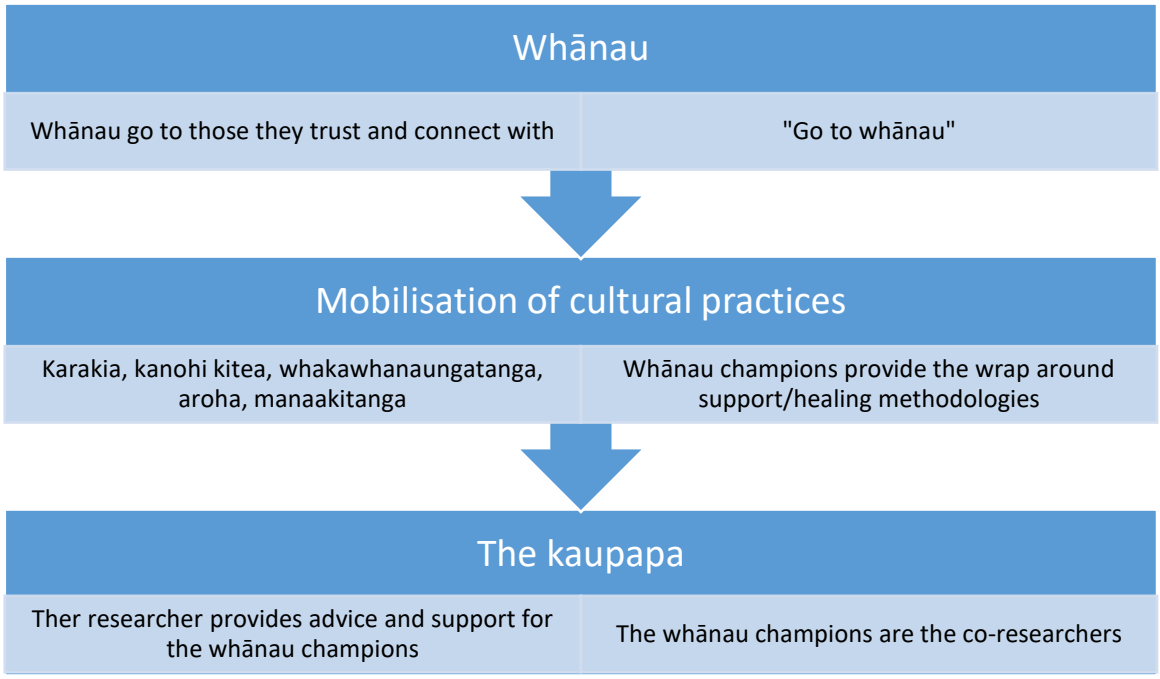

Figure 9. Diagram of the whānau champion model

3.10 Healing methodologies

Chilisa (2011), Sonn and Quayle (2013), Simonds and Christopher, (2013) define healing methodologies as an indigenous practice that encompasses the spiritual realities and is centred in unconditional passion and rooted in the life experience knowledge and wisdom. Through the journey of the 'go to' whānau champions helping whānau who experience suicidal behaviour in the Kawerau community, at a time in the community where the voice of whānau bereaved was being marginalised and when there was great struggle and poverty. There was a rising of whānau resistance and liberation through this struggle. In the uprising of the whānau voice, the whānau were able to move forward in making change and finding solutions (Freire, 1973). The whānau mobilised their own "tino rangatiratanga". The whānau champion training was discovered by whānau as a need in making change and moving the whānau forward, therefore, has been situated as a core critical component of the methodology of this study.

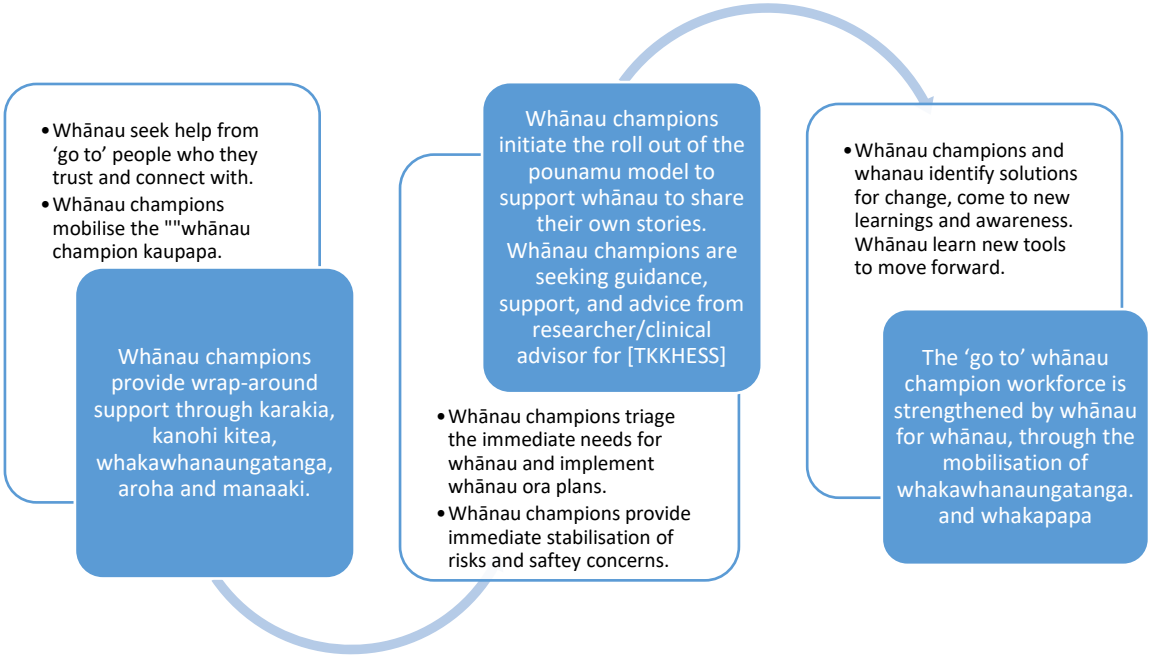

Figure 10. The whānau champion training methodology.

3.11 Interview and thematic analysis method

Pihama, Cram, & Walker, (2002) and Chilisa, (2011) highlight that research for indigenous nations is '*with people*' rather than '*on people'*.

Following the interviews with the participants, the raw data from interviews were transcribed, and then copies of these were returned to the participants.

The participants were then encouraged to review the interview material and advise of any amendments and make the necessary changes to the material drafted. Once the transcripts had been reviewed by the participants, they were then encouraged to sign these transcripts to indicate that the reviewed material was the material to be used as part of the research.

Chilisa (2011) identifies the following questions as core enquiries in response to analysing data when looking for commonalities and emerging themes: how will the data be analysed? Will the study use an indigenous analytical framework? Whose worldviews will be used to analyse the data. Who will verify and validate the data? Who owns the data? And who stores it? The whānau champion kaupapa draws on a kaupapa Māori analysis. O'Reily (2010), refers to a kaupapa Māori analysis as an emergent epistemology (Barclay, 2005), referring to the analysis as a kaupapa Māori theory that is:

- Related to being Māori (Barlow, 1991; Mead, 2003; Royal, 2002).
- Connected to Māori philosophy and principles.
- Assumes the validity and legitimacy of Māori epistemologies.
- Values the Māori language and culture.
- Concerned with the struggle for Māori autonomy (Connor, 2006).

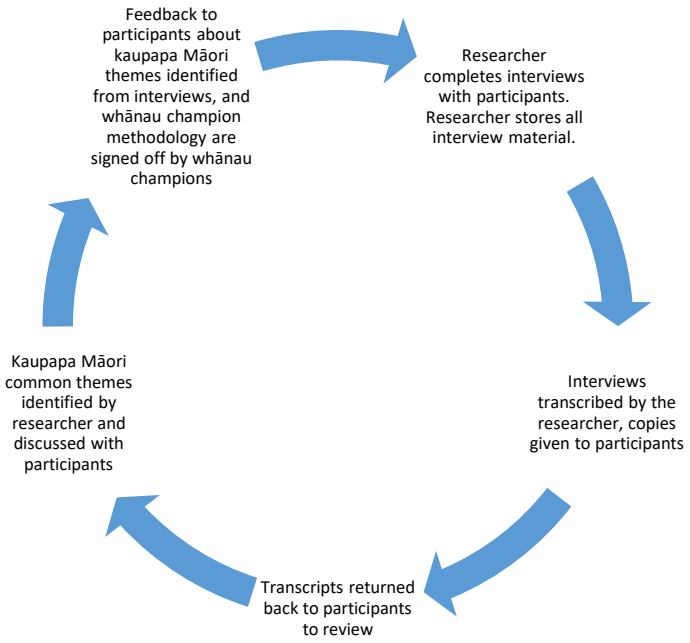

Figure 11. The interview and thematic analysis method.

3.11.1 The common themes

The common themes were not only identified through the interview process but have also been derived from the 'in action' research undertaken by the participants through the mobilisation of the whānau champion kaupapa. Themes have also been elicited from a case study interview with two of the participants who are mother and daughter.

3.11.2 The data analyses

The common themes were elicited and catalogued under each of the 12 indigenous themes. Under each participant narrative a summary analysis is noted, outlining the cultural values the narratives exemplify and the role of the whānau champion.

The following chapter takes these observations even further and discusses the politics of the Kawerau Story and the solutions implemented in navigating the change. Suicide is political and we can develop an insight into understanding what happens behind the scenes for kaimahi and providers such as Tūwharetoa Hauora when driving a suicide prevention kaupapa in a rural community, through the Kawerau Story learnings. Where we see a tight knit community that is being forced to change because of issues of gentrification. Issues of poor service delivery due to the competitive contract mentality that existed in the community, therefore whānau needs were not being met.

The politics of suicide not only increases your workload as a practitioner it also brings layers of resiliency due to the battering from the politics kaimahi must navigate. Ultimately, it creates greater risk for the kaimahi and the whānau who are in need of help, and so the kaimahi and whānau champions draw on values from traditions of time such as kotahitanga, whakawhanaungatanga and manaakitanga to strengthen and guide them in committing to meeting the needs of the whānau and taking responsibility for the roles we hold in addressing issues of suicide.

Chapter Four

The politics of suicide

4.1 Chapter introduction

Chapter four discusses key political themes that have emerged from the Kawerau Story learnings. The learning experiences capture the whānau champions' perspective with a focus on key political influences that impacts on the SP&P work they do, and tells a story of how the whānau champions navigated the politics to ensure the needs of the whānau were being met. The first theme covers issues of access to SP&P services. The second key theme is the 'Kawerau Story', which will capture the struggle of oppression and discuss the political struggles that emerged during this period. The third theme looks at the politics and how they manifest at the grassroots, in the community, and in mainstream. Looking into the politics of finding solutions, understanding the political lens, knowing the injustice practice landscape, talking about the politics of governance and the impact when unresolved, the whānau champion politics, and the grassroots politics. The fourth theme investigates the political solutions, as suicide is often treated as political. Key narratives that are discussed are: understanding the 'go to' person, the one on one, indigenous praxis, the war of the minds (the internalised debates we hold with ourselves when trying to navigate the politics and meet the needs of whānau), and the indigenous human rights act.

Finally, the most recent New Zealand Government (2018) mental health and addictions inquiry *He Ara Oranga* will be reviewed and how it is reflected in the Kawerau Story, years on from its implementation into the community. A reflection of how fast forward the innovation was and how slow the system is in responding to the change needed in improving service delivery for Māori. We have evolved, and the system is 10 years behind in the thinking about service delivery to Māori, understanding kaupapa Māori health, and mainstream are still struggling with realising the full potential of whānau ora.

The recommendations from He Ara Oranga serves to validate the Kawerau Story. An approach which provides greater insight into what a culturally and clinically multi-skilled whānau champion workforce looks like within kaupapa a whānau and community reality. The intention of drawing on the review outcomes in this chapter is because the recommendations from He Ara Oranga are grounded in the Kawerau Story and whānau champion transformative praxis.

4.1.1 A whānau champion perspective

The politics from a whānau champion perspective will focus on, talking about politics that they must navigate when supporting whānau who need support. In particular, the difficulties of accessing health care. To understand these politics, they will be viewed through the Kawerau Story. The whānau champion lens highlights the complications experienced during the Kawerau Story due to the political and bureaucratic agendas across health service delivery, from funders through to providers and across communities (Mulroy & Austin, 2005).

4.1.2 Access barriers to healthcare for whānau Māori

At the surface of SP&P, there are emerging themes such as homelessness, racism and institutional failure. A consequence of discriminating system policies and practices that impact directly on Māori and indigenous nations (Houkamau et al., 2017).
Further perpetuated by political decision making by the government of the day, which condone these realities (Belich, 1986, 2007). Colonisation is an ongoing struggle for indigenous nations (Lawson-Te Aho & Liu, 2010).

Politics increase the workload for the whānau champion kaimahi, because they must navigate through the political static in terms of accessing services for whānau. For example, you have to fit a health provider's contract criterion when accessing health services. Individuals must present with certain health ailments to access the appropriate care through a service provider. The unique difference with NGO providers like Tūwharetoa Hauora is the ability to provide a full wrap around approach. Therefore, whānau can present with a range of issues and enter the services at any given point and be supported. Because of the struggle of seeking out the appropriate expertise and being treated badly by mental health services, individuals do not seek the help they need from health providers (Hjelmeland & Knizek, 2017). If you should need mental health care, it gets even more complicated (Durie. 1984). Therefore, suicide prevention is not just the work of the domain of professionals but rather a collective approach (Love, et al., 2017). In response to these struggles the whānau champion praxis was developed, so the necessary wrap around support for the 'go to' persons were available to support the work they were doing with whānau.

4.1.3 The Kawerau Story

A focus of the discussions will be writing the SP&P narratives from the Kawerau Story experience.

The political perspectives are from a whānau champion perspective and as the key clinical lead in the Kawerau Story. The politics of SP&P is an aspect of the whānau champion mahi that goes unseen. The whānau champions are often too busy taking care of the mahi needing to be done and are exhausted by the politics, so they either do not talk about it or 'just carry on' doing what needs to be done. In the Kawerau Story the issues of politics were predominantly absorbed by the greater support of the Tūwharetoa Hauora team as a means of supporting the kaimahi in getting the needs of the whānau attended too. When we can navigate through the politics, we can mobilise political solutions for change. Love, et al., (2017) highlight that in capturing the participant's SP&P stories, there was significant disadvantage reported. This included socio-economic disadvantage and factors which had been present since childhood.

4.1.4 Political praxis themes

The narrative praxis themes that emerged from the Kawerau Story over the past five years will be captured through a political lens, based on the stories of the whānau champions involved in the whānau champion mahi. Discussion will focus on how the global and economic politics of the country are impacting on communities like Kawerau. More importantly this chapter will provide an insight into how the SP&P politics manifest at the grass roots and the implications for whānau champion in their mahi they do.

Love et al., (2017) define 'Kahupo' as a state of motivational blindness in reponse to a loss of cultural cohesion and identity, marginalisation and socio-econnomic disadvantage. This framework provides for an opportunity to capture some of the complexities that whānau champions are navigating through, and the politics needing to be managed to assist whānau to access healthcare and comunity supports. For example, cultural cohesion and identity; where whānau champions are supporting whānau to find that connection with greater kin, drawing on Māori mediums of praxis to nurture one's sense of identity. Marginalisation and socio-economic disadvantage; where whānau champions assist whānau into employment and educational opportunities. Also removing barriers to access the relevant services; where whānau navigating the difficulties of accessing health services to address health needs. Ultimately assisting whānau with the poverty stricken conditions in which they live.

Lawson-Te Aho (2013) indicates that suicide action is a movement by communities, through reclaiming their sovereignity.

Key political themes that need mentioning are the issues of community, mainstream, SP&P solutions, traditions of time, indigeneity, the lens, the unjust practices, governance, whānau champion mahi and grassroots practice. These areas are seen politically because we are not only having to revive ourselves from the struggle of oppression, we are also having to navigate through the politics of oppression to ensure whānau get greater access to the appropriate supports (Freire, 1993). In understanding these political themes, we get an insight into the multiple challenges that whānau face. The politics are intertwined and perpetuated and sustained by each other, compounding the struggle (Love et al., 2017).

4.2 Community Politics

Understanding the role of the community is critical in response to mobilising SP&P modalities. Furthermore, the ideologies and perspectives held by the community about the health and wellbeing of a community are varied and diverse, so wherever possible whānau champions will work collectively. Ultimately as a result of living in any given society the norms of that community are also contaminated by the greater colonial infrastructures (Bennett & Liu, 2018). In understanding the literature around politics and its impact on society, the writings and perspectives are focused on key socio-economic factors that contribute to why indigenous nations are where they are in terms of their health and wellbeing. The discussions will be situated in the context of colonisation and the impact for indigenous, in particular for Māori in the case of the Kawerau Story. The narratives form the whānau champion highlight trauma and cultural loss, historical trauma and social suffering (Wirihana & Smith, 2014), defined as cultural stress and grief related to genocide and racism that is both internalized and institutionalised (Wexler & Gone, 2012). An ultimate outcome of ongoing suffering, historical oppression, injustice and colonisation (Love et al., 2017).

There is a common belief amongst society, that those who live-in poverty-stricken realities are in those situations because they are lazy, drug addicts, gamblers and they chose to be in that situation in society. However, that is far from the truth in most cases. The reality is that there are significant political and economic influences that happen outside of communities that have a trickle on effect and impact on how service delivery is then provided. France and Fhunsu (2012) refer to these realities as resistance, and notes that Fanon (1967) urges us not to abandon these social spaces as this is where we can mobilise power and wisdom in redefining the political project. An example of the negative economic impacts in New Zealand that we are seeing is an increase in homelessness, because of the housing shortages across New Zealand.

Wexler and Gone (2012) propose four underlying assumptions in understanding the disparities between nonindigenous and indigenous higher suicide rates. Also, the SP&P institutional failures, in the hope to stimulate enquiry into suicide for indigenous nations. The four normative assumptions from the writings of Wexler and Gone (2012) are: firstly, that suicide expresses underlying psychological problems verses suicide expresses historical cultural, community and family disruptions liken to that of the narratives of the whānau champion kaupapa. The second is that suicide is primarily an extended expression of person violation verses suicide is primarily an act and consequence of society, which is reflected in the Kawerau Story narratives.

The third is that suicide prevention is best achieved by mental health professional's verses suicide prevention is best achieved by non-professional community members (in these writings they are the whānau champions). The last is that suicide prevention falls within the purview of formal mental health service delivery systems versus suicide prevention most probably falls within the purview of locally designed decolonization projects, for example, the whānau champion kaupapa.

4.2.1 Homelessness

The cost of living anywhere in New Zealand has become very expensive. The face of communities like Kawerau is changing because of the shifting demographics. There has been a significant exodus of local whānau who are third generation families to that community creating greater disconnect for whānau due to the gentrification in those regions. Therefore, families are moving to areas where there is cheaper housing (Bond Graham, 2018). It should be no surprise that whānau are presenting with issues of overcrowding, and strained relationships within the family environment as a result. Love, et al., (2017) look at specific indigenous SP&P projects and indigenous ideologies. Their study highlights that for whānau to survive in today's realities, they must navigate a complexity of high-risk factors such as poverty, violence, mass incarceration, educational failure, homelessness and mental illness. In a lot of cases whānau champions are seeing an increase of impoverished living circumstances and poverty due to the rising cost of accommodation and food.

In response to these realities of poverty and homelessness it has put significant pressure predominantly on the non-government iwi/tribal organisations servicing local communities, like Tūwharetoa Hauora. Boal (2002) mentions that oppression is not only a physical experience it also affects our internal being. Homelessness is grounded in a foundation of racism, therefore, to combat these realities we are redesigning what that

indigenous therapeutic space looks like for us. No longer is it just about clinical and cultural integration, it is about indigenous praxis (Smith, 2000).

Kelleher (2002) demonstrated the association between the type of political pattern and health status in the case of suicide. Kelleher drew on a Durkheim's 2005 hypothesis that levels of social standards reflect social disorganisation and as a result may explain the increased rates of suicide. The study goes further to also mention that political environments, affiliations, community participation and processes may well be a good baseline in understanding the health status of a community, and how it then contributes to acts of suicide.

4.2.2 Homefulness

Poverty Scholar (2018), a speaker at the Oakland Women's March held in California, re-defines the term homelessness and prefers homefulness to describe their realities. During my time in California, while studying at Berkeley University for a Spring Semester, I had an opportunity to work in the field amongst the homeless at the People's Park, in Downtown Berkeley City. Ari Neulight is a homeless outreach coordinator who is employed by Berkeley university school of social work, whose core role is to support the homeless (Ari Neulight, personal communications, May 2018). Ari manages his own budget and programme in supporting homefulness solutions. Key themes of his role include the provision of direct services and supports providing a co-ordination of access to services. The role is also pivotal in advocating for change across the political sector through clinical coordination forums. Furthermore, engaging with key stakeholders that are critical to the advocating of homelessness solutions strategically. The role is supported by Berkeley university, who provide extensive supports for the outreach coordinator where required. The outreach is facilitated through a case management approach, where the homeless are reconnected and supported back into existing services and supports where possible. The role also provides access to resources and mobile services, and advocacy in terms of reconnecting to whatever is needed (e.g. getting identification sorted out). Furthermore, the role provides access to existing providers to assist with advocacy in terms of access to housing (Gilbert & Leahy, 2007). This approach rings familiar tunes to the work of the whānau champions.

When whānau are connected to the homefulness, this is a celebration because we do not see this often. In terms of housing solutions and options the priority is about access to rapid housing, with a triage component at the front end where an assessment is completed. With wrap around support and reconnect back into whānau and community networks

wherever possible. Indigenous researchers are proposing that healing is a collective process and that cultural connectedness is linked to suicide prevention (Lawson-Te Aho, 2013; Wexler, & Gone, 2012; Love et al., 2017).

The 'we', the 'us', and the now reminds us about the audacity of hope (Obama, 2016). For the likes of poverty scholar homefulness is grounded in hope and the voice of the homeless. In the Kawerau Story, we found hope through the eyes of the whānau champions. Yunal-Davis (2006) outlines, through an analytical framework, belonging and the politics of belonging. The politics of belonging are defined as 'the dirty work of boundary maintenance', or in the case of the Kawerau Story the whānau champion mahi.

The boundaries of political belonging and the boundaries of political community of belonging is a space that creates the 'them' and 'us'. Oppose to a more collective political agenda of the 'we', the 'us', and the now.

4.2.3 Racism

Racism is about the domination of another culture values and beliefs that are inflicted on another ethnic reality. As a result of the impact the other ethnic/indigenous nation loses sight of what is their traditional practice and reality (Bennett & Liu, 2018). Racism is used in our language. For example, we use clinical jargon to explain what is happening but as a result it creates fear and silencing. In the Kawerau Story, suicide had been silenced because of the fear of causing a contagion, a clinical term interpreted by the local citizen as a state of causing others to commit suicide if we talk about it. Racism is defined as an act of destroying the ethos of a person for the betterment of another group of people. It is when the voice of that nation can no longer be heard (Liu & Robinson, 2016). In the case of the Kawerau Story, the providers were not hearing the cries of the bereaved, so they had to mobilise themselves in accessing SP&P support. There is significant evidence that racism continues to impact on the health and wellbeing of indigenous populations throughout the world (Lawson-Te Aho & Liu, 2010).

4.3 The politics of services

In the early stages of the Kawerau Story, the Bay of Plenty DHB region, allocated 97% of the funding to mainstream and 3% towards Māori Health (McClean, 2015). The NGO iwi providers are currently providing full-service wrap around for whānau with a range of needs that are mild to severe. Services that should be serviced by mainstream, but because of the

patterns of disconnect and transiency of our Māori families and difficulties with accessing secondary services, the wrap around support is being absorbed by local iwi NGO providers.

The local NGO services are funded to provide a range of services. And where there is no funding, solutions are sought to meet the needs creatively because of the commitment to the people. These demands, in turn, put increased work and demand on local iwi NGO providers, as a result those kaimahi are more prone to burnout (Roche et al., 2013). In more recent times, local iwi NGO providers are seeing a significant increase in whānau transiency, as the population growth in the larger cities of New Zealand, such as Auckland, overflows into small rural towns like Kawerau.

Bringing about a spiral effect of increase rental rates means that whānau must relocate to even more isolated communities, or back into the cities and ending up on the streets homeless. The ongoing burdens of colonisation and dislocation from whānau homelands creates further marginalisation, and a diminished sense of collective identity. Therefore, improved health for Māori needs to be situated in policy changes not only at a local level but also regionally and nationally (Oakley-Browne, eta l., 2006).

4.3.1 The politics of finding solutions

A raft of solutions is required to address SP&P as there is no one particular cause, there are a multitude of precipitating factors (Wexler & Gone, 2012; Love et al., 2017). The inequalities that exist within communities requires policy changes at all levels of society (Kelleher, 2002; Scott, Doughty & Kahi, 2011). Communities need to make the paradigm shift, where a community is more accepting of others, to a mind-set where we all take responsibility for the environment in which we live, moving towards finding connection and hopefulness and homefulness. SP&P is everyone's responsibility. We all play a role in making the paradigm shift (Walker, 2004).

4.3.2 The politics through the traditions of time

The politics through the traditions of time is grounded in concepts of: whānaungatanga, which is defined as a relationship through kinship, but is also described as a family connection. In a lot of cases those who are homeless, the system becomes that connection. The second concept is kotahitanga, which refers to a sense of connectedness and belongingness (Kruger et al., 2004). The role of the whānau champion is to reconnect to the

kinship and where these relationships are broken down. The whānau champion becomes that point of togetherness and belonging in the interim, until the connections to whānau and significant supports can be made (Bennett & Liu, 2018).

Just imagine when we the powerhouse resource of the indigenous institution draws on one another to support the work that needs to be done, through integrated training programs, education forums, and shared resourcing. Consider the impact and potential changes we would have in reducing the incidence of suicide behaviour amongst our people, when we are free from the struggles of colonisation (Lawson – Te Aho & Liu, 2010; Love et al., 2017).

4.3.3 The political lens

The mobilisation of movements from the grassroots is the foundation that mainstream is now turning to for solutions as healthcare becomes more complex (Durie, 2004). Our role as whānau champions is to build trust, provide access and connection whereever possible, and being there when we say we are going to be there for whānau. Follow through and identifying who the 'go to' people are and understanding what the individual and community need is important.

The lens that one comes with contributes to how you perceive different things, about communities, structures, groups and organisations (Mulroy & Austin, 2005; North, 2018). A key lens that the Kawerau Story had to navigate through was the politics of the community and the relationships with other providers/organisations. Whānau champions had to figure out these dynamics as we were doing the work, in most cases these dynamics come to the fore when trying to access services for whānau were directly affected.

Community competence is critical because it also indicates how well a community can get things done, and whether they provide the resources and systems and make use of the resources and systems they have available and access to (Shore, et al., 2011). A key consideration when looking at the community we needed to ask ourselves whether the community reflected values of social justice and whether the decisions being made were good for all. When the community drives a different kaupapa/agenda that is not in the interest of the residence, it is not good for the community (Jansson, 1994).

The Kawerau Story is about how whānau had to navigate through the SP&P community politics and the consequences of institutional failures. An example of institutional failure is when we see acts of creaming: this is where a provider who is paid to do the work, uses the work of another provider, without providing those services. Mulroy and Austin (2005) describes 'creaming' as a provider who intentionally seeks out clients

who are easier served. The following is a case scenario that the writer had to navigate in supporting the hauora kaimahi and whānau champions through:

> *A provider is funded by the ministry and is not providing those services to whānau in the community and are ticking their boxes based on the work of another provider. They have set up community forums that require the provider who is doing all the work to attend and feedback all the work they are doing into those forums. In turn, the funded provider who facilitates this forum uses the information from the provider doing all the work, to tick their funding requirements.*
>
> *There was no transparent process of addressing these issues because the strategic and community key stakeholders responsible for this contract were all on board with the funded provider, even though they were aware of the concerns that the funded provider were actually not doing the work.*

4.3.4 Injustice practice politics

With situations like the example noted above, there is a sense of moral injustice for the provider kaimahi that were doing all the work. The impact of this injustice political practice as time went on stripped away at the resiliency of the kaimahi, because not only did they have to do the work, they also knew that the work was being collected by another provider. More importantly, there was not a thing that could be done because of the support at a national, community, organisational and group level (Smizik & Stone, 1988; Wolch & Dear, 1993). However, we knew as time drew on that this political injustice practice would be exposed to the greater alliances. In the meantime, we had to carry on doing the SP&P work that we were not being funded for. During this time, the role of the Tūwharetoa Management team and the wider TKKHESS team support for those kaimahi directly affected was crucial. In supporting the morale of the organisation and more importantly to keep the spirits of the kaimahi strong and motivated. Reyes-Cortes (2011) in her thesis investigated suicide as a socially produced cultural artefact, and that suicide amongst her Maya culture predisposition is due to the chronic poverty, addiction and class inequality. In her concluding comments of her learnings in her dissertation she points out that, ‘it is the infinite strength, kindness, generosity of human spirit, the same strength, kindness and generosity that enables so many to survive the un-survivable’ (Reyes-Cortes, 2011, p.89).

4.3.5 Kaimahi politics

A leadership style that nurtures a sense of belongingness and uniqueness have been key factors that have influenced the success of the roll out of the KSPAP. Through the support of the visionary leadership of Tūwharetoa Hauora, Chief Executive Officer, Chris Majoribanks. The kaimahi were encouraged to engage in a workforce development pathway (Roche et al., 2013). The training pathway assisted kaimahi in the theory to praxis application, of the work they were doing in rolling out the KSPAP over the past seven years.

The TKKHESS CEO provided transparent and self-determining leadership, mentoring, and development.

This type of leadership allowed the kaimahi to develop leadership skills and to learn working outside the box; outside of mainstream thinking (Mulroy & Austin, 2005). The kaimahi worked alongside a leader who provided kaimahi with opportunities to be included in service decision making and all workplace activity. Kaimahi were connected to one another through the common connection, to the kaupapa (Shore et al., 2011).

The whānau champion kaupapa takes belongingness and uniqueness to another perspective, where the relationship between the kaimahi, whānau champions and the kaupapa are connected through the process of working towards a common cause (Nikora, 2007). When you have a leadership style that promotes fairness of the systems, diversity, inclusive leadership where kaimahi can participate in the strategies and decisions, it promotes kaimahi satisfaction and belongingness (Durie, 2004).

The success of the operationalisation of a SP&P plan needs to be supported by a leadership style that promotes the ideology that everyone matters. When you have an organisation that has strengthened relationships across the organisation, you see greater work satisfaction and outputs, where kaimahi want to stay with the organisation and are also committed and come forth with creativity (Shore et al. 2011).

4.3.6 The politics in governance

Māori health service delivery has made significant leaps in rolling out health services and wrap around support that are leading the way in designing innovative solutions and programs for whānau Māori (Durie 2003, 2005). When kaimahi creativity can shine through, there is a significant shift in the effective roll out of services. The relationships with whānau is critical as they are ultimately the kaupapa. The kamahi provides the wrap around for whānau, when the kaimahi are not being supported it affects service delivery (Smith, 1999).

A key theme that constantly emerges amongst providers are the issues with the board of trustees of organisations, such as the disconnect and the differing agendas. We see examples of this disconnect when governance members do not have the right skill set, any understanding of the business, and bring their own agendas (Mulroy & Austin, 2005). As a result of this political static, it has the capability of stopping the entire service delivery of the organisation which impacts on meeting the needs of the community. When you have poor governance providers, this has an impact on the kaimahi and in severe cases; there is a strangulation on resources.

Due to the strangulation of resourcing kaimahi, they will use their own money to purchase their resources to do the job they were employed to do. Furthermore, when the programme service delivery is restricted because of the poor resourcing it becomes even more complicated as time goes on because kaimahi are then caught in between the bind of performing to their job responsibilities, and heart strings being pulled by the whānau needs. But when there are board of trustees' constraints, because they shut down all resourcing to the operations of the organisation, this crosses the line of good governance and puts the kaimahi and organisation at risk (Dell, 2018). When the governance issues remain unresolved and start impacting on the operations, we see a high turnover of kaimahi.

Politics of the personal agenda is when your board of trustee member(s), see fit to target key networks to take over the organisation because they intend on getting rid of the existing management team. Another example is also when they give themselves the authority to spend more money on the board of trustee's weekend retreats throughout the year, which is triple those expenses that have been invested in resourcing the organisations core business (Mulroy & Austin, 2005).

Dell (2018) refers to these issues as warring egos and situates the issues as a state of colonisation driven by fear. Dell highlights that in order to understand our present, we must understand our past, because the transformation for change happens in the present. Furthermore, she notes that colonisation disregards who you are and that this is a collective trauma. Dell mentions that some Māori governance bodies create breeding spaces for big egos. More importantly she reminds us that we must remember that colonisation removed our cultural processes that managed the individualistic behaviours. Dell goes further and suggests a framework to offer more self- reflection called 'whenua beings', which focuses on six capacities for thriving: whānau and whenua, belonging, emotions, influencing, nourishing, guardian and spiritual. Finally, Dell indicates 'to realise our aspirations we must

address the ego in the room' (Dell, 2018, p. 59). The whānau must always be the kaupapa. When we have forgotten this, we have fallen off the kaupapa/the program.

The politics of personal agenda affect the kaupapa because the need of the personal agenda becomes the priority, rather than the needs of the community for which they received the public funding for (Gil, 1998). Good governance is not only about learning your roles and responsibilities, it is also about having the right skills set for the role, right heart conditioning and relationship capabilities.

Therefore, a key factor in the whānau champion mahi is also about making sure you know what your own story is. So that when you are confronted with issues, your own issues do not become the priority. The decision making should always be in the best interest of the whānau who are the kaupapa. Good service provider management and well-supported teams are critical to the success of any organisation (Craig, 2002).

4.3.7 Grassroots practice politics

From 2011 to 2017, all the kaimahi involved in mobilising the whānau champion kaupapa were also employess of Tūwharetoa Hauora. This required all the kaimahi to be on a health related training pathway. Therefore, the majority of the whānau champion kaimahi were required to engage in tertiary studies in a health related field. The kaimahi were being supported to train with Te Wānanga O Aotearoa, a local indigenous social work degree program. This program allowed them to complete their training in social work while also working fulltime. The kaimahi also had their own families they were raising. All the kaimahi involved in the whānau champion mahi were all being supported through a Tūwharetoa Hauora performance development plan that provided financial support for study and leave requirements in completing the course. Working fulltime and studying through a wananga style learning on the weekends also allowed the kaimahi the privilege of being able to apply theory into practice they were learning during their training at the hauora (Mulroy & Austin, 2005).

4.3.8 Whānau champion politics

There are those in the Kawerau Story who are both kaimahi at Tūwharetoa hauora and seen as champions of the community within their own whānau. There is a fine boundary line that we have to straddle as kaimahi who are bound by both our responsibility to our people and our ethics of practice as indigenous practitioners, and above all of that, whānau

responsibilities come first (Durie, 2005). The whānau champion kaupapa is about writing what it looks like when you must manoevour through the political realities for the betterment of the people.

The Kawerau Story allows us to capture and describe what the practice of walking the indigenous boundary lines we cross as a natural progression of supporting our whānau. Yuval-Davis (2006) notes that identity narratives can shift and change, be challenged and varied. This is a transformative space that we are continually crossing.

In that space is where the transformative indigenous praxis occurs and where the solutions for change are designed, created and developed (Valentine, 2009).

As indigenous practitioners we are constantly juggling the Western space with our lived reality and our cultural fit. In that cross over of trying to find the fit to our reality and the new knowledge. This creates a space where the indigenous knowledge of praxis is formed (Bennett & Liu, 2018).

In the Kawerau Story, whānau champion mahi is supported by a Tūwharetoa Hauora client pathway. The whānau champion practice is also supported by their affiliated code of professional practice and through the organisational core competencies. Yuval-Davis (2006) mentions that people can belong in many ways. Key practice boundaries and client pathways that cut across all the kaimahi were issues of confidentiality. Therefore, kaimahi had to ensure good record keeping was being maintained and stored appropriately, which was further supported by a review of the treatment decision making through a multidisciplinary team and the appropriate clinical supervisory support that is in place (Roche et al., 2013).

A critical practice priority was ensuring the disclosure to appropriate lines of support, when reports of harm to self and or others were being made, by whānau champions. It is also important when working with whānau, that there are clear lines of communication because of the complexities of providing wrap around support. This ensured whānau knew who was providing what support. More importantly all whānau champion kaimahi were trained to competently complete a pounamu model assessment, risk management assessment drawing on the ‘go to’ tool as the whānau safety plan. Hartmann and Gone (2012) completed a research through a case study in understanding the incorporation of traditional healing into an urban Indian health organisation. As communities are reaching out to traditional healing to strengthen the standards of Western mental health services. In the study they identified that culture keepers and community cohesion were key components of successful healing programs.

The wrap around approach is a tag team streamlined pathway that Tūwharetoa Hauora provides for all those seeking support. The wrap around provided a consistent treatment and support assessment approach. The use of the pounamu model allows for an eclectic approach to collating information from whānau (Ruha, 2014). This information forms a picture and helps the whānau in making sense of what is happening.

More importantly, it helps both the kaimahi and whānau to identify what the wrap around support looks like both from Tūwharetoa Hauora and for the whānau.

In a study conducted by Scott et al., (2011) they argue that risk-thinking is an attempt to discipline the uncertainty of crises, whereas peer supporters such as whānau champions see crises as the opportunity to engage and build a relationship in managing the risk. The paper goes further and defines peer support as an occupation that crosses the boundary of being whānau and a helper, acknowledging that peer support workers are both inside and outside the experience, located within a health system at the same time have been users of services.

4.4 Political solutions

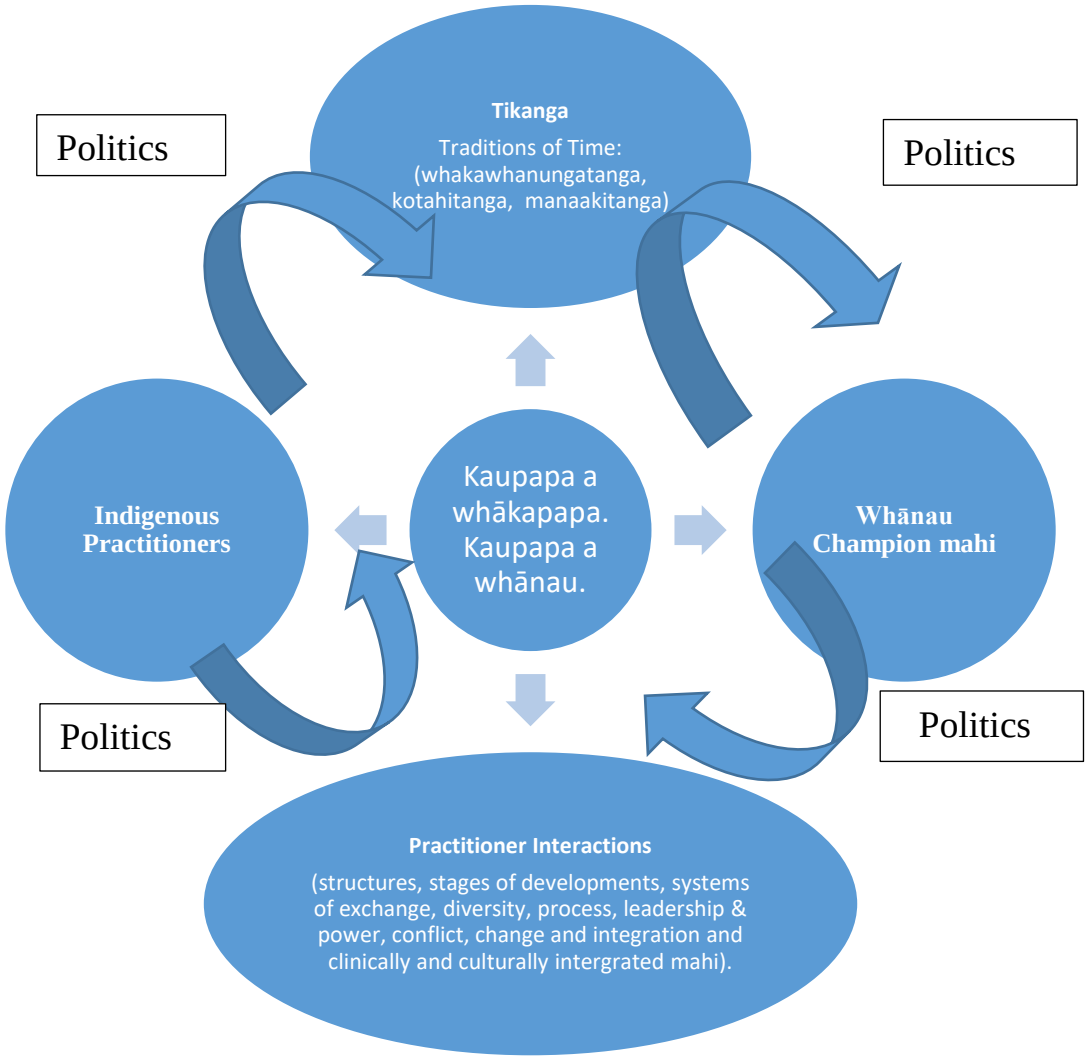

Figure 12. Whānau champion practitioner practice concepts & praxis processes (Ruha, 2018).

Whānau champion practice concepts and praxis processes demonstrates what whānau champions have to navigate through when moving through communities, organisations, groups and whānau when providing access to SP&P interventions (Mulroy & Austin, 2005). Central to these praxis concepts is the whānau whom we serve. These realities help to understand the environment and the political impacts on the work of the indigenous practitioner and the whānau champion when supportiung whānau.

4.4.1 The 'go to' person in the community

In most cases in the Kawerau Story, kaimahi were also the 'go to' people for whānau of the Kawerau community.

In some cases, they were working 24/7 and were more prone to issues of burnout. Roche et al., (2013) conducted a national study, hearing stories from 70 indigenous alcohol and drug workers located around Austrailia, through interviews, about wellbeing, stress and burnout. They identified in their study results key themes such as: excessive workloads, extensive demands and expectations, workers relationships in the community, loss and grief issues, lack of recognition of indigenous ways of working, stigma and racism. These were further compounded by personal circumstances of grief and loss, and lack of culturally safe enviroments. Furthermore, the study highlights the paucity of research in understanding the stories of indigenous health workers.

The similarities between the study and the Kawerau Story in 'hearing the indigenous workers stories' were the narratives of the stress as a result of the close links and responsibilities to the community and the dual responsibilities. Being constantly on call, playing mutliple roles, having complex personal and professional lives required workers to interact with multiple agencies. The study highlighted the importance of workforce development strategies to support the wellbeing of Indigenous workers . These included, the development of workplace, systems and pathways, mutual support networks, training and boundary setting, support with workload managment, access to mentorship, good supervison and remuneration.

All whānau champion kaimahi had access to clinical and cultural supervision, however, encouraging kaimahi to make supervision a priority was an ongoing role managment that needed revisiting. The over and above work roles and responsibilities was also creatively managed and supported between the whānau champion kaimahi and managment. Without this relationship the survival of these roles in small communities like Kawerau and the ability to meet the need was fraught with challenges, namely the whānau champions would end up getting burnt out.

The relationship of the 'go to' person and the Tūwharetoa Hauora whānau champions and kaimahi is critical in the mobilisation of the whānau champion kaupapa as a SP&P immediate response approach. Good intergrated cultural and clinical support, supervision, and assistance is vital in supporting these roles (Roache et al., 2013).

4.4.2 The one on one.

Teyber (2006) refers to the one on one as a form of therapy, the most important factor in therapy is our willingness to bring as much of ourselves as possible to the therapeutic session.

The role of a whānau champion draws on the natural instincts of the connectedness to the whānau and from that connectedness draws on kōrero / discussion during the one on one. Horwitt, (1997) notes that Alynski defines one on one as an uncommon discussion, where we give of ourselves and make connection and meaning of the one on one, in a space where we share our stories. A meaningful connectedness, through whānau driven action research to manage the coalition of politics of indigeneity in a mainstream environment, has been a critical foundation of the whānau champion mahi / work. Below is a table explaining the interface between these diverse realities and how it translates into indigenous praxis and how these lived practices safe guard indigenous practitioners from the politics of racism, but more importantly creates a space where whānau needs are able to be met, despite the struggle (Smith, 1999; Kruger et al, 2004; Wexler & Gone, 2012; Lawson – Te Aho & Liu, 2010; Lawson – Te Aho, 2017).

4.4.3 Indigenous praxis

Table 3.

Whānau praxis

Whānau praxis	**Indigenous ideology**
Whānau a whakapapa	Connectedness through geneology, there is a shared commonality and link, a uniqueness in the relationship.
Whānau a kaupapa	There is belongingness and connectedness to Tūwharetoa ki Kawerau Hauora, there is a commitment to the kaupapa.
Whakawhanaungatanga, Kotahitanga	There is connectedness and belongingness between the whānau a kaupapa, Tūwharetoa Hauora Whānau champions and the Kawerau community.
Manaakitanga, Aroha	There is a commitment to care for one another through the one on one.

When we couple the lens and perspective that the whānau champion brings to the healing process of supporting whānau through SP&P, the transformation and solutions for discussion are created in these realities. Hjelmeland and Knizek (2017) highlight that mental illness plays a significant role in at least 90% of suicide, but they also argue that the research and evidence of this truth is weak. Furthermore, they highlight that the pathologizing of suicide isolates and silences the lived experiences in the suicide debate, and that such data is seen as unscientific so are calling for the importance of the lived realities to be included (Webb, 2010).

The SP&P kaupapa brings a sense of responsibility to care for one another, ultimately to keep one another alive and reminding ourselves that it is about the good for all. The community, organisations and groups play a key role in driving suicide programs, but we must all be on the same kaupapa, driving the agenda. Yuval-Davis (2006) note in their study of the politics of belonging that the political community comes with both rights and responsibilities. Politics create static that increases the workload of the whānau champion. Knowing what the community and the local organisations look like in your community are critical to the roll out of SP&P programs.

When it can be done in collaboration with indigenous coalitions it is even more powerful in bringing about change. Hjelmeland and Hjelmeland & Knizek (2017) mention that suicide prevention needs to focus more on the complexities that underlie suicide. Furthermore, a study by Kral (2012) noted that suicide among the inuit in the Artic of Canada is related to the colonial social changes induced in Inuit communities by the Canadian Government in the 1950s and 1960s.

4.4.4 The war of the minds

The ‘war of the minds’ is an analogy of the nature of the indigenous workers’ stories and the complexities that they are dealing with in supporting whānau to access healthcare services (Roche et al. 2013). A struggle that sometimes becomes so unbearable you want to escape the struggle. The ‘theatre of the oppressed’ is an expression that is a therapeutic medium by which you can use performing arts to express your emotions (Bradshow, 2018). The ‘theatre of the oppressed’ allows us to come back into our bodies and allows us to have critical dialogue. It allows us to create a sacred space and an opportunity to honour yourself and acknowledge your instinct.

It is important to listen to the wounds, because in the wounds is the healing (Lawson-Te Aho, 2014). We are privileged to know this space of understanding, in creating a relationship with our own internal knowing (Bradshow, 2018).

4.5 Indigenous human rights

There are numerous socio-cultural contexts in understanding suicide that sit outside of the discourse that suicide is as a result of mental illness (Hjelmand & Knizek, 2017). For example, in a comprehensive review by Canetto (2015), supports the notion that Muslim women's suicidality should be viewed through a human rights lens, rather than a mental disorder.

For indigenous nations throughout the world, there is often no real translation in English to capture the depths of meanings of the indigenous tongues, therefore, to have a true sense is to be of that heart conditioning. A commonality that binds indigenous nations throughout the world is the importance of family, peace, wellbeing, and the responsibility to look after one another (Melching, 2018).

As indigenous researchers we must position ourselves so that we may hold those brave discussions and challenge the status quo that non-indigenous researchers doing research with indigenous nations needs to stop. Indigenous nations need to be doing their own research on their own for their own and need to be telling their own story.

Indigenous nations have had negative experiences with research and so we are needing to rewrite ourselves back into the literature (Smith, 1999). Colonisation has been cited worldwide as a common contributing factor for indigenous suicide (Leenars, Echohawk, Lester & Leenars, 2007).

Article 23 of the United Nations Declaration on the Rights of Indigenous Peoples (2007) highlights that:

> *Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions* (p. 21).

World Health Organisation (2002) highlights that suicide rates have increased significantly for indigenous peoples over the past 40 years. A question that comes to light is, what does it mean for indigenous nations when researchers, who are not of their culture, draw on the Human Rights Act to drive the heart of their research, and see it as a model of community change? A model developed by community for community.

How much do we really understand about a culture when we are not of that culture, especially when we cannot truly understand the language for that culture? When do we know as researchers, and how do we know that we are not continuing to perpetuate the colonial experience in conducting our research?

Whānau champion transformative praxis is the solution that was mobilised to address the suicide rates in our community and through nurturing values such as kotahitanga (being on the same kaupapa), manaakitanga and whakawhanaungatanga. These principles of whānau champion praxis were the practices that guided and grounded the Tūwharetoa Hauora kaimahi and whānau champions through the mahi that needed to be done in supporting whānau. The following chapter explores further these values through the literature.

4.6 The inquiries

The inquiries listed below are the Crown's response for whānau Māori; to better understanding the inequities that Māori experience as a result of the breaches of the Treaty of Waitangi. The inquiries capture not only the voices of whānau Māori, but also look into what is happening within the system that perpetuate the discrimination that we experience. As a result of the inequalties, the discrimination and breaches that whānau Māori have endured is that there have been many Māori whānau who have been lost at the hands of the Crown. The high rates of suicide for Māori are one of the many consequences of a failed system and symptom of colonial genecide.

The Kawerau story is an insight into a community and whānau reality of these political inequaties, so we may learn the lessons without having to go through it again. More importantly the inquiry findings will assist in the transformative change that is required to happen in being more responsive to Māori.

Wai 2575 was an inquiry into the health sectors breaches against the Treaty of Waitangi. Narratives form kaupapa Māori providers, iwi, whānau a kaupapa (family through association), whānau a whakapapa (family through geneology) (Waitangi Tribunal, 2019).

The Māori Health Inquiry was an inquiry into the health inequities for Māori (New Zealand Parliament, 2019). It was announced in response to the work being undertaken by Matt Tukaki and whānau Māori. This inquiry will highlight the inequities for whānau Māori across the entire health sector, not just mental health and addictions.

Whakamanawa was a document collated through the mental health and addictions inquiry that specifically captures the voices of our whānau with lived experience in mental health and addictions. A report that captures the voices of the people, that are similar to the themes and tunes of the Kawerau Story. A report that was never released publicly.

The Health and Disability Inquiry was a report into the current health and disability system to gain a better understanding of the gaps that continue to perpetuate the inequatilities of our health system (Health and Disability System Review, 2019). Finally we will have a narrative of the system and process issues that we have absorbed and managed independent of government support. It will represent what we have challenged for the past decade at least.

He Ara Oranga was an inquiry implemented by the New Zealand Government in 2017. He Ara Oranga presented recommendations for the mental health and addictions sector, as a response to the New Zealand peoples concerns about a failing system that is imploding. We must make the paradigm shift so that we are able to leverage of the mahi we have already done and change what is not working.

Chapter three of He Ara Oranga specifically focuses on the kaupapa Māori mental health narrative and what this means to whānau Māori who submitted to the inquiry across the country. The principles provide a framework for all in terms of shifting to an inherent responsibility to these principles in being more responsive to Māori and ensuring that this is at the forefront of all thinking at all levels fo the system.

Oranga Tāngata, Oranga Whānau was the released version of the voices of those with lived experience of mental health and addictions that sits alongside He Ara Oranga. The name given to this report to acknowledge the collective voice of Māori. To ensure that the voice of the people is not lost in translation it writes in a first person voice.

4.7 He Ara Oranga

An inquiry into the New Zealand mental health and addictions sector was launched in 2017 by the New Zealand Government. The purpose of the inquiry was to bring forth the voices of the people, in understanding the underlying issues and gaps in the mental health and addictions system (New Zealand Government, 2018).

The recommendations from He Ara Oranga validates the Kawerau Story. An approach that provides greater insight into what a culturally and clinically multi-skilled whānau champion workforce looks like within kaupapa a whānau and community reality. The intention of drawing on the review outcomes in this chapter is because the recommendations from He Ara Oranga are grounded in the Kawerau Story and whānau champion transformative praxis.

He Ara Oranga was released in December 2018. For the purpose of aligning these writtings to whānau, I will focus on the He Ara Oranga recommendations that are relevant to transformative whānau praxis in holding the line for the next generation, and where this was situated in the Kawerau Story.

Since the release of the report there has been an outcry from whānau Māori across the country about the dissappointment that the Māori voice was only scattered throughout the report and no real meaningful outcomes had been recommended by He Ara Oranga, in terms of transforming Māori mental health service delivery. A sense that continues to perpetuate the dislike and mistrust whānau Māori have of the ministries and government of the day, as services are mainly defined by what works for Pākehā (Lloyd, 2018).

4.7.1 Whakamanawa

Whakamanawa was a report was released to the public without the permission of the Department of the Internal Affairs (DIA) of New Zealand, and drafted by three well known Māori researcher/practitioners. Whakamanawa was a report that looks to honour the voices and stories of Māori who submitted to the 2018 Government Inquiry into the mental health and addictions in Aotearoa. It was a reflection of the Māori voice of the lived experience, an opportunity and insight to pay heed to the voice of our people. The data was gathered through 119 consultations, 96 written submissions, 74 online submissions and 3 phone calls made into the 0800 inquiry phone line. The solutions within this report are situated in the mana of the Treaty of Waitangi. Grounded in the notion of a paradigm shift towards Māori concepts such as pae ora (a flourishing society), mauri ora (individual wellbeing), whānau ora (family wellbeing), wai ora (environmental wellbeing,) and wairua ora (spiritual wellbeing).

A paradigm that is reflected in whānau ora and kaupapa Māori services as they are anchored in Māori worldviews.

What are we to become if we silence the voice of our own whānau as a result of the political conflict, and colonial ownership of our voices that were shared through a process

commissioned by the government to hear in a meaningful way the outcry from our people? We must validate the whānau no matter what the circumstances. We must not perpetuate the oppression that has been determined by law and not our lore. Lloyd (2018) notes that when seeking new approaches to improve Māori wellbeing, changing organisational culture is a necessity. The stories were given freely under the lore of tino rangatiratanga to drive the need for Māori to become self determining, because we are dying at the hands of the system.

4.7.2 Oranga Tāngata, Oranga Whānau

Oranga Tāngata, Oranga Whānau is a kaupapa Māori analysis of consultation with Māori for the Government Inquiry into mental health and addiction (2018). The released edited version of Whakamanawa, from the department of internal affairs, capturing the voice of the whānau half the numbers of pages of Whakamanawa.

Whakamanawa called for transformational change in the health system in order for Māori to achieve optimal wellbeing. The outcomes drive a lens that talks about the need for a paradigm shift towards a system grounded in tikanga Māori values; one that is holistic, whānau centered and decolonised (New Zealand Government, 2018).

Key themes from He Ara Oranga that we also hear in the Kawerau Story identifies that the people dream for a flourishing pae ora society, where whānau have access to determinants of good health. A society where kaupapa Māori approaches are normalised, where Te Reo Māori, tikanga and interactions with the natural environment play a role in daily life. One where Māori participate in practices in order to maintain hauora (health). Where their is a strong connection with whānau, marae and whenua. A society that is grounded in the kaupapa of tino rangatiratanga, manaakitanga, mana, whānaungatanga and whānau ora. Where whānau Māori are able to determine their own futures. That the Treaty of Waitangi is central to the solutions relating to mental health and addictions; where their is genuine partnership between the Crown and Māori, in the decision making that impacts on whānau, hapū, and iwi. Therefore, there is a call for the Crown to transfer the decision making power and resources to Māori, which is critical to the wellbeing of Māori.

He Ara Oranga highlights that;

- Strong Māori leadership is required at all decision making levels.
- Collaboration across all sectors including close relationships with Māori.
- Wellbeing is situated at the heart of policy, practice and service development.

- Equity between tāngata whenua and tāngata tiriti to be prioritised and monitored.
- Whānau ora positions whānau as the experts in their own lives to acheive systemic and structural change.
- Cultural recovery (regaining language, heritage, custom, community) is important in terms of whānau Māori having access to their traditional practices for healing, such as rongoa, tohunga and mirimiri.
- A culturally and clinically multi-skilled workforce able to work in kaupapa Māori frameworks. The mana of Māori workers with tikanga, experience and community connections needs to be recognised and prioritised.

Themes that are echoed in the Kawerau Story is noted in the lived experiences of Māori who submitted to the inquiry and highlight that the system is;

- Fundamentally racist because it recolonises and marginalises Māori.
- It seperates Māori from their whānau and identity as Māori and fails to hear the concerns.
- Māori have been ill served over the years and so their is a mistrust with the system so whānau are not accessing services when they require them, they are turning to one another.
- Healing requires long-term solutions therefore needs couragous commitment, innovation and determination.
- That kaupapa Māori models work for Māori.
- The need to make a paradigm shift from current bio-medical and pharmaceutical focussed models of healthcare to one that is holistic and centralises family wellbeing.

The following are key recommendations from He Ara Oranga, and Oranga Tāngata, Oranga Whānau, and what these currently look like in places like Kawerau, with examples of how the inquiry outcomes will transform how we meet the needs of whānau Māori.

4.7.3 He Korowai Oranga

He Korowai Oranga (2002) is a Māori health strategy developed by the Ministry of Health with the overall aim to suppport Māori families to acheive their maximum health and wellbeing. A strategy that Oranga Tāngata, Oranga Whānau recommends as a strong

platform to guide the developments of aspiring to a pae ora. A concept that is interconnected. Pae ora encompasses three dimensions; mauri ora, whānau ora, and wai ora. He Korowai Oranga literally translated is *"the cloak of wellness".*

The overall aim of the strategy was to work towards whānau ora, through both Māori and the Crown's aspirations and contributions, however, this strategy was never really truely realised. He Ara Oranga provides an opportunity for the Crown to now resource these intentions, so the true intentions of He Korowai Oranga can now be mobilised.

He Korowai Oranga is built off key threads such as rangatiratanga (self-determination), leveraging off the gains made and reducing the inequalities. The strategy highlights that the Crown will work collaboratively with whānau, hapū and iwi and Māori communities, supporting whānau development and participation in te ao Māori to improve health and wellbeing. The strategy will ensure Māori participation at all levels of the health and disability sector in decision making, planning, development and delivery of services. Furthermore, it will support Māori providers and workforce development to ensure service delivery is timely, high quality, effective and culturally appropriate.

More importantly, He Korowai Oranga noted the importance of working across the sector as a critical component in driving whānau ora across all agencies by addressing the broad determinants of health. He Korowai Oranga provides a platform for the mobilisation of the recommendations from He Ara Oranga to transform how we provide services for Māori towards a life of good health and wellbeing.

The realisation of the key intentions of He Korowai Oranga for the Kawerau Story were only mobilised as a consequence of being a community in crises. It was not until then did we realise the full potential of this strategy. Although it come too late for those lives lost, we were fortunate enough to be able to curb the crises. With the outcomes and recommendations from the most recent mental health and addictions inquiry it is hoped that He Korowai Oranga will be better resourced and fully realised amongst the people.

4.7.4 Responsiveness to Māori

The inquiry highlights that the principles of the Tiriti o Waitangi (the Treaty of Waitangi), partnership, protection and participation, are to be included in all social policy. Funding pathway options should ensure iwi are involved in strategic planning with commissioning arrangements built around iwi and Māori priorities. It is also suggested that a Māori health ministry or Māori commission is established for reducing inequities.

Partnership, protection and participation have been drawn on by whānau champion practitioners as tools for transforming service delivery for whānau Māori for years. The principles are tools that are grounded in practices of whakawhanaungatanga, manaakitanga and aroha. Through the development and design of commissioning arrangements with iwi and/or the development of a Māori health ministry, it provides opportunities to fund pathways that ensure whānau, marae and iwi are resourced in supporting the needs of whānau Māori. A pathway that has never truly been realised, where whānau champions, the 'go to' people, for whānau Māori are resourced to care for their own. Resourcing and supporting marae ensures that their is a better connect with our people who choose not to connect with services but are returning home to their marae.

4.7.5 Māori leadership

Māori workforce into the future will require health workers to grow their skills in both te ao Māori and te ao whānui (the greater world) as we move towards kaupapa Māori approaches that will transform service delivery not only for Māori, but for all through collaborative models of care.

Therefore, Māori leadership will be critical in driving transformative approaches. Future leaders who are effective across the multi-disciplines, who can straddle hospitals and communities, link policy and practice and converse in matauranga Māori.

Māori leadership in the case of the Kawerau Story was inclusive and driven by whānau of the community, who were also attached to their own marae, hapu and iwi and seen as 'go to' people or whānau champions. Transformative approaches needs to ensure that we grow our whānau leaders in driving the transformative change we need to see.

4.7.6 Hauora Māori

The inquiry highlights the socio-economic disadvantage, poverty and racism that whānau Māori experience. Kaupapa Māori providers recognised and created deliverables in light of those disadvantages, but have not been acknowledged or resourced. Therefore, a cross-sector approach will be critical. Māori community leadership will be pivotal in bringing whānau and locally based initiatives to the fore, and moving away from a treatment focus towards a wellbeing approach.

This is not a new ideology; it is one that has been mobilised for as long as I have been in the mental health sector, but has never been resourced or validated as what works for Māori.

The Kawerau story provides an insight into a hauora, Māori approach that was resourced by Tūwharetoa Hauora. A startegy that was mobilised by whānau for whānau in collaboration with a range of multi-sectors including marae, hāpu and iwi.

4.7.7 Kaupapa Māori health services

A traditional approach that is grounded in values of whānau. A preferred option for whānau Māori due to the access to integrated approaches and options of healing. An environment that validates Māori models of practice that are a better fit not only for whānau Māori, but for all. The Kawerau Story recognised the importance of being able to provide both the clinical and cultural deliverables, and that it was the whānau who determined and defined what was needed, when they needed same. It was the whānau who determined who the tohunga was that they needed when they needed it. The He Ara Oranga recommendations finally acknowledge this space that Māori practitioners have been navigating alongside of whānau in resourcing whānau to care for themselves. A space that has never been resourced and has been sustained on the backs of whānau and kaimahi Māori, perpetuating the complexities of the issues and compounding the struggle.

4.7.8 Whānau ora

Engagement with whānau continues to be challenging for providers. A struggle we have heard through the Kawerau Story. Whānau are critical to the success of indiviudals wellbeing as it is the whānau who provide the early intervention and continue to manage the care of their loved ones when service support ceases.

He Ara Oranga suggests that there is a need for a paradigm shift towards service delivery that is holistic, culturally appropriate, integrated, equitable and the people have access to resiliency tools in gaining wellbeing.

The proposed changes from the recommendations are:

- Expand access and choice.
- Transform primary health care.
- Strengthen the NGO sector.
- Take a whole of government approach to wellbeing.
- Facilitate mental health promotion and prevention.
- Place people at the centre.
- Take strong action on alcohol and other drugs.
- Prevent suicide.

- Reform the Mental Health Act.
- Establish a new Mental Health and Wellbeing Commission.
- Refer to the Health and Disability Sector Review.

4.7.9 Expand Access and Choice

Key themes from the echoes of the people is the need to increase access to services for those 20% of our population who experience mental illness rather than servicing the 3.7% of the specialist end of the continuum (New Zealand Givernment, 2018). Therefore, transforming services requires a clear funding pathway, a co-design process, support through the implementation phase, better information, a supported workforce, and strong leadership.The current issue is that there is a disconnect between strategic direction, funding and operational policy and service delivery. In the Kawerau Story, NGO providers like Tūwharetoa Hauora managed the fall out from the disconnect.

A situation where whānau were not eligible to access services because they did not meet provider contracts, so were not serviced by anyone.

In turn, the whānau champions were supporting whānau with a range of complex needs, which required the provider to get creative about how the needs of the whānau were then supported and resourced as they were not funded to provide the services whānau required. The people, therefore, are calling for greater options including kaupapa Māori services and culturally aligned services.

4.7.10 Transform primary healthcare

The inquiry recommends the need to develop a broader spectrum of mental health and addiction services in supporting primary and community providers to deliver different services.

To do this, there needs to be greater integration with services both at the specialist end of the continuum and in the community, therefore, providers working in a more connected way.

The Kawerau Story highlights the undercurrent of the master/servant relationship between kaupapa Māori providers and primary healthcare organisations (PHO), as the PHO were the dominant provider because they had more funding and resource. So kaupapa Māori providers were only consulted as a tick box contractual requirement for PHOs.

In the end, providers like Tūwharetoa Hauora would succumb to the relationship because it was about access to services for our whānau. The transformation of primary

healthcare services will assist in the full realisation of the primary health care startegy which is grounded in a core concept of designing services closer to home.

Kaupapa Māori mental health services are grounded in holistic foundations and have primarily been the provider who has carried the gap in meeting the needs of the 'missing middle' as described by the inquiry. Whānau champions are situated within their own whānau and so are better placed to support the whānau to navigate the services and support they need. Mental health and addiction service delivery moving forward in the future needs to be guided by those who have lived realities of mental illness and addiction. Whānau champion transformative praxis is about whānau meeting the needs of their own whānau and being resourced to do same.

4.7.11 Strengthen the NGO sector

The inquiry notes that the NGO sector intially grew out of charitable trusts and strong community spirited people responding to unmet needs in the 1980s and 90s.

In more recent times, the NGO providers have been leading the way in transforming service delivery in the mental health and addictions sector. The report goes even further to describe the power imbalance between NGO and DHB, and that the NGO sector is seen as a servant.

The Kawerau Story was born out of the unmet need of bereaved whānau to suicide, because the providers and specialists positioned themselves as the experts in addressing the spate of suicides happening in the community. It was through the wrap around support from Tūwharetoa Hauora that the unmet need was met, and the burdens of the servant/master relationship with the DHB were absorbed.

4.7.12 Take a whole government approach to wellbeing

Gentrification is fast becoming a reality we are expereincing here in New Zealand. We have whānau who have become homeless as a result of the inequities being experienced, which have had a great impact on the wellbeing of the people. Furthermore He Ara Oranga notes that the inequities are perpetuated by the fragmentation and lack of co-ordination and interface between the government agencies, therefore, needing to be merged. He Ara Oranga proposed that a new social wellbeing agency will be critical in monitoring government agencies, and ensure they are addressing the inherent systemic barriers that complicate mental health and addiction service delivery and access to services for whānau.

More importantly, the partnership, participation and protection of whānau Māori and the representation of the Tiriti (Treaty) partner voice in these developments will be critical in the transformation of the mental health and addiction services.

4.7.13 Facilitate mental health promotion and prevention

For many people mental health and addiction are often discriminated against. Therefore, it will take a whole of government approach to achieve a broad range of wellbeing objectives. Mental health and addictions cuts across all sectors, so in order to acheive wellbeing, prevention must be driven across the entire government sector. Prevention is situated within the families and communities.

He Ara Oranga highlights the need to look at solutions and support outside government agencies; to families, communites and wider society. The whānau champion transformative praxis pathway is driven by whānau who are the 'go to' people in their lives. A solution that is driven by the whānau and grounded in community, marae, hapū and iwi innovation.

4.7.14 Place people at the centre

People accessing services must be at the centre of all service delivery, rather than treatment and that whānau must be included in all aspects of the support being provided. He Ara Oranga highlights that whānau need to be better supported to manage their own wellbeing. Furthermore, He Ara Oranga recommends that those with lived experience need to be sitting at all levels of service delivery.

In the Kawerau Storywhānau with lived experience and Tūwharetoa Hauora co-designed and implemented a community SP&P strategy and action plan. A solution that called on the expertise of the 'go to' people of the local community and kaitiaki/whānau champions.

4.7.15 Take strong action on alcohol and other drugs

Addiction should be viewed as a health and social issue. This will require a paradigm shift away from stigmatising addiction towards viewing addiction as a health issue. Furthermore, it is recommended that there is stricter regulations for the sale of alcohol and to replace criminal sanctions with treatment and detox options.

'Tōku whānau' (my family) is about the responsibility to narrate our own whānau struggles as one of the many threads in healing ourselves.

Tōku whānau sheds light on how whānau have carried the burden of poor sevice delivery to the people who experience mental health and addiction issues, namely methamphetamine.

Through the shift in the destigmatisation of alcohol and drugs, this potentially should encourage and support whānau to seek access to options for detox. Therefore, whānau will access the supports at the right time, when the whānau need it and not receiving it after the fact, like it currently is.

4.7.16 Prevent suicide

He Ara Oranga highlighted the importance of completing the draft 2017 suicide prevention strategy urgently with a target to reduce suicide by 20% aspiring to zero suicides. That bereaved whānau and families are better supported. Furthermore, that there is a need to set up a suicide prevention office to provide stronger leadership.

The Kawerau Story was mobilised by the bereaved whānau to suicide and highlighted the importance of the bereaved sitting at all levels of intervention when driving SP&P strategies. The complexities of accessing services and the political challenges of suicide also complicated access to the appropriate supports and services.

The establishment of a sucide prevention office will be pivotal in providing coordinated support, access to training that is a better fit and removing the barriers that bereaved whānau and whānau experience. It will be the investment of resources and funding for bereaved whānau that will allow whānau to mobilise solutions that are a better fit, at the right time. The solutions lie with whānau and families so bereaved whānau must be situated in this space in aspiring to zero suicides.

4.7.17 Mental Health (Compulsory Assessment and Treatment) Act 1992 Reform

He Ara Oranga recommends the need to repeal and replace the mental health act, so that it reflects better on human rights. Furthermore, He Ara Oranga encourages national discussion across all sectors to consider attitudes about mental health and risk. Active whānau consultation and enagagement is critical in the review of the Mental Health (Compulsory Assessment and Treatment) Act 1992 (the Mental Health Act).

In the Kawerau case study, the issues were always about whānau not being seen until they were in crises, as secondary services had become so specialised you had to be acutely unwell before you were seen. As a consequence, whānau Māori were often admitted into the acute services in states of psychoses requiring police assistance; further escalating the

behaviours and creating more trauma for whānau and the small communities involved in the care of whānau members. Due to the disconnect between the whānau and providers, there were high patterns of revolving door scenarios.

Whānau would burnout, resulting in unwell whānau members being incarcerated under the Mental Health Act to ensure compliance and assist with stabilisation of their mental wellbeing. A state of affairs that has never really been attended to is that Māori have the highest rates of sectioning under the Mental Health Act (Ministry of Health, 2019). DHBs are now responsible to report key performance indicators and how they are working towards reducing the numbers of Māori being sectioned and cared for under section 29 of the Mental Health Act. Currently the reporting is in the form of data only. However, to have a greater understanding of the underlying issues as to why Māori have the highest rates of numbers under the Mental Health Act, we need to be developing a report and narrative of the stories of those being sectioned under the mental health act and their whānau.

4.7.18 Establish a new Mental Health and Wellbeing Commission

There is a mistrust towards mental health services and providers and so the establishment of a Mental Health and Wellbeing Commission will provide a sense of confidence in the sector leadership and service delivery. To transform mental health and addictions services, He Ara Oranga notes that there is a need for new ways of working. In particular, the obligations to the Treaty of Waitangi is critical in being more responsive to Māori. More importantly, the Commission will be responsible for investigating inequalities and systemic issues.

The Kawerau Story is an example of a different way of working. An approach that was driven by whānau for whānau drawing on the resources of a co-design approach with a local NGO provider.

4.7.19 Refer to the Health and Disability Sector Review

He Ara Oranga recommends that the Health and Disability Sector Review assesses how the proposed system changes and structural commissioning will improve mental health and addiction services and mental health and wellbeing. More importantly, it recommends the consideration for a Maōri health ministry or commission.

The Kawerau Story highlights the system failures and underlying inequities that are perpetuated by the politics of suicide. The Health and Disability System Review provides an

opportunity to address these issues so whānau and communities wellbeing needs are being better met.

However, the consideration of a Māori health ministry allows Māori to determine how the needs of Māori will be better served and met drawing on ideologies that are grounded in whakaaro Māori/Māori thinking. The Kawerau Story is a kaupapa that was driven by whānau Māori drawing on being whānau and just being Māori.

4.8 Oranga Tangata, Oranga Whānau

Oranga Tāngata, Oranga Whānau is a kaupapa Māori report that captures the voices of whānau Māori/lived experience submitters into the inquiry (New Zealand Government, 2018). Oranga Tāngata, Oranga Whānau is a vision of being more responsive to Māori in honouring the Treaty of Waitangi, a pathway to addressing the underlying issues such as racism that perpetuates the inequalities of the system that oppresses Māori. This is a report that brings to the fore the lived experience of the colonial genecide. We hear the voices of whānau, kaimahi and iwi who made submission to the government inquiry into mental health and addictions.

Key outcomes from this review was the need to transform service delivery for Māori. This requires a paradigm shift to systems grounded in tikanga Māori values; a holistic, decolonising and pae ora wellbeing approach, where whānau have access to good determinants of wellbeing (housing, education, employment and practices handed to us by our tīpuna). Where kaupapa Māori is normalised. Where there is strong connections between whānau, marae and whenua founded in traditional values of tino rangtiratanga, manaakitanga, mana, whānaungatanga and whānau ora. This will require a a culturally and clinically competent multi-skilled workforce that knows how to work a kaupapa Māori framework. “To make this paradigm shift a reality, there needs to be strong Māori leadership, to drive the need for collaboration across all sectors.

Pae Ora/wellbeing needs to be at the centre of all policy, practice and service development” (New Zealand Government, 2018).

Oranga Tāngata, Oranga Whānau highlights that cultural recovery (through language, customs, and community) is important in terms of whānau as experts in their own lives. The current government contracting maginalises kaupapa Māori services and whānau, marae, hapu, and iwi services. The reality is that there is a disconnect between the government

systems and whānau realities. There needs to be a shift from the current bio-medical ideology to one that is more focused on holistic wellbeing. The Kawerau Story is an example where we see this paradigm shift, and that service delivery is driven by whānau, for whānau.

Oranga Tāngata, Oranga Whānau presents the He Ara Oranga outcomes and recommendations through four lenses that draw on a strength based approach that focuses on the dreams and aspirations of whānau Māori. The four themes are:

1. *Pae ora* – a society in which we will flourish.
2. *What works for us and what is needed:* invest more in what is working and change what is not.
3. *Our solutions:* acknowledging practicle, acheivable solutions from whānau and kaimahi.
4. *Our lived realities:* the importance of being listened to, acknowledging the lived experienced by tāngata whaiora, whānau and kaimahi. The whānau experience of the system, challenges faced by kaupapa Māori services and kaimahi, the workforce pressures and the impact on the mauri ora of those affected.

Oranga Tāngata, Oranga Whānau highlights that "[s]uccess looks like pae ora for our whānau:" an equitable, decolonised society where Māori are living and thriving, (New Zealand Government, 2018).

A kaupapa Māori approach normalised as a way of life where tikanga Māori and Te Reo Māori are a way of life for all. One where connections to marae and whenua are strong, where there is regular access, and where resilient communities maintain and promote wellbeing and therapeutic environments. In a society and system that cares and is based on manaakitanga; where we feel supported to raise our families, feel safe to share our stories, and confident to seek the services in the system when we need help. A society built on mutual trust and respect, and where the acknowledgment of mana is the foundation of good relationships. Foundations of good service delivery that are crucial in small communities.

Pae ora identifies that transformational change was a key to creating a health and social services sector that is well informed, aware, non-judgemental, caring, nurturing, open minded, discrimination free, culturally aware, with a united service provider approach under one roof.

Kaimahi Māori describe a society that is responsive and informed by Māori health principles. Principles that reflect Te Tiriti o Waitangi are therapeutic and mana enhancing. Where a mental health and addictions service genuinely reflects partnership with equitable

leadership and decison making capabilities. A flourishing environment is also identified as one that is connected to the natural enviroment. More importantly, a society that ensures ready access to the determinants of good health and the maintenance of wellness.

A society that breeds hope, where future plans for whānau are determined by whānau themselves. In a community where there is a shared sense of collective responsibility and where mental health is no longer something that carries shame and stigma. A shift from mental health to oranga hinengaro, oranga whānau. Transformation will require the commitment to listen to the voices of the whānau experiences and the lived experience, and for us to be courageous and thinking outside of what we know to enable communities to lead the way.

Oranga Tāngata, Oranga Whānau brought a strong emphasis on Te Tiriti o Waitangi as the founding document of New Zealand. A commitment was made by Māori and the Crown to work in partnership, and to acknowledge mutual benefits and equitable outcomes for Māori, including health and wellbeing. It was noted that their is a need for strategic collaborations between Māori and the Crown at all levels of policy making and funding decisions, suggesting the need for a Māori Health portfolio within government. Coupled with equitable access to social determinants of housing and employment, which are essential for Māori to thrive. As part of Te Tiriti o Waitangi it affirmed tino rangatiratanga for Māori, and was further endorsed by the United Nations Declaration on the Rights of Indigenous Peoples.

Through the inquiry, many whānau Māori submitters presented a range of solutions including: Māori health and wellbeing models, strategies, programmes, policies, priorities, resourcing and systems of service delivery. A key example was the whānau ora model. As collaboration across all sectors was seen as critical, especially the justice system, social services and education, therefore improving the shared responsibility. Māori leadership was also identified as critical at all levels within the ministries, DHB, and other Crown entities to support the decision making power at all levels. Inclusive of iwi specific leadership across the spectrum from research through to service and program provision. Therefore strong community engagement is required.

4.9 Whānau transformative praxis indicators

Mauri ora; alleviating sickness and distress to fostering good health and wellbeing. Wellbeing (mauri ora) is the inherent right of Māori. A wellbeing approach requires a paradigm shift of attaining wellbeing and wellness. In line with Tikanga Māori, whānau values and norms and the strength and leadership of whānau.

It demands cross sector commitment and recognises community capacity. *He Tāngata, He Tāngata*; from service and provider to the priorities of each person.

Mana, dignity and self-esteem is integral to mental wellbeing; therefore, the focus should be the person's concerns, hopes and priorities. Through a delivery approach from mental health services grounded in kindness, empathy and rapport is critical. What is the interface between service and provider and how does his kaupapa translate in practice for whānau Māori?

Oranga Whānau; whānau solutions; from the individuals to the active participation of whānau. Whānau should be co-participants, in services, involved in decision making and assisted to supported their whānau. To ensure that a holistic approach is considered in nurturing the wider and greater whānau needs, as a means of early intervention. To promote lifestyles that lead to wellbeing. *Ratonga Whakahirahira (inspiring services)*; from narrowly focused services to services that address Māori realties. Kaupapa Māori services are grounded in te reo, tikanga, rongoa Māori, and a range of Māori models of practice, clinical and social interventions and access to respite therapies.

Te Piringa (integrated service); from fragmentation to joined up mental health systems, therefore, better connection is needed between primary and secondary care, prevention and treatment, NGO's and geneal practice, mental health and general services, tikanga Māori and Western approaches. This can be acheived through community collectives, therefore locating secondary services in the community, supported by whānau navigators aka whānau champions / nga toa o te whānau. *Ko te hāpai o ki muri (a valued Māori workforce)*; from a dispersed to a consolidated Māori workforce. A collaborative approach that enables Māori kaimahi to extend their skills in providing both the clinical and cultural deliverables. More importantly the application of kaupapa Māori opportunities for ongoing learning, research and collaborative models of care for the entire Māori health workforce. Māori leadership at all levels of decision making in the mental health and addictions sector will be critical to achieve fresh approaches. Leaders who are cross-disciplinary, cross sectoral settings, can straddle hospital and community divides, link policy and practice, conversant in mātauranga Māori and global knowledge systems. Therefore, Māori health leadership programmes should be available to all kaimahi and in particular those with lived experience.

Te Tu Ngatahi (collaboration for prevention); from a focus on treatment to a united drive for welbeing. Kaupapa Māori services work across sectors so contracts need to reflect

this work being done. Prevention and positive health promotion should be incorporated in all NGO's Primary and secondary services.

Te Kawenata o Waitangi (Treaty of Waitangi and health); from inconsistent Māori participation to giving effect to the Treaty. Reducing inequalities and giving effect to the Treaty of Waitangi include the involvement of iwi in strategic planning and at regional levels.

Furthermore, the establishment of a Māori Health Ministry of Māori health commission to address Māori particpation across the wider mental health and addictions sector.

4.10 It's all about whānau

Historically, the needs of whānau Māori have been undermined by the master/servant relationship between the authoritarian, that being the clinical expert and the servant being the ones with lived experience.

The paradigm shift is being made and now the cries of the many who have lived experiences of mental health and addictions is being called on to lead service delivery across the mental health sector. Therefore, services being driven by whānau for whānau liken to that of the Kawerau Story are now being validated as solutions for change.

4.11 The three lenses

The three lenses acknowledges the system and its current configuration in terms of how health funding is allocated across the country. The first is the DHB lens. A lens that tells a story of being well resourced and historically been the pathway that has been the preferred pathway that the Crown house funds. In this pathway are our secondary / specialist hospital services that hold all the resources and the funding. The second pathway is the community. In the community are our NGO, NGO Iwi, community, social services and PHO.

Historically we have experienced that this pathway has been a bit of a hit and miss, one that funds the loudest vocie and those preferred providers.

The NGO, and NGO/Iwi have absorbed the 3.7 – 20% of unmet need over the past decade and all the resourcing has sat in the DHB pathway. The third and final pathway is the hauora Māori pathway. A kaupapa that has never been truely realised due to little to no resourcing from the Crown house.

This korero highlights the importance of funding being pathwayed from Te Whare Maori. Therefore suggesting and supporting the need for a mental health commission and Maori Health Authority so whānau Māori needs are being better met.

4.11.1 The DHB lens

Funding needs to shift equally across all three (DHB , the community and the hauora Maori) pathways, rather than most resourcing and funding being invested in the DHB. He Ara Oranga highlights that the DHB needs to be funded a further 20% to pickup the shortfall in service delivery that has predominantly been carried and absorbed by the NGO iwi sector, over the past ten years. As the DHB sector only served the 3% of the acute presentations of those with lived experience. Kaupapa Māori mental health services over the past decade have been marginalised, stripped of resources and mostly operate as individual roles located across mainstream services. The roles end up operating in isolation from a supportive cultural environment.

The services that have managed to remain as specialist Māori mental health teams were funding the traditional services expected of them by mainstream out of their own pockets, as they did not have a budget.

Kaumatua and cultural specialist full-time equivalent roles had been reduced or not replaced. The greatest concern was that kaupapa Māori mental health services were set up to be provided for Māori to be provided by Māori. In most severe cases Māori mental health services were being provided by non-Māori clinicians due to workforce issues with particular services.

Ultimately, the DHBs have neglected and stripped resources from Kaupapa Māori mental health services across the country, and have expected them to provide optimum kaupapa Māori deliverables on a shoe string resource, budget and staffing. In some regions kaimahi Māori had not progressed developmentally in a professional capacity and had worked in kaiawhina (support worker) roles for up to ten years in some cases. The majority of kaupapa Māori mental health services would carry high and complex cases in large caseload numbers. They had difficulty in accessing good clinical and or cultural supervision because most DHB did not see same as a priority.

In order for services to be transformed, kaupapa Māori mental health services need to be either resourced and situated under Māori governance within the DHB and or transitioned out into the iwi.

Kuwatawata a Kaupapa Māori focused approach within mental health (Kopua, 2018) is an example of the opportunity that lies ahead in transforming our current practice and making the paradigm shift. Kuwatawata allows us to consider what these approaches might look like if we mobilise the key concepts of Whakawātea te Ara – Māori health and wellbeing.

Whānau ora within the DHB sector is rhetoric that is never truely mobilised. It is the work of the Māori health services and our kaupapa Māori practitioners that have absorbed the barriers and carried this responsibility on behalf of the DHB, with no funding or validation as part of the intervention and support (Te Putahitanga o Te Waipounamu, 2019). The basics of ensuring whānau are enagaged at all times wherever possible throughout an intervention is fraught with a range of systemic, political, racial and biast barriers. Ultimately, whānau ora deliverables were seen as predominantly the community sectors responsibility, in turn these needs were carried by the iwi, NGO providers and kaupapa Māori providers. This meant that services needed to be creative about how these needs were being met, liken to that of the Kawerau Story.

4.11.2 The community lens

NGOs, kaupapa Māori providers, whānau providers, community services, social services and PHOs are where early intervention sits. However, the funding is not reflective of the demand on these services. The Kawerau Story highlighted the impact of having to absorb 20% of the mental health population, and the systemic challenges in carrying a workload that should have been managed by the DHB. Furthermore, the services were challenged to work more collaboratively to better meet the needs of the whānau, which strengthened the collloboration between providers on top of having to meet the needs of funded contracts they were servicing. The integration was been driven by the community sector because of the need, whānau ora was being provided by the community sector but not all were being funded to provide access to this type of intervention.

Kaupapa Māori mental health teams were predominantly located within iwi-provided NGO services, but the funding they received was not equivalent to the resourcing that sat in the secondary sector. Kaupapa Māori providers were one stop shops for whānau where you could be seen at the time of presentation, provided with wrap around whānau ora approaches, and support to assist with the poverty circumstances and crises intervention.

Kaupapa Māori services hold the most high and complex cases, that need the greatest navigation through all systems due to the multi-layers of issues.

Kaupapa Māori providers work from an eclectic base of both clinical and cultural resourcing. A key barrier has always been that the DHB funds the resources required to facilitate effective kaupapa Māori mental health services. The Kawerau Story demonstrates how the collaborations and partnerships were formed to better meet the needs of whānau, in response to services that did not meet whānau needs and in spite of the lack of funding or the resources.

Kaupapa Māori mental health services are grounded in whānau ora ideology. An ideology that has not been funded and or resourced, so iwi providers have absorbed these needs as an inherent responsibility required by the kaupapa for whānau Māori. Operating from a whānau ora approach is an ideal framework to support the paradigm shift to an approach that strengthens a flourishing health and wellbeing, because whānau ora puts whānau in charge of decision making, and inspires whānau to improve their own lives (Whānau Ora Review, 2018). The Kawerau Story is grounded in a whānau derived and mobilised ideology and inclusive way of knowing that was for the betterment of all who resided in Kawerau.

4.11.3 The Hauora Māori lens

An indigenous space has historically never been validated as an appropriate solution in line with Western ideology and the bio-social model. Māori models of practice are derived from whānau, marae, hapū and iwi. A realm of traditional practice that has survived generations of change and colonial genocide. A lens that focuses on the solutions that sit within whānau, marae, hapū and iwi. A foundation that whānau Māori have been strengthened by in holding the line for the next generation. A pathway that has never been funded or resourced by the Crown house, therefore, has perpetuated the poverty of whānau Māori. A reality that we truely get to understand and know through the echoes of the Kawerau Story.

Kaupapa Māori mental health is a framework that is grounded in indigenous critical ideology, that validates Māori ways of knowing. A space where whānau narratives can be seen and heard, therefore, rewriting our indigenous whānau realties. A tool that can be cross pollinated over the entire mental health and addictions sector, a mainstream solution that can improve service delivery being more responsive to the needs of Māori, and non-Māori.

Whānau ora is a space that has allowed the aspirations of whānau Māori to be realised across health service delivery. A solution that focuses on understanding the narratves of the whānau, drawing on their our capacity and capability in leading flourishing lives.

Papakāinga (home base) is the grass roots solutions and strategies that are being mobilised by whānau for whānau. A space that has never been resourced by the system in supporting the whānau healing whānau initiatives. A kaupapa that is supported by whānau despite all adversity.

Whānau Māori are exhausting all their resources and networks to support their whānau, which perpetuates the cycle of poverty that whānau Māori are experiencing. Whānau are now turning to whānau in healing themselves. The system now needs to gear itself up to resource those papakainga who have the capacity to heal themselves and offer healing for all.

Marae and Hapu (ancestral houses and subtribes). Service delivery for Māori has now evolved and returning back to our marae. It has become a place of reconnect for our whānau Māori, more recently with the treaty settlement monies working as an economic source for our marae and hapū. Some tribal nations and hapū now have a greater capacity and capability to service the health needs of their own people.

Iwi (tribal nations). Service delivery from mainstream is an outdated approach in meeting the needs of whānau Māori. More recently, we have been seeing iwi providers coming to the fore in providing health services to their own people. An approach that is grounded in trible values, beliefs and narratives. A responsibility that now needs to be resourced as a solution in improving service delivery for whānau Māori.

Finally, the *Turamarama ki te Ora* declaration was developed in Te Arawa, Rotorua in 2016. It is an indigenous suicide prevention global declaration that was agreed by 400 people who attended a suicide prevention conference in Te Arawa in 2016. This document has been endorsed by indigenous nations globally. The declaration has three key articles that recognise the impacts of suicide; firstly, it recognises the anguish and perplexity that frequently accompanies suicide. Secondly, it recognises the impact on families and friends as well as whole communities. And thirdly, it encourages the task to provide assistance to the 'victims' of suicide so their mauri (spirit) can be rejuvenated and grief or perplexity overcome. A key cultural inclusion in this declaration is that families are highlighted as prime agents in the key roles of transferring cultural values, cultural knowledge, and language between generations (Lawson Te-Aho, 2018).

4.12 Responsiveness to Māori and equity

Under the Treaty of Waitangi there is an obligation by all in terms of ensuring that there is an inherent practice of responsibility to the needs of Māori at the forefront of all thinking. Therefore, if outcomes are better for whānau Māori, then as a natural progression outcomes will be equitable for all. Its not just about equity, it about responsiveness to Māori and equity. A paradigm shift away from a tokenistic approach to service delivery for whānau Māori.

4.13 The three houses

The three houses is a kōrero that has been around for as long as I have been in the mental health sector, reflected also in the Raukawa Trustees' Partnership-Two Cultures Development model (Winiata, 2005). It is an ideology that talks to the Treaty partnership that has never been honoured. It looks at 'Te Whāre Maori' (the Māori House). The house that has never been recognised as an equal to the Crown house. The Crown house has all the power and makes all the decisions for the partner who are the Tāngata whenua of this land.

The third house is the treaty house, a house that reflects the partnership between the Crown and Māori. A relationship that has never truely been recognised or valued as Tāngata whenua.

As a consequence Maori have suffered at the hands of the Crown, through systems and processes that have been racist and oppressive. The Treaty House is about responsiveness to Maori and as a natural progression is equitable for all.

4.13.1 The Māori House

A whare that is grounded in traditions of time inherent in the bloodlines of Tāngata whenua. A people who were flourishing across all aspects of wellbeing before the arrival of the settlers. A whare that is founded in values of aroha, manaakitanga, whānaungatanga, and whānau. A house where our dreams and aspirations of self determination are grounded in our inherit right of being the people of this land.

4.13.2 The Crown House

The house of the settlers where all the decisions are made for all. A place where the laws of the country are governed by layers of systems and processes. A state of bureaucracy and political warfare that marginalises the poverty of our country. A space that perpetuates the inequalities of our country.

4.13.3 The Treaty House

The house that was built on foundations left unto us by our ancestors. A place where we as the indigenous people of this land share our place with the settler through principles of partnership, participation and protection, so that we may all share in the wealth of our country. An obligation and responsibility that must be inherent in all treaty houses.

4.14 Summary

Chapter Four highlighted key areas that are relevant in suicide prevention strategies for indigenous nations, in particular for communities like Kawerau. The writings also capture the similarities that are common amongst indigenous communities. Ultimately, the writings highlight that suicide is a symptom that is perpetuated by colonialism, and that we must return to our traditional knowing's to find the solution for our own Māori people by our own people. The Kawerau Story is a case study that provides insight into a whānau and community-based SP&P approach mobilised in 2011 to 2017. Understandings and outcomes that have since been recommended and highlighted in He Ara Oranga, seven years after the Kawerau Story was mobilised.

Chapter Five
Literature Review

5.1 Chapter introduction

The Kawerau Story is a SP&P Strategy that was designed by the bereaved whānau to suicide and implemented by whānau champions who are 'go to' people in the community when they need help. The 'go to' people are the natural supports and connectors that mobilise traditional cultural values such as aroha (unconditional support), through a process of whakawhanaungatanga (connection), a practice disciplined through values of whānau (family) and whakapapa (kinship). Lawson Te-Aho and Liu (2010) argue that when indigenous nations are actively engaged in the governorship and self-determination of their own healing of indigenous activity, it will no longer be about suicide prevention. The whānau champion kaupapa is evidence of what Māori healing potentially looks like when systems and processes are in place to support the mobilisation of Māori knowledge that is grounded in traditional cultural values. The literature review will be from a critical indigenous perspective, identifying how the research being reviewed impacts on indigenous nations. looking at the methods being employed by the researcher and the implications for Indigenous research.

To understand whānau champions as a model of practice for suicide, I will critically review existing literature on suicide and the impact on indigenous nations in particular Māori. It will be imperative to look at definitions of suicide and the current status amongst Māori in more contemporary times. There will be a comparison with other indigenous nations, in understanding the impact of colonisation and a focus on the disparities between Māori and Pākehā (non-Māori).

The literature review will provide an insight into the whānau role in suicide prevention and the values of whānau, whakapapa and whakawhanaungatanga. The relationship of the research to whānau-based ideologies and innovations will be noted. Discussion will focus on understanding the role of whānau, values-based carers and how those roles contribute to building resiliency within the values of culture.

Furthermore, a key theme and consideration that runs through all aspects of the review, that will be discussed is whether a service model based of natural helpers/connectors such as whānau champions, are more effective than the traditional 'expert' model, in particular for indigenous suicide approaches.

The review will highlight the roles of the natural helpers/paraprofessionals and other named roles derived from values based caring and the commonalities with the role of the whānau champions.

5.2 Defining indigenous suicide through a kaupapa Māori lens

In the case of the Kawerau Story, there were numerous whānau community debates and discussions about the appropriate word to use when it comes to talking about suicide. In the end, it was about 'breaking the silence' and lifting the fear around talking about suicide; so, it was referred to as suicide and whakamomori. A kupu Māori (a Māori word) whakamomori is defined as, a state that does not imply death directly, but a sense of grief and loss to the extent where the person of concern or individual is overcome with intense emotions contributing and affecting the lead into death (Ihimaera & Macdonald, 2009). The term implies that there are associated burdens that lead to the act. Whakamomori acknowledges the thoughts, feelings and emotions. 'Mori' has a variety of meanings, broken, pinning, loss and unfulfilled desire (Langford, Ritchie, & Ritchie, 1998; Joseph, 1996; Coupe, 2005). In kaupapa Māori, suicide is associated with a state of *kahupo* meaning a loss of hope, meaning, purpose, and enduring despair (Kruger, et al., 2004).

Suicide is also understood by indigenous first nations as a form of spiritual wounding or soul wounding as a result of the ongoing trauma of colonisation; an act that is often misconstrued as an act of self-determination rather than a response to oppression (Brave Heart, 2003; Lawson -Te Aho & Liu, 2010).

Whakamomori (a state of emotional distress), kahupo (blinded motivation and loss of hope and meaning) and soul wounding (a wounding of the spirit) are all key definitions that are grounded in the whānau champion ideology.

Perhaps whakamomori provides a better description of what is happening when our loved ones take their lives. Whakamomori creates a space that recognises the emotional trauma due to the intergenerational process of colonial oppression, '"living the lie', that perpetuates the state of 'kahupo', blindness, meaninglessness and hopelessness, intensifying the layers of trauma and soul wounding to the extent they can no longer carry on. A reflection of the war going on in their minds 'a war of the minds'.

5.2.1 The current status

Suicide in more contemporary times has become a deafening silence that is paralyzing individuals and whānau to seek out connection, because the complexities of surviving

everyday life are difficult to navigate through, blinding whānau motivation and creating cultural isolation. This is the current face of colonisation and the ongoing struggle; the ultimate outcome is to be free from those struggles in realising our full potential as indigenous nations.

Throughout the research available about suicide characteristics and the epidemiology there is a wealth of evidence, that colonisation has had a significant impact on indigenous nations throughout the world (Fanon, 1967; Memmi 1965; Langford, et al., 1998; Bagley, 1991; Beautrais, 2001; Kyle, 2004; Clark, 2007; Lawson-Te Aho, 2014, 2017; Houkamau, Stronge & Sibley, 2017).

5.2.2 Family disruption and disconnect

Research was conducted by Beautrais (2001) in New Zealand over a ten-year period, reviewing data pertaining to 61 children from 1989 to 1998 through the examination of their coronial files (coroner cases). The researchers highlighted that suicide events were precipitated often as a result of disruptions and transitions from family living environments. Indicating that those who die by suicide, in particular Māori children, are being impacted by the disruption to their family environments. The study also identified that the main group involved in this research are at higher risk of committing suicide due to coming from extremely disadvantaged and problematic backgrounds. The research goes further to highlight the disconnect and isolation due to family transiency as a significant contributing factor.

The study was based on a review of coronial data of rangatahi who had completed suicide. This raised issues as an indigenous practitioner, about where the whānau narratives were being captured in the study. To put these findings into context, the research reinforces what we already know as indigenous practitioners, however, for as long as research isolates whānau narratives from their research, there will only ever be an overview of the issues rather than capturing meaningful solutions. The other questions raised in the research was the gap in explaining the process of consent to use the data in the research, and how was consent obtained from whānau attached to the coronial data being used. Joseph (1996) attributed Māori suicide rates to states of cultural alienation and a process of colonisation, so when we lose loved ones to suicide, the dead are still part of your family and your future.

The inference is that we need to ensure a greater accountability in terms of how we use coronial data being gathered and used by researchers, because their spirit lives on.

Just because they are dead, it does not mean they are just figures and data that you are researching. Mainstream researchers need to respect that there is a spirit attached to that data. Furthermore, mainstream research needs to reframe how suicide for Māori is being positioned, in response to acknowledging how pathways and underlying factors are perpetuated by colonisation (Lawson Te-Aho, 2010, 2018).

5.2.3 The 'place' and the community

Gentrification (when the wealthy buy up in a residential area and raise rental prices, so that locals cannot afford housing and become homeless) is an issue currently taken a hold of New Zealand society. Indigenous practitioners are seeing a more transient population being serviced by NGO providers. Due to the rise in the cost of living and the difficulties for whānau, access to affordable accommodation is now a significant issue we are battling with as indigenous communities.

A study conducted by (Collins, Ward, Snow, Kippen & Judd, 2016) focused on the rates of suicides of rural areas in Australia. The study seeks to understand the contributing factors through the compositional, contextual and collective factors in Australian rural communities. The aim of the study was to explore the role of 'place'. 17 mental health professionals participated in the semi-structured in-depth interviews. The study proposes that connectedness is an underlying mechanism by which compositional, contextual and collective factors influence mental health and wellbeing. The contextual themes identified through the study included the impact of the physical environment, employment, housing, mental health services and collective themes like town identity.

The relevance of this study to the Kawerau Story is that Kawerau is a rural community, and it is interesting that the contextual and collective factors identified in the study are relevant to the Kawerau community.

In Australia there are higher rates of suicide in rural areas. In 2010/2011, suicide rates for aboriginal were double that of other Australians (Harrison & Henley, 2014). Socio-economic factors and poor access to mental health services have been identified as contributing factors. The study proposed a sociological framework to understand the variations (Cheung, Spittal, Pirkis, & Yip, 2012). The study was conducted in four small rural towns with populations of 3000–7000 people. The study does not indicate the numbers of Aboriginal in the study, and there is no indication of the identified participants' ethnic origin.

The study suggests that through the application of a socio-logical framework to suicide rates, it can provide a comprehensive and testable model for understanding variations in both mental health and suicide between rural and urban communities.

The contextual community factors identified in the study included the impact of climate on the wellbeing of the town, problematic alcohol and drug use, housing affordability, and access to services. However, there was a greater level of communications between providers because communities were small. The relationships between personal and professional life were blurred as you knew people on a personal level and transportation was also an issue. This evidence is true for the Kawerau Story, the changes in the relationship boundaries that we experience personally and professionally living and working in small rural communities, 'the whānau/work life balance'. Transportation is an ongoing issue that the Kawerau Story has consistently had to manage. As a solution, Tuwharetoa Hauora developed collaborations to bring specialised services and education to Kawerau as a means of addressing the transportation issues.

The collective factors identified in the study by the participants were town-identity, community norms and values, social cohesion, perception and safety, and attitudes to mental health. Values of family were important across all communities. In each community it was evident that communities were poorly educated about mental illness. The contextual factors in this study are relevant themes that are situated within the Kawerau community. For those of us who were brought up in Kawerau, it is a place we call home. Kawerau is seen as a beautiful community that is situated in the essence of our maunga (mountain; Putauaki), where the healing waters of our river, Tarawera, flow through the township. Kawerau is also a community well known for its local gang life and seen as a mongrel mob township. However, for those who are local, they are our whānau (family); they are 'whānau first'. Kawerau is a tight knit community, most who consider themselves local are either the people of the land or are third generation families of the community. Everybody knows everyone and so like most small communities, anything that is happening across the township, most will either know or hear about what is happening. In the past fifteen years, Kawerau has been a community affected by the methamphetamine epidemic. So, in more recent times, we have been inundated with a rise in a range of mental health presentations. The Kawerau Story has made significant contributions to not only lifting the silence on suicide but also on improving access and rebuilding effective pathways in managing mental health issues.

The gap in the study is, although it highlights the significant disparities in suicide rates for Aborigine and other Australians at the front end of the study, it does not provide data

relevant to understanding the status of Aborigine in the research. There is also no discussion about the colonial oppression and how that is situated in the study findings. Liken to that of the Kawerau Story, the only statistics that are portrayed of indigenous are the negative themes. A perspective that often sits in isolation from the story of how colonisation has also impacted on indigenous nations such as Māori (Lawson-Te Aho, 2018).

5.2.4 Suicide rates for Māori

Over the past decade New Zealand has continued to average 500 suicides a year from the 1 July 2007 to 30 June 2018 (New Zealand Chief Coroners Statistics, 2016). Langford, et al., (1998) conducted a review of gender and cultural difference in adolescence and young persons of New Zealand. Langford, et al (1998) cited the World Health Organisation (1995) annual statistics, which indicated that New Zealand ranked first for fatal behaviour of suicides in males aged 15–24. Further, Langford, et al., (1998) cited United Nations Children's Fund (1996) that of 32 countries, New Zealand ranked males at third highest for fatal suicides, and females at eighth highest in the age group 15–24. A consideration at the time put forward by the researchers was that, New Zealand was undergoing rapid changes, and that these changes were difficult for our country. One of the consequences of this rapid change we experienced during the period of the Kawerau Story was how the responsibilities of meeting the moderate to acute mental health needs of the whānau were shifted back to NGO providers like Tūwharetoa Hauora. Services such as Tūwharetoa Hauora were not funded to provide these services, neither did we have the resources to fund the support required, so we had to get creative about how we mobilised these initiatives. Since then, indigenous practitioners have seen a significant shift of DHB mental health resources move into becoming more specialised.

As a result, the pressure of meeting the holistic needs of communities are being absorbed by NGO like Tūwharetoa Hauora. It has been 17 years since the Langford, et al., (1990) study was conducted, and yet statistics for Māori suicide continue to remain alarmingly high (New Zealand Coroner Statistics, 2016). Furthermore, the first ever Māori suicide strategy 'Kia Piki te Ora o te Taitamariki' was written by Dr Keri Te-Aho Lawson in 1993. This strategy was put forward to the government twenty-four years ago and yet continued to remain ignored (Lawson-Te Aho, 2018). This is an example of the ongoing colonial oppression that continues to be ignored by mainstream research writings, regarding suicide prevention for Māori and indigenous nations alike.

The study notes that during this time there was a mind-set in our country that "she'll be right" (Langford et al., 1998). As an indigenous practitioner it sometimes gets so tiring and difficult to manage the complexities, you run out of energy and start accepting that "this is just how it is". It is a struggle keeping colonial processes at bay in accessing services and supports for our whānau. It is just easier to use this to explain why the system continues to work against supporting whānau Māori and indigenous nations.

Langford et al., (1998) mentions that, "when personal hope is unsupported, but the culture of society is slow to catch up, it sets the scene for personal hopelessness, cynicism and helplessness", (p.99). The focus of suicide prevention needs to be about driving a sense of hope through connectedness and sharing narratives as a means of healing one another.

Lawson-Te Aho (1993) suggests that schools such as clinical psychology create mass abnormalisation of Māori people as we are situated as helpless recipients, further perpetuating the sense of personal hopelessness. This is probably true for most multi-disciplines. This highlighted key issues that have been raised in the Kawerau Story by whānau Māori, who have tended to shy away from mainstream services as a natural progression of not feeling a sense of connectedness. When whānau are engaging with mainstream services they raise concerns about interventions and processes being meaningless, because of the providers disconnect from their realities and not having the time to talk. Therefore, as indigenous practitioners we need to understand how our roles perpetuate these experiences and consider how we minimise these realities for our whānau as employees within these environments. Our role in mobilising the voice of whānau is critical so that we shift the sense of helplessness for individuals and their whānau to a sense of hopefulness.

5.2.5 Māori youth suicide rates

Māori youth continue to have high rates of suicide in New Zealand. Lawson-Te Aho, notes that Māori youth are 2.7 times more at risk of suicide than non-Māori. In the 2016 Office of the Chief Coroner's report, Māori suicide was at 130 deaths in New Zealand: the highest recorded since 2007/2008. Māori males continue to be high with 93 deaths recorded in 2014.

A current initiative that needs mentioning is the work of Mike King, spreading hope across the country into schools, communities, onto marae with the "I Am Hope" support whānau.

The feedback has been overwhelming, which is evidenced through the "I Am Hope" social media updates. This mobile approach has shifted the discussion to a whole whānau/community approach. Mike King draws on his wealth of skills and resource to literally bring a roadshow across New Zealand in reshaping suicide prevention as we know it, it is no longer suicide prevention it's a roadshow of HOPE (King, 2018).

Clark (2008) conducted a study on New Zealand youth in response to the ongoing alarming high rates of depression and suicide for Māori youth. New Zealand have some of the highest rates of suicide in the Western world (Langford et al., 1998, cited World Health Organisation, 1995). The findings from this study indicated that whānau contribute as a protective factor, which can reduce mental health problems for youth. This was a school-based study that focused on youth aged between 12-18 years, to develop culturally relevant measures of family in schools as a protective factor. The study focused on describing the risk factors associated with depression symptoms and the relationship with suicide.

The research highlighted that family connection is a critical intervention for managing both depressive symptoms and suicide, and that close connections and caring relationships reduce the potential risks of youth engaging in high risk behaviour. Therefore, there are significant factors that contribute to the high rates of suicide, so identifying the causative pathways help to identify the high-risk factors but more importantly interventions and solutions (Mann et al., 2005). Clark (2008) highlighted that addressing suicide requires a multi-faceted approach to suicide. In all the recommendations made in this study, it highlighted several interventions for recommendation. However, this study takes a broad focus drawing on data and statistics to provide an overview of the issues for Māori. The recommendations being made fell short of identifying recommendations for intervention that are inclusive of whānau.

The questions that are raised from this research is that we need to ask ourselves as practitioners, 'are we actually engaging with whānau and communities outside of the one on one individual approach? Or, are we just paying a tokenistic gesture and still talking and writing about it?' The research statistics are repeatedly highlighting that what we are doing is clearly still at an individual level of praxis rather than working with whānau.

The Kawerau Story is a case study of what whānau based solutions look like driven by whānau for whānau within a community. An all-inclusive approach that is not fragmented and constrained by service contracts supported within a kaupapa Māori service approach, that is determined by need and the responsibility to whānau.

5.2.6 Indigenous suicide

Lawson-Te Aho (2017) presents a paper reframing Māori suicide prevention away from research that is from an individualistic mainstream clinical research lens that overlooks the ongoing colonial implications. Lawson-Te Aho situates the research so that it is more self-determining and culturally and historically contextualised. The paper highlights that suicide research in New Zealand has disregarded the impact of colonial factors such as the (exposure to regular racism, daily micro-aggressions and structural violence) on Māori, in understanding Māori suicide. The indigenous populations throughout the world have histories of cultural loss, disruption, and ongoing oppression under colonisation. Lawson-Te Aho also mentions the importance of upskilling Māori researchers to conduct research in understanding the effects of colonisation. The Kawerau Story provides a case study of evidence in understanding Māori suicide, in more contemporary times and how the whānau champions support whānau through the trauma, and the complex collective trauma histories (Lawson-Te Aho, 2017).

In a study by O'Keefe, Tucker, Wingate, and Rassmussen (2012) focused on suicide among American Indians/Alaskan Natives (AI/AN). They highlighted the ongoing concern that despite federal interventions, there has been no decrease in rates, and AI/AN are 82% higher than for non-AI/AN across all ages. The study is proposing a psychological approach to investigate how factors of hope, optimism and self-determination protect against pathological behaviours including suicide. The study involved 38 college students at university aged 18-24 who were predominantly AI students, who completed an online survey about their levels of hope and optimism. The study findings indicated that hope is relevant to the study of suicide, and that studies should focus on the positive psychology of suicide; therefore, suicide programs need to focus more on hope and building hopefulness.

Hearn, Wanganeen, Sutton, and Isaacs (2016) present a model developed by an Aboriginal community as a means of early identification of Aboriginal people in distress. A model derived from a network of trained voluntary workers and untrained support workers to build the resiliency in their community and to strengthen relationships and bonds. The model they propose can be used to prevent suicide in other settings.

The writings mention that access to health services for Aboriginal is fraught with barriers, such as staff not having time to hear stories, trust issues with providers and cross-cultural communications especially with overseas trained doctors.

The second aspect of the model proposes the importance of having good relationships between key individuals and local health providers. The third part of the model acknowledges the role of the gatekeepers who are a network of individuals that have an interest in the health and wellbeing of their community, in turn they become a safety support network. Potentially with proper training can make a significant difference to the community in which they reside. Finally, the model also notes that there is a usefulness in keeping in regular touch with those in distress, which has been highlighted to reduce rates of suicide and that talking about suicide is also identified as a protective factor (Carter, Clove, Whyte, Dawson, & D'Este, 2007; Dazzi, Gribble, Wessely, & Fear, 2014).

The conclusion from Hearn, et al., (2016) is that its acceptability as a model is driven by the fact it was developed and designed by Aboriginal for Aboriginal. An approach driven by trained voluntary and untrained support workers to build the resiliency of the community and strengthen relationships. A model with principles being offered as a suicide prevention consideration in other settings.

What these three reviews highlight is the ongoing, concerning high rates of indigenous populations within these respective countries, and despite the interventions and research recommendations from mainstream, the rates continue to rise. The similarities across these indigenous populations is that suicide is being situated in the context of hope and connectedness as a means of building resiliency through models of practice that are designed and derived from indigenous ideologies. Models developed by indigenous for indigenous, research conducted by indigenous for indigenous, more importantly, offer more meaningful solutions for change, that are grounded in values of caring for one another developed and designed by the communities in which we live.

The key themes that resonate with the Kawerau Story is the importance of roles such as the gatekeepers, connectors, 'go to' people and how they bridge the access to services for whānau.

These roles are crucial in assisting individuals and whānau through the complexities and barriers that we experience as indigenous nations when accessing mainstream services. More importantly the model being proposed supports the notion that talking about suicide and finding the time to hear the stories is critical to the healing process.

5.3 The whānau role in suicide prevention and values of whānau

5.3.1 The wounding of spirit

The Kawerau Story is grounded in the logic of kaupapa a whānau (kinship by association and connectedness) and kaupapa a whakapapa (kinship through birth right and genealogy), a strategy that was designed by our tipuna and left unto us as the whānau for the whānau (Durie, 2001). A theory of practice grounded in the logic that, as a natural progression of being connected whether that be by blood, association or connectedness, there is a collective responsibility and obligation to one another to share the pain, the hurt, hopelessness and helplessness as means of healing (Kruger et al., 2004). The healing solutions that have been inherited by Māori from birth right cannot be provided by Western traditions. Even where there are attempts being made by mainstream to attend to the soul wounding of Māori who enter the mainstream services, we must question the issues of assimilation and hegemony (Lawson Te Aho & Liu, 2010). A responsibility we have in addressing the 'trauma-induced colonial genocide'.

It is intended that through the re-narrating of our own research in praxis, where indigenous practitioners rewrite the stories of those of our people who made a decision to take their own lives, we will see the solutions and pathways for change and healing. We see evidence in Lawson-Te Aho and Liu (2010) theoretical case study a hypothesis that when kinship-based cultural identity is intact and relationships are positive and functioning, suicide can be prevented. In the Kawerau Story we hear the voices of the whānau, and how they mobilised themselves as a result of the systems' inability to connect with the soul wounding. The whānau enacted their own tino rangatiratanga (sovereignty) to provide the necessary interventions and support for those who were suicidal. The ultimate outcome from that mobilisation is that we now have a co-ordinated approach for suicide prevention across the Kawerau community. The whānau champion kaupapa is a key local initiative designed and mobilised by local for local.

5.3.2 Colonisation

Indigenous suicide and colonization are traumatizing legacy of violence we have inherited as indigenous nations. Indigenous researchers such as Lawson–Te Aho and Liu are rewriting the landscape in providing a greater understanding of suicide prevention.

The study situates the whānau, 'being whānau', as a protective factor that reduces the incidence of indigenous suicide (Lawson-Te Aho, 2017). These indigenous researchers present a theoretical case study and analysis of contemporary suicide among Māori youth that advocates for a more holistic approach. The theory hypothesis is that when kinship-based cultural identity is intact and relationships are positive and functioning, suicide can be prevented. This theory challenges existing ideologies and outcomes conducted by mainstream researchers, that take an individualised framework (looking at discrete risk factors) in their attempts to narrate an understanding of key contributors to suicide prevention for Māori (Collings & Beautrais, 2005).

The theory being proposed by Lawson-Te Aho and Liu is grounded in the logic that suicide prevention for indigenous is grounded in the restoring of culture. For Māori the foundations of this theory are grounded in whakapapa, a practice of kinship, *'the beating heart of Māori identity'* (Kruger et al., 2004). The theory also highlights that a person is not treated as an individual, but are situated as members of a collective group, where obligations and responsibilities are bound through generations of time and connectedness.

Therefore, whakapapa and whakawhanaungatanga is seen as a protective factor and a deterrent against mental illness and suicide feelings of helplessness, hopelessness, pain and sadness because they are shared by the collective (Durie, 2001; Coupe, 2005). In this collective responsibility there is an obligation that comes with being whānau, so when a whānau member needs help, they will ultimately turn to those whom they have kinship ties with and to those they connect with in that collective group (Kruger et al, 2004). The theory notes that unless Māori can exercise their own SP&P design and interventions, the solutions will continue to remain in the power realms of mainstream providers (Talaga, 2018). Situated in the colonisers ideologies that take an individualised approach.

As a result of racial privilege and hierarchy 'the white privilege', Māori will continue to be oppressed, if we want to see change we need to be doing more of the Mike King HOPE roadshow approach, reaching out to the whānau, families and communities, as a way of decolonising our minds (Cram, 2018; Cormack, Stanley & Harris, 2018).

5.3.3 The role of whānau

Whānau hold a key responsibility in the development of resilience for our rangatahi, therefore, strengthening whānau based SP&P models of practice are critical.

Resilience is identified as a key concept consistent across global cultural boundaries cited in Clark, (2008). There are two types of resiliency: (1) where an individual will draw on their whānau (immediate natural family supports), and (2) where the individual will draw on their whānaunga (wider networks) for support (Clark, 2007).

For Māori youth, in the context of the Kawerau Story, these pathways of resiliency have been defined by the 'go to' approach, where those of our whānau who need help are not turning to services they are turning to the wider networks who they trust and connect with. Durie (2001) defines these realities as kaupapa a whakapapa (the immediate whānau connections) and kaupapa a whānau (in more contemporary times, they are those networks and associates we identify with as significant supports). Hawira (2007) notes that Māori wellbeing is connected to whakapapa (kinship) and being people from the whenua (land).

Kyle (2004) completed an examination of young African American adults, who also present with similarly high rates of suicide to Māori. The study is about understanding the presence or absence of protective factors among African Americans. The study hypothesised that the high rates were in response to the erosion of protective factors such as family and supportive family structures. Furthermore, the findings indicated that when family involvement was present, it reduced the likelihood of suicidal behaviour. That family support served as a buffer to the vulnerability of suicide and lower forms of family support have been associated with suicidal ideation. Indigenous nations across the globe position the family as central to their wellbeing and the findings of this study clearly support this notion (Durie, 2003, 2017; Ihimaera & Macdonald, 2009; M. Jackson, 2018). The family is a key protective factor in reducing suicide rates amongst the indigenous nations, so begs the question about how we are supporting the design of SP&P interventions that are designed by indigenous family collectives by families for families.

5.3.4 The Treaty of Waitangi

Bennett and Liu (2018) theorize how historical paths for reclaiming indigenous identity can be adapted and employed into mainstream and bicultural/indigenous spaces. Their theory employs a theory of history and identity to narrate the encounter between Māori and Pākehā and the violations of the Treaty of Waitangi to make sense of the changes for Māori in the 19th and 20th century.

How indigenous values such as whānau ora (family wellbeing), whanaungatanga/kotahitanga (collective kinship and a sense of belonging) can be adapted and employed by mainstream, bicultural and indigenous spaces to improve service delivery for Māori.

Orange (2004), and O'Hagan, Reynolds and Smith, (2012) highlight that although the Treaty of Waitangi was signed in 1840, the story of colonisation had already occurred well before the signing of the treaty between the Māori and the British Crown. Pool, (2015), noted that when colonists arrived in 1769, the Māori population was 240,000 at time of contact, which declined to 70,000 in 1840, and to 46,000 in 1896. Bennett and Liu (2018) highlight that the colonisation of the land happened in the late 19th and 20th century, where the British turned Māori into subjects of New Zealand through warfare, and alienated Māori from their lands, introduced disease and legislation suppressing Māori practices and industrialization (Ministry for Culture & Heritage, 2015). Durie (2000) noted that in the Tohunga Suppression Act (1907) was passed by the New Zealand government of the time to replace traditional approaches to healing with modern medicine, therefore further marginalising traditional Māori healing knowledge.

5.3.5 Identity

Māori identity in the 20th century is diverse and complex, where there are Māori who have stronger affiliations with their hāpu (sub-tribe) and iwi (tribe) than others, however, Durie (1995) notes that it does not mean those who are disconnected from these realties are less Māori. There are several notions of identity that Bennett and Liu theory highlight, such as a fixed identity is defined as those who have an association with traditional structures. Then there are those who have a fluid identity, who can move back and forth between those realities (McIntosh, 2005).

Nikora (2007) argues that to have a strong identity, Māori need to increase their experience with three core values: whanaungatanga, Māori Motuhake (preservation of language and pride), and kotahitanga.

In the Kawerau Story, the whānau champion kaupapa drew on the collective kinships and mobilised the associated networks to provide the necessary wrap around SP&P support. The identified 'go to' whānau are the link to the greater network of supports and are the ones who are supported by the provider network in resourcing the needs of the whānau. For those whānau who required support in accessing mental health or wrap around support services, those processes were supported by Tūwharetoa Hauora.

5.3.6 Rates of mental illness

Māori continue to experience higher rates of mental illness in comparison to non-Māori, such as depression, anxiety disorder, substance-related disorders (Oakley-Browne, Wells & Scott, 2006). Furthermore, rates of admission to psychiatric hospitals continue to be higher than that of non-Māori, with higher rates of illness than non-Māori (Ministry of Health, 2012, 2015; Harris et al., 2006; Cormack, et al., 2013).

These disparities are further evidenced in Bennett and Liu (2018) research, which highlights that Māori make up 16% of the New Zealand population, yet 51% of its prison population is Māori, and that the newly incarcerated make up fifty-six percent of the prisons population who are Māori (Oakley-Browne, et al., 2006). An example of where we see significant disparities between Māori and non-Māori is evidenced in the high rates of Māori incarceration. This is evidence of racially based policy decision-making, which impacts on how criminal decision-making is made. In a study conducted by Houkamau, et al., (2017), they analysed 1,790 questionnaires from Māori participants as part of a New Zealand attitudes survey. The study used a Bayesian model, assessing the links between perceived discrimination, and 15 social, economic and psychological indicators of wellbeing. The study highlighted that New Zealand has an underlying issue of racism, which impacts negatively toward Māori (Harris, et al., 2006).

5.4 Whānau as a service model and transformative praxis

Bennett and Liu (2018) propose a theory of whānau, a sense of family as an intervention, in building the maintenance of kinship relationships. This is not a new theory, as it is one that has been derived from traditions of time. Rangihau (1987) cited in Puao-te ata-tu identified this theory of whānau approach, which at the time was not reflected in policy or mainstream. Durie (1995) mentions that designing an approach at a theoretical level is complex due to the diverse realities for Māori, so a one size might not fit all. We see evidence of the diverse realties through the implementation of whānau ora, an innovation for connecting and coordinating social services for Māori. In a review of whānau ora, the auditor general remarks indicate that it was difficult to find a consistent description of what has been achieved and what were the aims of the initiatives after talking with joint agencies (Bennett & Liu, 2018).

Furthermore, the auditor general also indicated that perhaps the kaupapa was swallowed up by the bureaucracy of the ministries, a struggle being carried by two Māori parliamentary voices out of a ministry of 121 members during the initial development stages. Bennett and Liu (2018) conclude in their research that mainstream could become more skilled at service delivery that aligns with Māori aspirations to manage the dilemmas of globalization. Their theory positions the importance of whānau as a therapeutic intervention and provides a backdrop to understanding how colonisation continues to erode the identity of Māori. Furthermore, they provide research in understanding the complications of mobilising traditional theories in environments that continue to be controlled by non-Māori.

5.4.1 Whānau ora

Whānau ora is an innovation that exacerbated an ideological shift across New Zealand at all levels of engagement and put a focus on recovery being a whole family led approach rather than an individual one, creating new conversations and collaborations. Whānau ora is forcing ministries to think outside of the box (O'Hagan, et al., 2012). The whānau champion space is grounded in the ideologies of a whole whānau approach. Although the research from the auditor general indicated that whānau ora was shrouded with confusion in understanding the aims and outcomes after four years, whānau ora was the foundation that supported the Kawerau Story.

Whānau ora provided Tūwharetoa Hauora with a framework during this period to leverage the Kawerau Story and mobilise the whānau champion kaupapa. Whānau ora was also the tool that not only leveraged the whānau champion kaupapa, it also positioned Tūwharetoa Hauora to hold mainstream providers accountable to service provision. That was more in line with meeting the aspirations of Māori, those who resided within the Kawerau region. What the whānau ora strategy highlights is that the ministries are disconnected from providers.

Waaka (2008) mentions that hauora is a term used to translate health, but within Māori thinking comes Māori creation stories, where life was given by the gods, bringing human life and health. Perhaps there needs to be further research conducted by indigenous researchers narrating the outcomes from indigenous innovations that are controlled and funded in infrastructures that are indigenous. That is, to ensure that innovations liken to that of whānau ora, which was situated in a mainstream environment, are not consequences and seen as confusing by the ministerial bureaucracy.

The research question being proposed by Bennett and Liu (2018) is about how indigenous values can be mobilised as a therapeutic means in improving service delivery in mental health. Perhaps this question should also consider how indigenous values can be mobilised across the ministries, because the whānau ora story highlights, that we are far from being bicultural (Houkamau et al., 2017).

The Kawerau Story is a SP&P innovation that was designed by whānau for whānau situated and supported by a kaupapa Māori framework through Tūwharetoa Hauora. The whānau champion kaupapa mobilises traditional concepts, however, falls short of being further funded by ministries because of the ongoing marginalisation of therapeutic indigenous ideologies verses mainstream SP&P practices. The Kawerau Story captures stories about the relationships with mainstream, community and other indigenous providers. How they are mobilised in supporting the whānau champion approach in meeting the needs of whānau.

5.4.2 Helping the helpers

Healing the healers, or helping the helpers, was a key workforce development issue that we faced as whānau champions in the Kawerau Story. Due to the scarcity of support to wrap around whānau champions, this demand was absorbed within the capacity of the Tūwharetoa Hauora kaimahi (staff). In most instances, where possible the necessary wrap around supports were provided by the Tūwharetoa Hauora wider services. An article published by Ullman, Starzynski, Long, Mason, (2008) about mental health helpers' psychological reactions in their shared experiences with disaster survivors, provides a case study that gathered data through a one-day experiential workshop. The participants shared stories of how the trauma affected them. A theme that resonated with me during these readings was the fact that we the helpers are looking after others, while we are also going through our own reactions with it as well as managing the ongoing colonising. The Rautahi Story (an emergency disaster due to Putauaki being flooded because the Rangitikei riverbank wall burst during extreme rains) in 2017 is a good example of a time when the Kawerau Story was also actively engaged in a regional emergency response crisis. Tūwharetoa Hauora were the first responders who assisted with coordination of the immediate emergency response within the first 72 hours. Everly, Phillips, Kane, and Kane (2006) highlight that the acute phase in trauma management is defined as the immediate response phase. On reflection as a first responder in the Rautahi Story, the coordination was fraught with politics, resources were scare and further help from the DHB was slow in the coming.

Ullman et al., (2008) goes further to mention that group process and collaborations are effective strategies for the management for trauma. The whānau provides a space where this happens as a natural progression of the mobilisation of whānau support during times of need. From the Rautahi Story there were key learnings that come from this experience for the DHB, local councils and providers to design more collaborative emergency response team processes. During times of trauma there is an inherent increased workload for kaimahi, so managing the potential burnout and trauma recovery is important.

Burn out amongst kaimahi Māori is high because we are always trying to detect and navigate through the oppressive systems in supporting our whānau, as well as doing the mahi (work) at the same time, and then trying to manage our own personal response (Andronico, Cleary, Einhorn, Miller, Shapiro, Spitz, 2008). A key community support that was put in place in Kawerau as part of the suicide prevention strategy was the core clinical forum. A forum that provided a space for the community, providers, and government agencies to come together to discuss the high-risk issues of the community with a specific focus on suicide. The core clinical provided a space for sharing narratives as helpers in the health and social services field of work. The core clinical provided a forum where collaborators could discuss issues and exchange information for the wellbeing of the community. The article goes further to note that support groups provide a sense of community, support and hope. The literature also highlights that some recover from the trauma, some continue to be affected by the trauma (Benson, Moore, Kapur, & Rice, 2005; Buchele, 1995; Herman, 1992; McCann & Pearlman, 1990; Turner, McFarlane, & van der Kolk, 1996; Wilson, Friedman & Lindy, 2012).

Through these experiences kaimahi develop a resiliency to the demand and need of the community. These are indigenous leadership realities that we inherit when we hold these roles and responsibilities. Where there are carefully constructed groups, it can provide a sense of connection, commonality, safety and mutual understanding, to share the despair and helplessness and isolation. The whānau champion kaupapa provides the community with support during times of trauma (Herman, 1992). Trauma training needs to be provided to all.

5.4.3 Paraprofessionals/natural helpers

Fuller (1995) The role of the paraprofessional when situated in a mental health setting in a functional hierarchy of where they are considered as ‘low status staff’, but are relied on in serving the needs of those clients that mental health clinicians struggle to engage with.

‘Paraprofessional’ in the context of this study is defined as someone who provides supports for clients but do not have a formal qualification. The writings go further in highlighting that mental health historically has positioned these roles as caretakers, health workers, aides and attendants and noted the concern for the viability of these roles into the future. Fuller (1995) challenges the old notions of professionalism and proposed that nurses need to be more responsive in meeting the culturally diverse realities they are presented with. Their research explored the relationship between professionals and health workers, proposing that rather than nurses attaining cultural knowledge to provide their total care that their study proposed teamwork with ethnic/cultural health workers. To assist with more effective teamwork that is more responsive to the cultural differences. In this research paraprofessional roles were often brought in to cover staff shortages. The research proposed that nurses need to be flexible in their practice to accommodate to the cultural diversity. Kubiak and Sandberg (2011) present a paper on “para-professionals and caring practice: the use of self”, that explores the relationship between the person and social agency and the practice that is evolved from that interplay. The theory that is proposed is that care work is a skilled practice. Whānau champions, in the context of the Kawerau Story, are role models in the community, which is why the whānau tend to seek them out when in need of support. Furthermore, the Kawerau Story highlights the whānau derived grassroots SP&P solutions (Durie 1984; Mulroy & Austin 2005; Hjelmeland & Khizek 2017; Houkamau et al., 2017)

Drew (2015) proposes a tripartic framework (a model for building trust in intercultural spaces), which was developed through the ‘Wundargoodie Aboriginal Youth and Community Wellbeing’ programme. The programme engages natural helpers to help with the literacy for youth programme. The programme embraced Aboriginal terms of reference that included sovereignty and colonisation. Natural helpers in this study is defined as those who are turned to for help in times of crises and need. These roles are often situated between family and organisations, and tend to be overburdened, under recognised, under resourced and at risk of burnout. The study highlights that natural helpers are also referred to as: lay educators, and lay health workers. Drew (2015) highlights that a model of trust offers an opportunity for empowerment and depowering practice within a decolonising agenda, to build on trust and maximise the potential for genuine knowledge to emerge and be shared.

Owen and English (2001) highlight through their collaborative case work experience (working with bilingual and bicultural newcomer paraprofessionals, in their resettlement work with refugee work), that brokers serve as socio-cultural bridges, become mediators between clients and agencies. A key learning identified through their case work was that where there is a lack of time and openness for clients to share personal stories, it is detrimental to the establishment of trust.

The literature regarding para-professionals and natural helpers raises key themes, of caring practices that are grounded in meaningful values, such as the importance of developing trust, the importance of being a voice between agencies and clients, the need to be validated as crucial roles in supporting others. That values-based caring in clinical/community environments are critical to the wellbeing and the need for professionals to take time to hear the personal stories of clients.

It is evident that since the early 70s these roles have been involved in improving service delivery assisting with the interface between professionals and the so called 'difficult clients. Furthermore, we continue to re-name these positions, who ultimately carry a significant responsibility in bridging the connection and healing between the agency and the client.

In the literature reviewed, the studies also noted the importance of a supervisory/support from professionals to wrap around these roles. A key point noted in the writings was about the changes in roles between the value-based carer and the professionals (Fuller, 1995). For example, being in a supervisory capacity changes intermittently with the role of the values-based carer. In some situations, the carer takes the lead and is in the support role and the professional is the learner/observer, and in turn, creates a relationship where there is a cross pollination of skills. As a natural progression of the relationship there is a contribution to the professional development of the workforce of that community.

5.4.4 The whānau champion kaupapa

What is clear in reviewing the literature regarding roles that are derived from values-based caring is that they have been situated in health environments for several decades. These roles over the years have been labelled as paraprofessionals, helpers, natural helpers, health workers, aides, gatekeepers, lay workers and cultural brokers, just to name a few.

A key theme that is prevalent across all these roles is that they are grounded in values of caring centred in meeting the needs of others located in their communities, those who are involved in services/agencies.

In all the writings there is also a clear message about the relationship between value-based carers and professional roles being critical in better meeting the needs of individuals. Value-based caring roles more than ever play a critical role in the delivery of healthcare in more contemporary times. As we see a greater disconnect between ethnic and cultural groups, due to a range of contextual factors such as colonisation, racism and poverty.

Ultimately what these highlights is that connection outside the realms of professional practice, in terms of better healthcare, has now become an agenda that needs to be supported (Lawson-Te Aho, 1998a; Lawson-Te Aho, 2016b; Lawson- Te Aho, 2017).

The whānau champion kaupapa is grounded in values based caring derived from traditional concepts such as whakapapa and whakawhanaungatanga that is a birth right that we are obligated and hold a responsibility to. Therefore, a unique difference with the whānau champion kaupapa is the supervisory boundaries of practice that are inherent in being whānau. The whānau champion kaupapa can operate in both a professional and communal environment, because we are working directly with whānau for whānau. Liken to most other value-based roles the key factors of ensuring connection and access to better healthcare is the same for the whānau champion kaupapa. Perhaps when we validate valued-based caring roles as strategies for community SP&P, we will see a greater connect for families and communities and ultimately a shift in the suicide rates for indigenous nations. Furthermore, what the literature clearly highlights that until indigenous nations are given the right to determine their own health and wellbeing, we will continue to see disparities between non-indigenous and indigenous nations. Like many of the research that is being driven and designed by indigenous, the Kawerau Story offers a case study narrative that is grounded in traditional values such as whānau, in assisting other communities in designing SP&P approaches.

5.5 Summary

Chapter Five highlighted the challenges that whānau champions are faced with when mobilising initiatives at the grassroots. The politics are also highlighted, which complicate the whānau champions ability to effectively navigate services in supporting whānau to access SP&P supports and services they need. The writings highlight the layers of redtape that whānau have to navigate through. The Kawerau Story demonstrates the barriers in accessing services, because the providers both within the DHB and communities are fraught with politics that complicates access to SP&P services (Lawson & Liu, 2010).

Furthermore, the lived experiences of the participants echo the significant impact on the lives of the whānau over the generations, that has eroded the inherent obligations we hold as whānau in more contemporary times (Fanon, 1967; Memmi 1965; Langford, et al., 1998; Bagley, 1991; Beautrais, 2001; Kyle, 2004; Clark, 2007; Lawson-Te Aho, 2014, 2017; Houkamau, et al., 2017).

Chapter six captures the insights and experiences of those whānau who have been impacted and affected by losing loved ones to suicide. We hear about the solutions they have drawn on in navigating through the struggle of being bereaved in an environment that does not know how to nurture your spirit. We are privileged to hear the stories of whānau courage, who are now whānau champions for their whānau members. Kapua Te Ua, cultural advisor for Tūwharetoa hauora, developed the name Nga Toa o te Whānau. Through the stories we can identify the commonalities that were prevalent across all whānau narratives, in understanding key themes that contribute to whānau derived SP&P practice-based evidence.

Chapter Six

The solutions are in our stories

6.1 Chapter introduction

Chapter Five highlighted the challenges that whānau champions are faced with when mobilising initiatives at the grassroots. The politics are also highlighted, which complicate the whānau champions ability to effectively navigate services in supporting whānau to access SP&P supports and services they need. The writings highlight the layers of redtape that whānau have to navigate through. The Kawerau Story demonstrates the barriers in accessing services, because the providers both within the DHB and communities are fraught with politics that complicates access to SP&P services (Lawson & Liu, 2010). Furthermore, the lived experiences of the participants echo the significant impact on the lives of the whānau over the generations, that has eroded the inherent obligations we hold as whānau in more contemporary times (Fanon, 1967; Memmi 1965; Langford, et al., 1998; Bagley, 1991; Beautrais, 2001; Kyle, 2004; Clark, 2007; Lawson-Te Aho, 2014, 2017; Houkamau, et al., 2017).

Chapter Six will narrate the stories of the participants and their lived experiences, but more importantly, it will capture the solutions and traditional key themes that have helped them through their recovery and ongoing survival. Through their learnings we come to understand how colonisation has impacted on traditional life for Māori, and how the teachings that have been passed on through generations have remained instilled in our ways of life as whānau Māori. We hear how traditional practices and values continue to guide and nurture our people in more contemporary times, further evidenced by the literature reviewed. Savage, Hynds, Leonard, Dallas-Katoa, Goldsmith and Kuntz (2018) in their study looking at whānau connectedness in terms of drawing on the strength as whānau as first time responders in a crisis, drawing on "Being Māori" highlight that cultural values of whānaungatanga, aroha, kotahitanga, whānau and manaakitanga strengthen the whānau when recovering.

The 25 indigenous projects are derived from the 1970s, when indigenous nations were struggling with colonisation in New Zealand; a framework that situates the indigenous realities of our whānau narratives at the centre of 'evidence informed knowing' (Smith 2012). The framework was developed by Linda Tuhiwai Smith.

It is approach that captures the struggle of the participants' survival, and reflects the engagement in culture and language, and highlights the solutions from their determination to maintain control over their own lives (Lawson & Liu, 2010).

Furthermore, the projects allow the stories to reflect the whānau champions' cultural survival, healing, restoration, and more importantly, their perspective of the social injustice that they experienced as survivors and bereaved whānau to suicide in colonial times. 12 of the 25 indigenous projects have been identified as key techniques used in understanding the narratives of survivors and bereaved whānau to suicide, in understanding the Kawerau Story. All 12 indigenous projects interconnect and have a relationship with one another, therefore, the narratives of the whānau champions cut across all twelve projects. The similarities are echoed through the stories. Even though they have come from different paths, the experience rings familiar tones across indigenous whānau. As described in the literature this is a form of spiritual wounding (Brave Heart, 2003; Lawson & Liu, 2010).

6.2 The findings from the whānau stories

'Testimonies' is defined as a sacred space that protects indigenous peoples when sharing painful stories and events in their lives. In an investigation by Ihi Research and Development who undertake research were contracted to undertake an investigation into Māori whānau resilience following the Christchurch earthquake that occurred in 2011, the study had two aims: to understand how Māori in the earthquakes identified resources and processes to help with their recovery, and to learn from their stories whether Māori culture values played a role in the whānau response to the earthquakes (Savage et al., 2018). The research viewed kaupapa Māori as a strength-based approach that is informed by kaupapa Māori theory and research principles. The study findings highlighted the importance of Māori and iwi-based cultural identities and values in enabling community recovery and strengthening resilience. The whānau champion narratives and stories are derived from their lived experiences, and these knowing's are testimonies to their resilience against the ongoing colonial genocide. The whānau champion kaupapa is a space that has been created 'by whānau for whānau' to share those painful experiences in taking ownership and responsibility for making the necessary changes. In the testimonies there is healing, a space that strengthens the whānau ability to address the disruption and transition from family living environments (Beautrais, 2001).

‘Storytelling’ is defined as an opportunity to heal from your own experiences, and in that change being able to share those solutions from your stories.

In the Kawerau Story, the whānau stories lifted the silence around suicide and strengthened whānau to seek an understanding about why things were the way they were for them. Just communicating with one another was a significant shift in breaking the silence of not talking to one another. Boldgett, Schinke, Smith, Peltier and Pheasant (2011) explored vignettes as a narrative strategy for presenting the research voices of aboriginal community members. They highlighted that there was a growing regard amongst academia of the incompatibilities of mainstream with indigenous culture. Participatory research and cultural praxis are a movement towards cultural inclusivity that validates whānau stories.

‘Celebrating survival’ is the opportunity to write the Kawerau Story narratives and the grassroots healing as a means of validating the participant’s lived experiences. Too often indigenous communities mobilise innovative projects that are marginalised as they are not seen as evidence-based approaches or are not validated because they are not clinical. Niania, Bush and Epston (2017) capture the narratives of whānau healing through restoring mana and taking care of wairua. The Kawerau Story highlights the stories of those whānau champions who both have their own stories to tell and who were also the lead providers in mobilising the suicide prevention approach, by whānau for whānau. Clark (2008) highlighted in their literature that whānau are a critical protective factor.

‘Remembering’ is defined by Smith (2012) as the acknowledgement of those who are no longer with us but remain in the memories and stories of the participants. Remembering was often the motivation for the whānau champions to carry on supporting bereaved whānau members and survivors of suicide due to the pain associated with the loss. In our memories, we are reminded of our responsibility to one another and in these stories. We are strengthened to carry on, but more importantly, remembering helps us to recover and heal. The following writers challenge us to reckon the collective implications of such violence of the settler colonialism (Durie, 2000; Orange, 2004; O’Hagan, et al., 2012; Pool, 2015; Bennett & Liu, 2018).

‘Connecting’ is not only about the narratives as individuals we bring, but also about reconnecting with those who are no longer with us and the stories they left behind. In the Kawerau Story, connecting was the key solution. However, we needed to identify who to connect with and without those relationships on the first instance.

Getting connected with the right people was difficult, so identifying the 'go to' people in our lives and our loved ones was critical. Momper, Dennis, and Mueller-Williams (2017) focused on talking circles as an inexpensive prevention measure against substance use and abuse.

The study highlighted the need to rejuvenate traditional healing methods to bring about healing.

'Representing' is about bringing the solutions forward as indigenous nations from the struggle. The whānau champions represent the voice of those whānau who were bereaved to suicide and those who were survivors of suicide. Those voices represent a generation of solutions that have been marginalised, and therefore we continue to lose whānau to suicide. Dawes, Davidson, Walden and Isaacs (2017) conducted a study to examine local perspectives on the causes of crime and recidivism in two remote indigenous communities. The study was coordinated through a multidisciplinary research team, who engaged the community at every stage of the research. The conclusion from this research was that in order to understand why we have such high over representation of indigenous in the criminal system, the ideologies of indigenous nations need to be empowered by communities and a shift towards implementing culturally informed solutions. The whānau champion kaupapa is founded in a collective kinship and connectedness ideology to support communities in addressing issues of recidivism (Nikora, 2007).

'Envisioning' is about the Kawerau whānau sharing its truth, and in that voice finding hope to nurture our dreams and aspirations for generations to come. The Kawerau Stories reflect the story of truth for whānau champions, for whānau Māori, for the Kawerau community, for the mental health sector, local providers and suicide practitioners. Savage et al., (2018) highlight in their study the voices of whānau and their perception of a strength-based sources of resilience and recovery. These were linked to manaakitanga, which ultimately was defined as just 'doing what needed to be done.' Nga Toa o te Whānau is a workforce that does what needs to be done, driven by the connectedness of being whānau.

'Restoring' is a project that focuses on one's wellbeing, mentally, physically, spiritually. In the Kawerau Story, it captures the holistic nature of whānau as a response to the ongoing failures of the health system. Menzies (2008) explored the intergenerational trauma of Aboriginal men, and highlighted in the findings that healing within the intergenerational framework is a complicated process and difficult for all those involved.

The whānau champion kaupapa is grounded in the theories of Whānau ora, a space that facilitates the restoration of Māori identity (O'Hagan, et al., 2012). More importantly, it noted that the healing of intergenerational trauma must be inclusive of family, community and nation. Drawing on the modalities of traditional healing helps those involved explore the deep rooted pain. Durie (2001), and Coupe (2005) highlight collective responsibilities as a deterrent against suicide.

'Networking' is about sharing of information through a process of face to face, and over time through the development of meaningful relationships. An approach that indigenous nations have continued to practice over the traditions of time. In the Kawerau Story, networking was focused on ensuring all necessary networks were being exhausted in supporting and resourcing whānau champions to support whānau. In her doctoral research on Northwest Territories, Christensen (2012) identified that there was a disconnect between emotive, personal narratives of homelessnessness, and more conventional approaches. The research suggested that networking research is well suited to community-based participatory research, in order to explore ways of finding more culturally appropriate methods or presenting findings in advancing community based participatory research with indigenous communities.

'Creating' is about the acknowledgement of how individuals and communities can rise above their own struggle and mobilise new hope and dreams. Communities will find their own solutions to community problems. The whānau champion kaupapa is a story that has been designed by Kawerau whānau for whānau. Savage et al., (2018) in their study noted aroha, kotahitanga, and mana were central to sustaining sources of strength and resiliency in 'being Māori.'

'Discovering our beauty' is when we can bring together both our indigenous knowledge and Western knowledge and make them work for the betterment of all, in particular for the development of indigenous projects. The beauty in the Kawerau Story is the privilige that the whānau champions have in capturing the solutions that they mobilised in addressing the issues of SP&P in their community. In their story of healing through wairua, NiaNia, et al., (2017) mentioned that while elements of treatment may come from a Western paradigm approach, the essence of the Māori healers' approach is about wairua. For some indigenous whānau spiritual healing approaches are paramount so solutions and modalities require spiritual intervention and approaches. When we can bring both Western and culture realities togeather for the betterment of the whānau we benefit from the healing expertise of both worlds.

‘Sharing’, the final indigenous project is a traditional practice of indigenous nations for generations (Smith, 2012). A meaningful process that can occur through one on one, in formal and both informal settings and environments. A process that is mobilised to also unshackle ourselves of the hegemonies of the colonial system. The Kawerau Story is a voice of indigenous resistance.

What we know worked for our whānau in the Kawerau community is that sharing your story is a therapeutic leverage we can use to understand our own issues and seek our own solutions. When those learnings are integrated with traditional forms of knowing we create spaces of whānau indigeneity and transformation. A space where we can shift our thinking from the hurt, blame and sense of responsibility into a positive lens. A means of sharing the kōrero, breaking the cycles, being with those who we connect with and knowing who your ‘go to’ people are. Wendt and Gone (2016), through their case study of an urban American Indian college, mobilised a case study focusing on client’s perceptions of their own help seeking behaviour. The approaches considered four healing themes, which were medications, counselling, bonding and spirituality. The study suggests that practitioners integrating professional and Indigenous therapies should view treatment through a native lens, resist medication for cultural and spiritual reasons, and refrain from discussing spiritual matters that should be discussed with the appropriate expertise (Wendt and Gone, 2016).

6.3 The indigenous lens

Phase one of the qualitative research process involved a meaningful one on one engagement process, where kōrero (discussion) was held with whānau champions about the research kaupapa and the interview process with participants. The data was collected from hearing the stories of 10 whānau about their experiences of being both survivors of suicide and bereaved to suicide. Phase two of the research involved a process of identifying the key traditional themes across all stories, and identifying the key praxis themes that emerged from the stories that whānau champions see as critical to the role of being a whānau champion. The following table outlines the research pathway used to collect the findings from the whānau stories.

6.4 The research pathway

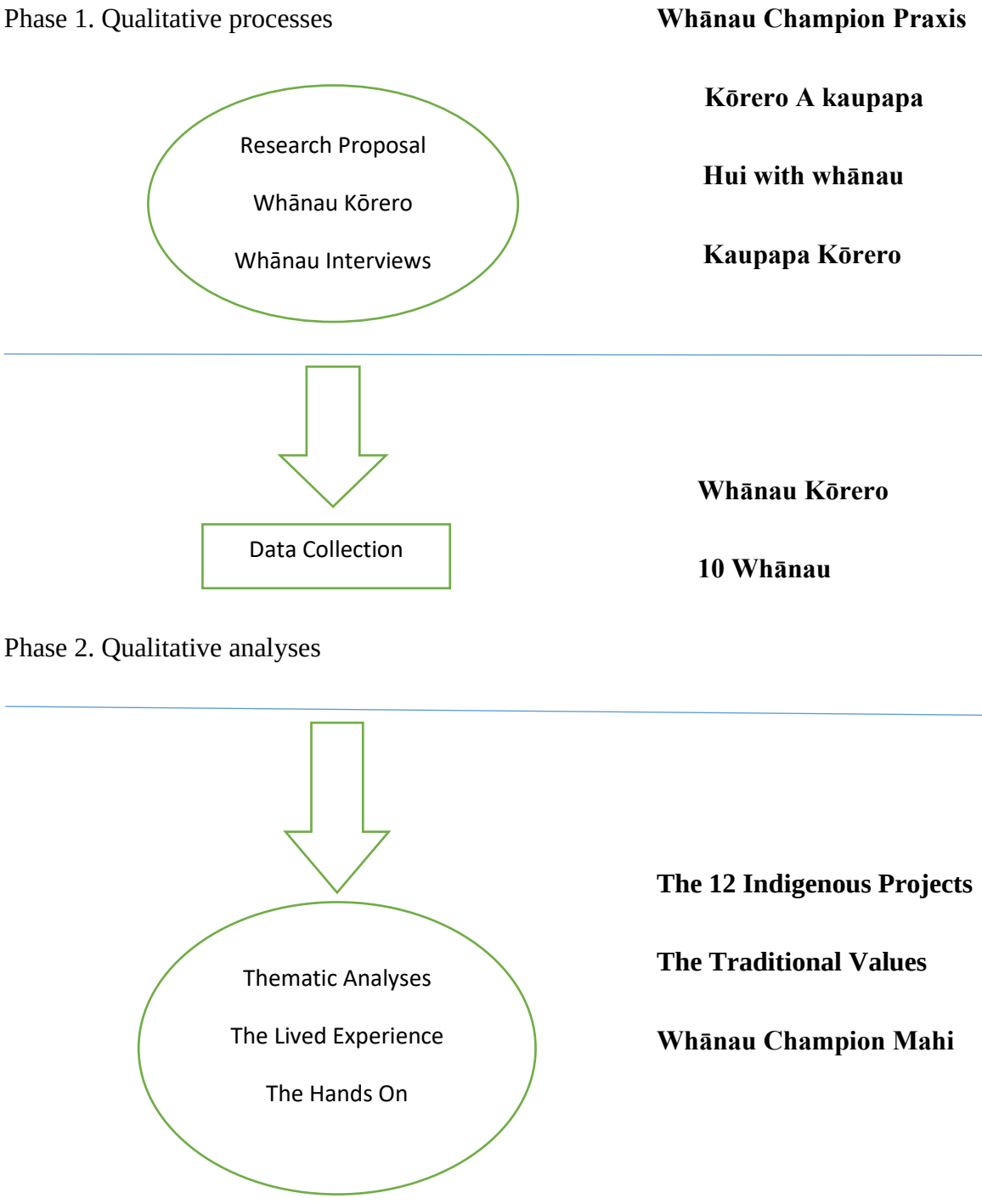

Figure 13. Qualitative research process with an indigenous lens (Ruha, 2018).

6.5 Results

Results from the interviews

The whānau champion workforce mobilized 12 indigenous projects that were connected to core cultural values. These values are integrated across all the indigenous projects. Mann et al., (2005), and Clark (2008) highlight that suicide requires a multitude of interventions and solutions for managing suicide, which are reflected in the whānau champion transformative praxis themes.

Table 4.

Whānau champion transformative praxis themes.

Indigenous projects	Cultural values
Storytelling	Aroha; love
Remembering	Manaakitanga; duty to care
Testimonies	Kōrero; a meaningful one on one
Discovering our beauty	Kanohi ki te kanohi; face to face
Restoring	Pono; honesty
Connecting	Whānaungatanga; relationships
Networking	Kotahitanga; unity
Representing	Ahi Kaa; home based
Creating	Whānau; family
Celebrating Survival	Rangatiratanga; self-determination
Envisioning	Wairua; spiritual wellbeing
Sharing	Mahia te mahi; do the work

6.6 Storytelling, Remembering, Testimonies, Envisioning, Celebratiing Survival.

The whānau engaged in the research are all whānau Māori and have tribal links to Tūwharetoa, Ngātiawa, Tūhoe and Te Arawa. The research highlights whānau champion-informed practice; an example of indigenous nation solutions being mobilised in communities like Kawerau. The whānau champion kaupapa is also about making a stand and drawing on our own words to describe our own research experiences and bringing forward praxis knowing's about whānau champion mahi.

For the purpose of these writings, the participants will be recognised as whānau champions or bereaved whānau. Some of the participants were both whānau champions and bereaved to suicide and others were bereaved whānau. To provide some clarity about the participant's voices, because at times the whānau champions voices are like that of the writer who is also a whānau champion. As whānau champions there is a praxis jargon that can be heard and is evident in the participant's voices. At the end of the day, we are whānau who are engaging in a community activity working towards better wellbeing for whānau, hāpu and iwi, because it needs to be done. Lawson-Te Aho (2017) in the literature review describes this as a shift towards reframing indigenous 'suicidology'.

The whānau champions all worked in the Kawerau community and are related through whakapapa. The age of the whānau champions engaged in the research ranges from rangatahi (youth) to pakeke (adults). They all have a working relationship with the writer regarding the provision of clinical management, and oversight of the work the whānau champions do as kaimahi for Tūwharetoa Hauora. A core practice when working as whānau champions, is to have access to an experienced clinical practitioner to ensure that, as a whānau champion, the support being provided for whānau is safe when managing any risk. Carter, et al., (2007), and Dazzi, et al., (2014) highlight in the literature review the importance of the community networks of support as a protective factor in addressing suicide.

The whānau champions were provided with an information sheet about the scope and purpose of the research. The consent forms were discussed before the planned face to face kōrero to hear their stories as bereaved whānau and survivors of suicide. Nga Toa O Te Whānau represent the whānau champion workforce and the whānau champion kaupapa, which is about understanding our stories as indigenous nations, because in our stories are our solutions. The issues whānau experience are complex so we now require a range of eclectic knowings such as those reflected in the whānau findings, to heal outside of Western interventions to assist with navigating through the colonial genocide. Lawson-Te Aho and Liu (2010) note in the literature that the whānau solutions cannot be provided by Western traditions.

In our storytelling are our memories and learnings that we gather through our life lessons in being whānau Māori. It is about how we live our lives, in maintaining who we are as whānau. It is in the retelling of these narratives that we share our love we have for one another and hear the love for those who are no longer here with us.

The following are whānau narratives that capture the indigenous project themes and reflect the whānau / cultural values. Therefore provides an insight into why whānau champions / kaitiaki are the solution for whānau Maori in suicide prevention and postvention.

Participant 2 (whānau champion bereaved); Our whānau relationships get a bit complicated if your looking from the outside in, but for us its about aroha. My sister's daughter was brought up by our mum, so she calls my sister aunty and her nan mum. My daughter was protected because she was brought up by my parents, because i was not able to care for her.

*Summary Analyses: T*he whānau *self – determined* what was right for their mokopuna, therefore whānau *celebrating* their own *survival.* As whānau champions / go to people we come with an inherent understanding of the whānau relationships so are better placed to offer the appropriate support.

Participant 3 (whānau champion bereaved); Our dad loved us so much he kept the wider whānau rarurau (problems) from us when we were growing up. We were not encouraged to speak Māori when were were growing up because they were strapping the children who spoke Māori.

Summary Analyses: In this narrative dad *envisioned* the *spiritual wellbeing* of the whānau. As whānau champions we have a lived experience of these realities because so many whānau Maori parents of that time were strapped for speaking Māori. This is an example of the layered connectedness that comes with being a whānau champion so we are able to engage in *korero* that is more *meaningful / one on one* because of the shared experiences.

6.7 Remembering, Representing, Storytelling, Networking, Connecting, Sharing, Discovering our beauty.

The following stories capture life during traditional times shared by the kaumatua participants engaged in the research. A time the kaumatua take us back to where we see how we were living collectively as a people and as whānau. An insight into how life today is drastically different.

A familiar echo we hear from a grassroots organisation developed by native Hawaiians for Hawaiians, which draw on hands on experience and the ever-lasting memories of pre-colonial practices.

A community-based approach to empower their people to develop a solid foundation of independence and to enhance their ability to be self-sustaining and independent. A tool to address the historical trauma as evidenced in the indigenous disparities we continue to experience today as indigenous nations (Ho-Lastimosa, Hwang, & Lastimosa, 2014). In the following whānau narratives (those italicised are key messages from participants otherwise are direct quotes), we also hear how traditional values of manaakitanga have changed over time and how we manage our duty to care for one another, in more contemporary times. As noted in the literature review, this is defined as a practice of kinship inherited through our whānau birth right (Kruger, et al., 2004).

> *'Kia kaha te whānau ki te tiaki te whānau ano.' Let the whānau be strengthened to care for one another. (Participant 6, personal communication, 2019).*

Participant 6 (bereaved whānau); whanau life. In the times of our grandparents, the late 1800s and early 1900s, everyone cared for one another and everyone helped everyone, now it is about looking after ourselves. It is a hard struggle to return to our roots, to who we are as whānau.

The struggle is great now for the generations today because of the influence of the colonial world. Some of the difference from before compared today is that we knew to respect everyone's homes. The homes were free and open for us and we knew to leave the house as we found it, "clean".

We were a self-sufficient people and worked the crops as our source of income and everyone knew how to kōrero in Te Reo Māori. When we had issues such as our tamariki being neglected, or domestic violence and whānau issues that the whānau could not sort out, the matters of concern were further addressed with the hapū at the pā (ancestral place). In my time we did not call it a marae it was a pā.

Another major change in how we cared for ourselves as whānau is that when someone had a mental illness, they would roam free amongst the whenua. Everyone would know what was wrong with them and would share the care they needed. If you done something wrong that you were not suppose too, you would get a clip around the ears.

Everyone knew everybody, their weaknesses, their strengths and we knew everyone's story. We would share what we were good at, that others were not, to help one another and compliment one another's skills. Tamariki safety was paramount for the hapū. The hapū was the whānau, and the whānau the hapū. This was our tikanga. I was FREE in those times.

'Mate Porangi.' The mentally unwell.

Whānau who were mentally unwell, created significant disruption for the whānau and the pā, because it would require that everyone cared for the unwell person. We would care for the person as whānau in pairs. Karakia (prayer) was done all the time and sometimes this would calm the unwell whānau member down. We had several religious denominations: ringatu, ratana, mihinare, and te hahi karaitiana. The karakia was powerful because of the belief and the time period we were in. When tohunga were still living amongst us as whānau, there were never any rituals that were undertaken that were dangerous or that ever put whānau at risk or caused them any harm. Everyone cared for everyone in the best way they knew how; some were good, and some did not care. When something was happening at the pā, it was tools down and everyone and everybody helped or as we would say in Māori it was "take hāere". Everything was based on tikanga.

Summary Analyses: This whānau *Remembering represents Ahi Kaa* a time when we lived as *hapū / tribes* on our own *home-based* lands. A time when we lived our inherent responsibility and *duty to care.* A narrative that comes as a natural progression of being whānau "we have an inherent responsibility and *duty to care* through whakapapa". As whānau champions our duty to care does not operate from Monday to Friday, its an expectation that you will be available 24/7 and that our doors will always be open. The Kawerau story reflects these experiences through the work of the whānau champion. In this *storytelling* we hear the solutions our whānau mobilised, the whānau champion kaupapa is a traditional framework that creates a space where we can mobilise tikanga as a solution for suicide prevention and postvention.

Participant 5 (whānau champion bereaved): when I was growing up in this time, we were brought up in a shack, which was very basic. We had jobs to do and mine were to light the fire every morning to heat the hot water, and to heat the copper for the bath. We grew big gardens and would hunt for our kai, and that's what we had on our table to eat for breakfast, lunch and tea.

We had nine in our whānau but were considered a small whānau in this time. We were the whānau that had the first tractor, which my koro brought from saving all his land monies, so we helped everyone with their crops.

We gathered kai which was shared with everyone. When we went to the sea, we would share all the fish and seafood gathered while out at the beach. We never went to go and sunbathe and just go for a swim. The community village living like this is no longer. Today our whānau have to move away from home to find mahi, and so our way of life changed.

Summary Analyses: The whānau *Remembering* highlights the *kotahitanga / unity* that was at the heart fo survival for whānau. More importantly reflects the roles of each of the whānau relationships and the role of *Whakawhanaungatanga* in caring for one another, even if you were a poor whānau, *sharing* was a way of life in our role of helping one another. *Doing the work* was a responsibility everyone shared in taking care of one another. Liken to that of the whānau champion, it is a responsibility we all have in taking care of one another.

Participant / whānau quote

"Manaakitanga / Reciprocity"

Participant / whānau stories

Participant 5 (whānau champion bereaved): Whānau 5

There was never any expectation to give back, it was about looking after one another / manaaki. Heaps of hands make light work is what we knew. The matriarch of the whānau and our koro dictated how we lived our lives. When we were growing up, we had to work hard, I had to clear the lands for my koro chicken farm. My koro was a proud man and was of the school of thought that "what you get is what you earn". It was expected that you give your aroha to everyone else and not to yourself. As the eldest male in my whānau, I had a hand in bringing up my nieces and nephews.

I am still carrying this responsibility today, supporting my whānau through there issues. When the nieces and nephews, mokopuna unload or talk about what is happening for them, my role is to listen.

Summary Analyses: Mahia te mahi: do the work without expectation of receiving anything in return. We *do the work* as a means of sharing the work and playing our role in being whānau. Whānau champions are sharing the workload with the whānau and playing a role as one of the many threads that contribute to the solutions for whānau Māori who are suicidal.

Participant 5 (whānau champion bereaved): Whānau 5

Today we use technology to stay connected with whānau across the world, to stay connected. In our times, we were Māori MacGyver's and so we had to use our Māori ingenuity to stimulate our brains and entertain ourselves all day.

Today our rangatahi are poisoned using of social media, and get locked inside themselves, and are not talking to anyone.

Summary Analyses: Returning to our own *discovery of our own beauty* through a tradition of praxis that has survived eons of time *kanohi ki te kanohi* / *face to face.* A key solution that rangatahi who are whānau champions must return too, to mobilise the strengthening of whānau having korero with whānau.

6.8 Testimonies, Restoring, Envisioning, Reconnecting, Sharing.

Participant / whānau quote

"Where does Suicide come from"?

Participant / whānau stories

Participant 5 (whānau champion bereaved): whānau 5

A whānau champion recalls was when his kuia doused herself with petrol because of his koro infidelity. My kuia was sick of it, that's why she took her life. We found out through our grand aunty, that our kuia had taken her life and I remember when it happened because I was packed off to school as normal, as if nothing had happened.

Suicidal thoughts entered my mind when I told my mother I was being sexually abused. I was beaten up for telling my mum I was sexually abused, and what was worse was no one believed me. Suicide happens because of the misdemeanours that were done. Having said that, we are human, and we make mistakes.

Summary Analyses: Restoring and speaking our truth and being *honest / pono* to ourselves in critical to our survival. Whānau champions create these spaces where whānau can speak their truth. That is why finding out who our loved ones "go to" when they are not ok is critical. Immediate whānau are not always the ones whānau will "go to" when they need help.

Participant 6 (bereaved whānau)

A participant kaumatua noted that suicide was like losing her mokopuna to CYF. For me that grief / pain and hurt was like suicide.

Participant / whānau quote

"Suicide and Māori History"

Participant / whānau stories

Participant 5 (whānau champion bereaved): whānau 5

Maui killed his sister Hinekura lover which broke her heart, so she killed herself and threw herself off a cliff into the sea. The tide washed her to Tinirau who then brought her back to life. In our tipuna / ancestor's days, we would refer to acts of suicide as something else; *"Kata te Po".* Kata is to laugh Po is our atua / god who guides us when we are crossing over to the other side. So "*Kata te Po"* implied that we were laughing at death.

Suicide in days of old was when you were challenged by a war party of enemies and you were on your own. It was an act that would see you come to a definite death by being outnumbered by the waring party. It was expected that you would go to war with them, as your mana was worth more than your life.

Summary Analyses: Our ancestral narratives left unto us, sheds light on the disconnect that exists between us as whānau Maori and those knowings in *Envisioning* our *spiritual wellbeing.* Drawing on those knowings to strengthen our *Wairua is a key solution.* Whānau champions are the carriers of that knowledge.

Reconnecting back to these realities will lead us to those holders of that spiritual knowledge. These are solutions we can draw on to strengthen our resiliency.

Participant / whānau quote

"Mataku / fear"

Participant / whānau stories

Participant 5 (whānau champion bereaved): whānau 5

There was a time the old people would drink to be merry, but now we are struggling to manage our drinking and causing harm to ourselves and our whānau. In my dad's time I remember the clanging of the beer bottles and saying to myself *"ohh no, here we go again"* bottles clanging, singing and then a fight.

I was always frightened when my dad come home from the pub because of the psychological abuse. I was always being booted out of my bed for the drunks, *"Ka noho au i te mataku",* I was living in fear.

I left home at an early age to get away from the abuse in the house I grew up in. I got me a job and was living independent by the time I was 15 years old. I would drive home on my days off to help my koro. When my koro died I returned home to my homelands and was confronted by my abusers. For a long time, I used alcohol and drugs to block out the memories, but it only worked for a short time.

Summary Analyses: Sharing our korero allows us to create space to find solutions for change that are meaningful. Whānau champions create those spaces, that allow whānau to hold meaningful one on one.

6.9 Discovering our beauty, Testimonies, Celebrating survival, Creating

There is beauty in our past and through the discovery of transformation of traditions in more contemporary times, we can be guided back to healing ourselves.

Participant / whānau quote

"Tohunga / Specialists"

Participant / whānau stories

Participant 5 (whānau champion bereaved): whānau 5

I returned home in my early twenties and was schooled by the last of our tohunga. I had my spiritual awakening through the nurturing given to me from my tohunga and was strengthened by the teachings of "Te Whare Maire" (a traditional tohunga school for learning: rongoā / medicine, karakia / prayer, whaikōrero / traditional oratory, whakapapa a whānau / geneology to whānau and whakapapa a whenua / geneology to land). I learnt that our beliefs and values never change.

I would walk the lands throughout the homeland and learn the stories and our history. Our people are returning to the salvations of our traditions and values because that's where our solutions lie. I am a student of John Rangihau and our remedies for society lie in Puao Te-atatu, (1998).

Summary Analyses: Kanohi ki te kanohi / face to face with a traditional source of knowledge that is very few and rarely available. These *testimonies* were very special moments because of the privlidge of being able to be in that moment in time as he recalled his life experiences in sharing his korero. Perhaps our whānau champions / kai tiaki are the next generation of tohunga in more contemporary times.

Participant / whānau quote

"Matakite" / foresight

Participant / whānau stories

Participant 2 (whānau champion bereaved): whānau 2

The sacredness and wairua / spirit was something that our dad taught us to respect and understand, this was important and so we were immersed in those understandings and knowing's. Witchcraft was about those who knew how to do things and see things spiritually.

Matakite is the ability to see with your third eye. I always remembered our tohunga homes were always in the blackberry, because they were outcaste from the whānau. There were things that happened when we were growing up that were hushed up, you just didn't talk about them, we still don't today.

Summary Analyses: The stories are shared, and the memories are recalled and imparted at certain times and with certain people. In that privlidge there is *meaning* and a reasoning for those opportunities given to the listener. The whānau champions become holders of these stories and there is healing in just knowing and being spared those privlidges.

Participant 2 (whānau champion bereaved)

We can feel, see and hear the spiritual realities in which we are surrounded. We have inherited this gift from our forefathers through to our parents and now us.

When we saw some whānau who were unwell, we would say their spirits were lost, but my dad always told us they had a lack of water going to their brains and a lack of TLC / tender loving care.

Summary Analyses: Every whānau has a source of knowledge that has been handed down through the generations. It is a knowing that is fitting for the whānau, it is not for us to *self determine* whether it is right or wrong. Whānau champions have a better understanding of why things are the way they are, for whānau they are supporting.

Participant 3 (whānau champion bereaved)

You can often read the signs, see and feel things that are not ok spiritually, so I often wonder if we were 'being treated by our tohunga rather than clinicians' would our suicide rates be different?

Summary Analyses: The current rate of suicides for Maori continues to rise. Access to tohunga is a resource in demand, that is not so readily available in most parts of the country. The *testimonies* are a clear indication that our rates would be telling a different story if these traditions had been nutured over the generations.

Participant 4 (whānau champion bereaved)

We are strong and close "A Wairua" spirituality is about whānau. I see the gift of the ancestor's traits in my mokopuna / grandchildren, likewise with my daughter.

I am trying to guide her through these experiences. At times, she does not know how to articulate what's happening sometimes, so talking with her about these experiences is important.

Summary Analyses: Creating and being *whānau* is key in nurturing the wellbeing of the whānau spiritual wellbeing. Whānau champions have a responsibility and a role in sharing the nurturing of the spiritual wellbeing.

6.10 Restoring, Sharing, Connecting

The following themes are from the whānau champions and their experiences in finding SP&P solutions for change. It is through the ability to listen that we can help and care for one another.

Participant / whānau quote

"Rongo ki te awhi ki te manaaki tāngata"

Participant / whānau stories

Participant 5 (whānau champion bereaved): whānau 5

It is with the children we should undertake succession planning as a means of SP&P. It is about connecting our tamariki / children, rangatahi / youth, mokopuna / grandchildren back to the marae. Target the kids in the first seven years and then the next seven years and so on, through marae-based holiday programs. Our youth are our future. A SP&P strategy needs to target our children and youth.

We must tell our youth the truth about our history. We must also remind ourselves, that we cannot be responsible for our history. Our whānau must know what their path in life is and where they are heading and what it looks like.

When I was growing up our cornerstones of health all went together, our spiritual, intellectual, mental and physical. We see examples of this practice when we have whānau come to the hauora with all their hara / burdens. Where does that "hara" go, it goes into the walls of our whare / house, and that is my role as a kaumatua to cleanse the whare, the hauora / the service.

Summary Analyses: Sharing the work and *doing the work* that needs to be done by those who know. It is our responsibility to ensure we have created a better tomorrow for our next generation. Whānau champions are key, in nurturing the resiliency of that generation.

Participant / whānau quote

"Being Pono / speaking our truth"

Participant / whānau stories

Participant 5 (whānau champion / bereaved): whānau 5

When I am working with whānau who are suicidal, I remind them of the importance of losing them to this world. You were put on this earth because you are Māori and our future leaders of tomorrow. I work on their positives. I remind them that life is worth living and you were put here for a purpose and help them find that purpose.

I always remind our whānau that they need to go and 'Know their Ao Māori' and that it is their Māori world. It is a must when you are working with our people, our whānau.

What drives me is creating safe whānau and safe communities. The strength is in your own whānau, if the whānau are right, the hapū will be right.

We applied "Nga Toa o te Whānau" / the whānau champion kaupapa in our community and we know it works when addressing suicide across a spectrum of challenges and struggles in this colonial reality. We did it we shifted our whānau to talk about what was happening. Being a whānau champion is not a one-off thing, we are still working with this way, it is saving lives, our whānau lives.

One of the things that counts for whānau is that we have been there and done that. An example is would I go to the kumara to learn about tuna. For our Māori whānau, the connection happens naturally because of the similarities in the stories.

Summary Analyses: as a whānau champion you have whakapapa / geneological *connectedness* and so the engagement is more fluid and natural.

6.11 Connecting, Remembering, Testimonies

The following are whānau champion stories of what it means to connect and the many facets that define these realities, in finding connect in supporting our whānau.

Participant / whānau quote

"Whakawhanaungatanga / Relationships"

Participant / whānau stories

Participant 1 (bereaved whānau): Whānau 1

Having access to tohunga, kaumatua and cultural advisors is a privilege that a lot of whānau do not have access to today. In more contemporary times, whānau access these resources through iwi providers.

As a tohunga / specialist I have a responsibility to share my knowledge for the next generations. As a whānau champion I expect that those disciples that I have trained, become the disciples for the next generation. They become the 'go to' people for the next generation.

No whānau is hard to work with, it is about the body language, the monotones of our voice. We are whānau and we are here to awhi / help.

Summary Analyses: We all have a responsibility to *Remember* our *duty to care* for one another. As a natural progression of being whānau champions, we have an ability to read the language of our whānau. In the role as whānau champions we have an ability to impart that knowledge through the coming generations.

Participant:2 (whānau champion bereaved)

When we were growing up, we had warriors watching over us, looking after us, protecting us in all realms. In the Kawerau Story these are the whānau champions our 'go to' whānau.

Participant:4 (whānau champion bereaved)

Being whānau is about being there through the highs and lows. That is the most important time to be there with whānau.

Summary Analyses: Connecting is key in determining when whānau need you to be there for and with them. Whānau champions bring that connection in knowing when to be their for whānau.

Participant 5 (whānau champion bereaved): Whānau 5

In our ancestor's days, each tohunga had a protector. We all have a kai tiaki / protector. The 'go to' kaupapa is a contemporary approach to connecting with kai tiaki / protectors / go to whānau we trust and will go to when we need help. However, for those who are disconnected from their traditional realities, they often turn to those they trust and connect with.

In the past everyone had a whānau champion, a kai tiaki. We had a set of rules (lore's) such as our tikanga / our traditions that kept us in line. We just knew as kids, everyone knew, not to go there, you didn't have to be told twice to do something.

Whānau are taking their lives, because they don't know where their niche is, and it's our job to help them find that place. In the Māori world there are no failures, each Māori child has a place in this world.

Summary Analyses: In the *testimonies* we hear about how the traditons of kaitiakitanga were the protectors of our tohunga. In the case of the Kawerau story the whānau champions were the protectors of our whānau.

Participant:6 (bereaved whānau)

The essence of "manaaki" is to cater and care for the people. We do this no matter what the situation. In more contemporary times we are challenged by the individualistic realties in which we live and so the essence of 'caring for and doing for' has changed.

Whakawhanaungatanga / relationship building is about bringing down the brick walls and making the connection. The strength is with your whānau, if the whānau are right the hapū is right.

Summary Analyses: Whānau champions through *meaningful one on one* call on these relationships to *restore* honesty in strengthening whānau.

Participant 8:(whānau champion survivor) Whānau 8

Whānau is about being a nanny, koro, aunty, uncle, niece, nephew, mokopuna / grandchild, partner and a mate / friend.

Nga Toa o Te Whānau / whānau champions all have a job to do. It is important to know how to care for yourself and take timeout. I will have periods where I isolate myself and go into the nothingness. I do this by watching movies to give my tinana / physical, my hinengaro / mental state, my wairua / spiritual a rest and a break from the demands of the whānau.

We do this because there are very few tohunga we can talk too and unload what is happening for us. It gets lonely, we get mokemoke / lonely as we get older, to converse and kōrero / talk with those who have gone before us. You miss the ability to talk on the same wavelength.

Summary Anaylses: We as whānau all have a role in caring for our whānau. As whānau champions we all have a responsibility to also care for ourselves. We are all strengthened through our *Connections* and *Relationships* to one another.

6.12 Networking, Sharing, Storytelling

The whānau champions share their stories in regard to talking about networking and the realities.

Participant / whānau quote

"Kotahitanga / Unity"

Participant / whānau stories

Participant :2 (whānau champion bereaved)

In today's reality we do not have readily available access to kaumatua and tohunga. We are now needing to draw on wider relationships and sources to support our whānau when they need help outside of the clinical world.

Summary Analyses: Whānau champions become a *network* for whānau in terms of access to kaumatua and tohunga as a point of early intervention.

Participant 8: (whānau champion survivor) whānau 8

Historically the clinicians have been the experts when it comes to supporting whānau and designing treatment plans to help whānau better themselves, with whānau sitting on the outside of these crucial decision making processes nothing changes and the solutions do not fit in making a difference. What we know is that Western interventions in isolation contribute to the layers of trauma.

Summary Analyses: Everyone has a role to play, *sharing the work* in suicide prevention and postvention, but whānau hold the solutions.

Participant 10 (bereaved whānau): whānau 10

In my experience when seeking help from providers, the clinicians either know the Māori world and do not know the clinical or know the clinical and do not know the Māori. Those that know how to infuse both realities and world views often struggle to apply these practices as an integrated approach. This is because of the environment in which they work struggles to validate the transformative praxis outside of the Western ideologies. Good service delivery for Māori is built on foundations from a Māori heart conditioning, not dictated by the mainstream indoctrination.

Summary Analyses: Overtime the generation of Maori practitioners have fine tuned the infusion of both tikanga and the clinical world. In turn have a greater ability to develop relationship in both the clinical and traditional realms of practice for the betterment of whānau, embedding whānau in *Aroha.*

6.13 Representing, Remebering, Testimonies, Restoring, Storytelling

The whānau champions are warriors of the whānau voice and are representations of their experiences. Lived realities that they navigated through in surviving the colonial realities of that time.

Participant / whānau quote

"Ahi Kaa / The whānau who keep the home fires burning"

Participant/ whānau stories

Participant 2: (bereaved whānau) whānau 2

When I finished school, I got involved in our local gangs and would just go around picking fights in our gang, down at the river. We spent a lot of our childhood time at the river. When we were young, I recall running away, pinching, sniffing and drinking. This was our buzz. We could get into the pubs and all the socials that were happening everywhere around town then. That was how we would socialise, we would go to night clubs, clubrooms, pubs and parties.

When my uncle died that rattled my cage, they spoilt me. Back in those days, you just had to handle it. You had to earn what you got.

I remember when the mokopuna / grandchild got unwell, everyone knew tools down, and that was us, we headed off to the beach for the day, that was his rongoā / medicine. Breathing in the sea air helped him to breathe better.

Summary Analyses: Remembering and *sharing korero* strengthens whānau to navigate their memories of their childhood, more important recall whānau solutions. Whānau champions are therefore better placed to support whānau in identifying solutions.

Participant 2: (whānau champion bereaved) whānau 2

When I was in my hallucinogenic states, I could create these illusions and dramas that were reflective of where I was at in my head, my thinking at the time. It was similar to having a spiritual experience, but instead it was drug induced. I liked it in these states, because they made me feel good about myself and made all my worries disappear.

Summary Analyses: Access to this information has been through the development of a meaningful relationship with the writer. A narrative deepseated in *honesty* to self in turn a solution for healing. Whānau champions are facilitators of meaningful relationships.

Participant 8: (whānau champion survivor) whānau 8

I remember when I was going to school, my parents would tell us they were strapped for speaking Māori at school. This practice continued even when I was at school, they were still strapping us for speaking Māori. However, our parents would speak Māori to us when we got home. Therefore, learning Māori and the reo / language was not my thing when I was growing up because of that. Although I always remember the reo being spoken to us at home and we were always being corrected by our dad at home when speaking Māori.

My parents were hard workers, so you looked after what you were given and what you had, you appreciated it and looked after your belongings. Now our kids do not do that. For example, we were a food gathering whānau, and so we did not waste our kai. Nowadays the generation moan about the food that's on the table and prefer takeaways.

Today's generation expect everything from the shop and do not look after their things and in most cases do not even care about their belongings, so loose them. As for table etiquette, the generations today have forgotten the basics, such as eating at the table and having meals as a whānau.

We all had chores after school, you just done them, you did not have to be told all the time to do them, you never said, hang on and carried on playing.

Summary Analyses: In the *storytelling* about whānau childhood memories *Aroha* in these narratives was about protecting whānau from being hurt, respecting what you had and doing your share of the mahi in being whānau. This provides whānau champions with a good understanding of the challenges whānau are transitioning through.

6.14 Creating, Restoring, Connecting, Storytelling

Participant / whānau quote

"Whānau are designing their own healing pathways"

Participant / whānau stories

Participant 2: (whānau champion bereaved) whānau 2

When we lost a whānau members to suicide, I remember that my big sister was able to deal with her own emotions. This allowed her to wrap around me. My sister was the one who stabilised me through that trauma. There was a whole lot of emotional turmoil going through my head when he committed suicide. For example, that it was all my fault, and I could have saved him. I am always being tormented by these thoughts, so talking with my 'go to' whānau when I need too is important.

Summary Analyses: Whānau find *Restoration* in their honesty about the emotional turmoil of loosing loved ones to suicide. Whānau champions allow for those bereaved to to tap into that honesty and find strength in being whānau.

Participant:3 (whānau champion bereaved)

Karakia and cleansing become an important ritual, so finding that support for me is crucial, and learning to do it for myself is important.

Since losing our whānau member to suicide it's been a hard road. I have fallen off the waka, so the detoxing has helped me feel better.

I am constantly reminded of the hurt and pain from this time. It is this pain that pulls me out of that dark space and deters me from going down that path again and staying on track in my life.

As whānau champions for our whānau, we only come to you / writer because we see you as one of our whānau champions. This is based on our trust we have for you. We have this because our sister trusted you and you have been helping us. We have been working together as a whānau with you. Also, I have been on a hikoi with you, so we can sit and kōrero / talk with you at the table openly and honestly in addressing our own issues.

Whānau champions all started because our sister confronted the hauora and said our whānau will not come in here, for a range of reasons and so we challenged the hauora and asked them what were they going to do about it?

You then asked us if our whānau would come to us when they needed help and we replied, yes. From that point on, you trusted us and offered to wrap supports around us as a whānau when we needed help to support our own whānau.

Our mum is a 'go to' person for us. Our whānau come to me as mum, because I've been their done that. I am the one who tells them how it is, we never favoured anyone, we took them all in and helped. We had the "aroha / love for all of them".

We would share the workload as a whānau in terms of supporting everyone and dealing with the dramas.

Summary Analyses: Trust is a key factor in supporting whānau bereaved. In that trust there is meaningful relationships. *Connecting* with those wider relationships is key. The whānau champions are the "go to" people that whānau trust.

6.15 Celebrating Survival, Restoring, Storytelling

Whānau are strengthened by whānau in determining what works for them when healing from losing a loved one to suicide. We hear in these emotive narratives how whānau have supported one another.

Participant / whānau quote

"Rangatiratanga / Self Determination"

Participant / whānau stories

Participant 2: (whānau champion bereaved) whānau 2

It is straight forward, I tell the whānau they must own their own shit and stop blaming others.

Summary Analyses: In our *honesty* with whānau there is healing. The whānau champion relationship is grounded in trust.

Participant: 2 (whānau champion bereaved)

It is better for whānau to care for themselves because whānau can handle 'whānau bullshit'. The solutions lie within the whānau and the community, we share and carry the shit not the providers.

Summary Analyses: whānau can talk to the heart of the struggle with whānau because it is a shared responsibility, grounded in *Aroha.*

Participant:3 (whānau champion bereaved)

The best way to help loved ones when we lose them to suicide, is to karakia and wananga / gather and meet to share knowing's and kōrero / talk to brush the heaviness off.

Summary Analyses: Every whānau solutions is *self - determined* by what works for whānau.

Participant 8: (whānau champion survivor) whānau 8

It is the listening to the whānau hurt and pain or as we would say *"mamae"* and crying with them that helps them to heal through their loss.

I encourage whānau to go and talk to their 'go to' people, or those who have experienced those things, they are struggling with to hear how they have coped. The whānau also get to see that they are not alone. There is a collectivity in sharing our stories and hurt.

Kapu Ti Kōrero: Having a kōrero with a cup of tea. It all starts with a cup of tea and something to eat and the first thing we are normally asked is what is going on? Our whānau are more comfortable in their own homes.

Being a whānau champion is trying to do everything possible to help. Those that make the decision to take their lives, they are responsible for having made that decision.

Do not go blaming anybody, but themselves. We are not to blame. Every day we wake up and it is a challenge.

Summary Analyses: There is *Aroha* in all that we do. Whānau champion praxis is grounded in *Aroha* so fosters *honest* korero.

6.16 Chapter Summary

Chapter Six highlighted the twelve indigenous projects that were mobilised through the whānau champion praxis and captured the transformation that evolved for whānau champions and practitioners.

The transformation is grounded in core cultural values that have been tested over generations of time and praxis, which we come to understand from the lived experiences of whānau champions. The projects shift the whānau champion ideology into a space of envisioning the potential of what SP&P approaches look like when they are driven 'by whānau for whānau.'

Whānau are critical in driving solutions that support whānau to reconnect. It is grounded in traditions of trust and our obligations to one another as whānau (Durie, 2001; Denzin, et al., 2008; Pool, 2015; Hoskins & Jones, 2017). The collective experiences of our whānau in the Kawerau Story allow us an insight into the impact of colonisation for them as whānau and the struggle of recovery due to the ongoing experiences of colonial genocide (Kruger et al., 2004; Durie, 2005; Laenui, 2007).

The act of suicide is a consequence of accumulative layers of colonial trauma and, in more contemporary times, has become so unbearable that taking one's life is seen as an option. This further perpetuates the trauma Māori whānau are struggling to recover from (Duran & Duran, 1995). Being whānau is central to cultural identity, founded in concepts of connectedness and obligations because of the kinship responsibilities (Kruger et al., 2004). Therefore, whānau are central to the solution of addressing suicide within the whānau, a praxis of transformation that brings about hope and change through a collective approach of "wrap-around", determined and defined by whānau (Gramsci, 1971; Friere, 1993; Ledwith & Springett, 2010).

Chapter Seven will highlight the key discussions from the research, highlighting the current state of the whānau champion kaupapa in Kawerau seven years on. The limitations of the study will be noted and the suggestions for future work will be mentioned.

Chapter Seven

Whānau indigeneity

7.1 Chapter introduction

Chapter Six highlighted the whānau solutions mobilised during times of loss and grief in losing a loved one to the act of suicide. In the narratives of lived experience, we heard the impact of the colonial genocide on the whānau, an act that continues to impact on indigenous nations throughout the world. The whānau champion story captures the traditional values that reflect the resiliency of whānau and how these values are now transformed in more contemporary times as whānau indigenous solutions.

In Chapter Seven, we highlight the whānau narratives and the solutions identified throughout the writings, which have been mobilised by the 'go to' whānau champions in the Kawerau Story. In particular the transformative praxis that was mobilised by the whānau champions. It is hoped that these learnings support those who are bereaved to suicide and to give hope to those supporting whānau who have made attempts to take their own lives and solutions for whānau champions working in the area of SP&P. The key themes from the pounamu stories from the whānau champions will be noted and the learnings from the whānau champion kaupapa specific to praxis will be highlighted. Furthermore, the practical implications will also be highlighted in understanding what the Kawerau Story looks like seven years on from the initial implementation of the whānau champion kaupapa.

7.2 By whānau for whānau training program

The whānau champions envision a time when whānau will provide training for providers and services. They see a time when providers will need to have a relationship and a connect with local whānau to learn about the realities of working with indigenous whānau. This is an ideology that sits outside of what currently exists.

The following is a training program that the whānau champions facilitated with their own whānau to help their whānau in understanding their own whānau stories and trauma but more importantly revisiting the cultural solution that lie within their whānau. Therefore, the whānau champions propose a 'by whānau for whānau' kaupapa Māori approach to SP&P. The whānau propose that SP&P training with whānau, should be run by whānau in whānau homes. These are the identified 'In the whare' whānau kōrero themes that whānau champions discuss when holding kōrero with whānau.

Clark, (2008) highlighted in the literature that resilience is a key concept in designing SP&P models of practice, is when an individual will draw on the strengths of their own natural supports.

Participant / whānau quote

"Wairua / Spiritual Wellbeing"

Participant / whānau messaging

The following messages are key themes that whānau one identified as key to supporting whānau who are survivors and bereaved whānau to suicide. The messages are those that they have mobilised as whānau supporting whānau, the whānau also see these as critical aspects and practices that whānau practice with whānau.

- Sharing and owning our own story.
- Whānau dealing with the whānau story.
- It's about 'being at home' and making them comfortable.
- Encourage whānau to carry on 'having a kōrero.'
- Having a 'laugh together' and be able to 'laugh at one another'.
- Kapu Ti / having a cup of tea.
- Whānau dealing with the unanswered questions.
- Whānau 'having that kōrero' (about the hard stuff).
- Learning to sit at the table *"Te Tepu"* a therapeutic space.
- Knowing your whānau well enough, so you know when they are 'not ok'. For example, when we hug, 'I can feel your bones' you need to eat. Your mokopuna and whānau need you.
- Visiting whānau at the 'right time'
- Giving whānau the space to grieve
- Know that the whānau will keep coming back
- Whānau awhi 'hugging and kissing'.
- Let whānau have their say. Learning to 'let the shit go'.
- Be flexible in our thinking and kōrero
- Being whānau
- Everyone has a responsibility to help.

- Don’t be too serious, have some humour
- Making whānau feel at home
- Taking ownership of our own ‘stuff’
- Whānau opening up
- Knowing that ‘blood is thicker than water’.
- Knowing how to do it without the bottle
- Bring other whānau in to meet whānau when they need to kōrero
- Nothing matters, whānau first
- Whānau talking, crying, then going to bed. Then we talk again in the morning. There’s no running and hiding from the kōrero.

Summary Analyses: whānau *Creating* whānau spaces for healing. The whānau champion has a duty to *Manaaki* these spaces.

7.3 The whānau champion wananga

The whānau champions have been providing two-day wananga for their own whānau and for kaimahi / whānau practitioners.

The following kaupapa kōrero / modules were designed by whānau champions. These are key components that whānau discussed in the wananga / training for their own whānau. These are key components that are discussed in the wananga / training. Clark, (2008) highlight in the literature that family is central to the wellbeing of a person.

7.4 Kaupapa kōrero (Topics)

“Mahia te Mahi” / Doing the work

Day one

- Understanding the grieving cycle from a whānau perspective: The cycles of responsibility, hurt and survival. The cycles of emotional trauma, blaming, breaking down and having to own our own story.
- The effects of grief and suicide: The pounamu model.
- Helping whānau through the hurt and pain
- The ‘go to’ tool

- The ‘go to’ plans
- Identifying what supports whānau need
- Designing whānau support plans

Day two

- Reviewing the whānau plans: checking in.
- Updating on mahi happening in the whānau
- Where are things at for us
- Debriefing whānau
- Identifying whānau resources

7.5 The lived experience

The following is feedback from the whānau who have attended the whānau champion wananga, provided by whānau champions and whānau practitioners for their own whānau. The following themes are from the whānau champions and their experiences in finding SP&P solutions for change. These wananga highlight that through our ability to listen that we can help and care for one another.

The training targeted those ‘go to’ people who had been directly affected by suicide and or those who were identified as ‘go to’ people in the Kawerau community. The wananga are dedicated to those loved ones we have lost to suicide. It is a space where whānau can share their stories, tools and strategies in looking after one another. The priority is always to target our own whānau first and then working from that point outwards, helping other whānau.

The whānau champion wananga is a space that validates whānau lived experiences and hands on realities. The following themes were identified by whānau as critical discussions to hold throughout the wananga space in understanding SP&P drawing on a ‘by whānau for whānau’ approach. The following modules were identified by whānau champions as a core component of the whānau champion training package. Bennett and Liu (2018) in their research highlighted the importance of mainstream becoming more skilled in their service delivery to Māori.

1. Understanding the grieving cycle from a whānau perspective.
   Participant:4 (whānau champion bereaved)
   - we grieve differently as whānau, who have lost loved ones to suicide. The whānau champion space allows us to talk about it. The grief is all mixed up and it doesn't happen like the book says it does, it's all mixed up as one emotion.

   Summary Analyses: The whanau champion praxis is determined by the *duty to care* for whanau during times of grief.

   Participant:8 (whānau champion survivor)
   - As every day goes by, it allows us time to work through the mixed emotions and make sense of what's happening. The whānau champions help us to work through the sense of pain, hurt and loss.

   Summary Analyses: Time doesn't heal the hurt; it creates a distance between the time of the loss and the hurt. The hurt is as raw as it was on the day it happened. The role of the whānau champion is to acknowledge the hurt.

2. The effects of Grief and Suicide.
   Participant:3(whānau champion bereaved)
   - I am here because I need to be, it is not something I really want to deal with. I am here because it is being run by whānau, I would rather listen to whānau than someone else, because they don't know what it's like for us as a whānau.

Summary Analyses: whānau champions can support whānau into spaces to find healing and *meaningful one on one.*

3. Living with the 'WHY' and the 'HARDTIMES'.
   Participant 1: (bereaved whānau)
   - We miss them, we think about them.
   - We just get on with it.
   - We take better care of our whānau.

- I am just there: Just being there and helping the whānau out.
- The disappointment

Summary Analyses: whānau are positioned to know when whānau are needing to be supported through the hard times.

4. Helping whānau through the whānau champion process.

   Participant:3 (whānau champion bereaved)

   - I know how to help my whānau
   - I know who my 'go to' people are
   - I know who can help and where to go for help

Summary Analyses: The whānau champion training by whānau for whānau allows whānau to find their own solutions.

5. The 'go to' model

   Participant 2: (whānau champion bereaved) whānau 2

   - Having that kōrero with my loved ones
   - Target Zero: our whānau champion kōrero, our Kawerau story

Summary Analyses: Target Zero is a resource designed by the bereaved whanau for the bereaved.

6. Reviewing the whānau 'go to' plans

   Participant 8: (whānau champion survivor) whānau 8

   - It's simple: I know who to 'go to' when I need help

Summary Analyses: The training allowed whānau the space to *share* with whānau who the "go to" people are for them but to also understand who their whānau "go to".

7. Identifying what supports whānau need.

   Participant 10: (bereaved whānau) whānau 10

   - Knowing what's available in your community
   - Whānau know who the whānau champions are

   Summary Analyses: whānau champions beome a resource to whānau in getting *connected* with whats available.

8. Designing whānau support Plans

   Participant 1: (bereaved whānau) whānau 1

   - Knowing who the 'go to' people are
   - Where and how to get help
   - Checking in on whānau and seeing how they are, when you see them
   - Whānau hui
   - Whānau champion mahi

   Summary Analyses: whānau champions engage at every point of contact, the *Aroha* is seamless and ongoing.

The following are common themes that emerged from the whānau champion wananga facilitated by whānau champions with their whānau, and their feedback on the discussions held about the impact of the pounamu model in sharing their stories:

7.6 The Pounamu Model

Participant 2: (whānau champion bereaved) whānau 2

This was an emotional journey, sharing my story, struggle, hurts and the turning points in my life both good and bad in my upbringing and hikoi today.

Summary Analyses: whānau champions creating spaces for whānau to share their *korero* in a meaningful way in finding solutions for healing.

Participant:4 (whānau champion bereaved)

It made it easy to understand the model in our own words.

I don't like to show a lot of emotion, so crying and showing such emotion was not normal, because we are the elders and are supposed to be the pillars of support for you as a whānau.

Being able to do this as a whānau has been mind-blowing.

The whānau champion wananga provides a space for 'whānau by whānau' to identify where the whānau are at, and solutions for change.

It is a space that is driven 'by whānau for whānau'. We have been doing the work of a whānau champion for generations, this is not a new practice.

Nga Toa o Te Whānau / whānau champion mahi is a validation of the work that we do as a natural progression of taking up our responsibilities as whānau. A space that is driven by whānau in response to SP&P. A praxis that supports 'by whānau for whānau' SP&P mahi that we all do.

Summary Analyses: whānau based training for whānau in finding solutions for healing is a praxis of old that is needing to be strengthened, validated and resourced. The role of the whānau champion is to create these training spaces for whānau.

Table 5.

Key themes from the lived experience.

The lived experience	The whānau kōrero
A whānau grieving cycle	'Making sense of what's happening'
Living with the "why"	'We just get on with it'
Helping whānau	'Who are our 'go to' people'
Breaking the silence	'The Kawerau Story'
Having that kōrero	'I know who our 'go to' whānau are'

7.7 The ‘go to’ tool

Participant 8: (whānau champion survivor) whānau 8

Since applying my whānau to the ‘go to’ tool, I now know who my kids ‘go to’ when they are not ok.

We already do all of this as a whānau.

Don’t be offended if your loved ones don’t ‘go to’ you.

A practicing whānau champion is someone who whānau currently ‘go to’ for support. A whānau practitioner is one who has a clinical training base and supports whānau as a ‘go to’ person and works in a clinical capacity for a kaupapa Māori provider.

Summary Analyses: “Whānau have the solutions because whānau can handle whānau and are able to see what’s happening”.

7.8 The whānau solutions

7.7.1; Kaupapa Kōrero

A framework focused on supporting whānau champions in managing the cries for help from whānau, providing a way to manage the work that needs to be done. A solution that draws on both culturally integrated clinical knowing’s and indigenous ideologies.

Table 6.

Whānau champion pathway.

Cultural	Whānau transformation	Kaupapa Māori praxis
Whakapiri (gathering information; getting together)	Whānau hui (meeting)	Manaaki (duty to care)
Whakamārama (knowing and developing insight)	Whānau kōrero (conversation)	Kanohi ki te kanohi (face to face)
Whakamana (to strengthen and grow)	Whānau awhi (embrace)	Pono ki te korero (speaking your truth)
Whakawhānui (to share, to connect)	Whānau tautoko (support)	Kotahitanga (unity)

7.7.2; Ngā mahi

Whānau map out a case study that they have been working with. Identify the pathway plan, whānau champion transformative praxis interventions and awhi / help being provided. The whānau champions then feedback to the whānau, share the solutions and strategies.

As a whānau champion practitioner, these approaches allow me to understand the bigger picture I must navigate through as a whānau champion within my work and as a health professional. More importantly I know what it looks like as a professional working and supporting my own whānau. This approach created a space where we could talk about the ethics of the cross-cultural boundaries we walk as whānau champion practitioners.

7.9 The hands-on experience

The following narratives are from the whānau champion wananga modules, that whānau designed in educating whānau about SP&P. Lawson-Te Aho, (1998; 2016b; 2017) notes that solutions, such as the whānau champion kaupapa, can facilitate better pathways of healthcare and healing outside of traditional Western practices.

7.8.1; Nga kōrero

The following is the feedback captured from whānau who participated in the whānau champion wananga facilitated by their 'go to' whānau member.

- Utilising the whānau champion wananga to look at how we are caring for one another today, identifying who our whānau 'go to' people are when we are not feeling ok.
- The wananga highlighted how disconnected I have become with my tamariki, so I need to start "having that kōrero".
- The Wananga was a time where we as whānau champions provided training for our whānau about SP&P.
- It was an opportunity for all of us to share where we were at as a whānau. It was a time that made it easy for us as whānau to talk about sensitive kōrero.
- Whānau realised they were whānau champions when they understood what the Kaupapa was about.
- We are all kai tiaki and have a responsibility to look after one another.
- As a whānau champion facilitator it was a privilege to hear what was happening firsthand with my whānau.

- I had not realised I was a whānau champion, until now.
- Through the sharing of stories, we were able to share what was happening and why, more importantly how we could help one another.
- The whānau found the wananga healing.

Summary Analyses: The whānau champion wananga ignited a return to a traditional praxis of whānau kaitiakitanga and our inhernt responsibilities as whānau to one another.

7.10 Rangatahitanga; Youth whānau champion transformative praxis

Early intervention for suicide prevention starts with our mokopuna and rangatahi. Therefore, due to the high rates of suicide for rangatahi, it was important to hear their voice in identifying what works for them. It made sense that we had to call on that voice to lead these developments in mobilising suicide prevention and postvention approaches that were a better fit for rangatahi, more importantly for local rangatahi. The Rangatahi Advisory Group was recruited to drive rangatahi-specific kaupapa. A solution for rangatahi by rangatahi.

The Rangatahi Advisory Group (RAG) is a kaupapa established as part of Tuwharetoa Hauora, in response to the spate of suicides the Kawerau community were experiencing. The advisory group was a gap regarding service delivery to rangatahi.

The RAG provided a space where the rangatahi voice was visible in the developments of the Kawerau Suicide Prevention Action Plan. The RAG members were also directly impacted and affected by suicide. This RAG is a rangatahi lead and driven initiative. The Kaupapa for the RAG is redesigned every year as the roopu changes. As part of the whānau champion transformative praxis mahi, two Rangatahi Advisory members participated in facilitating whānau champion wananga for their whānau alongside the rangatahi advisory lead. The RAG lead is mana whenua and rangatahi Māori bereaved to suicide.

The purpose of the roopu (Youth Stylze) over the past three years has focused on capturing the rangatahi voice about the suicide prevention and intervention developments in Kawerau.

Two of the Rangatahi Advisors, who are the Tuakana / seniors, in this roopu were called in to support our Rangatahi Advisor for the whānau champion wananga that he had run for his whānau. Those rangatahi advisors are now positioning themselves to become trained in facilitating whānau champion wananga with their own networks. Both these advisors are bereaved whānau to suicide.

Activity

In 2016, the Tuwharetoa Hauora advisor group participated in research with Dr Keri Te Aho Lawson, looking at a rangatahi perspective on what HOPE looks like. The following are their narratives.

> "*The Rangatahi Advisory Group in the infancy of its development; in the beginning, for me was about being able to wag class, and have a kai and get free stuff. In the end, what it actually done for me was; that I was able to understand my own story and use it as a tool to get other youth to talk about what's happening for them, and where and how to help themselves. I am now able to share my story as a tool to helping other rangatahi to open up."* (Youth Stylze, personal communication, 2015).
>
> *"Youth Stylze provided a space where were could talk about what was really happening for us and not being judged for anything that we shared. Initially I thought, I didn't need the group, because I got through life and some serious times without them. But little did I know the roopu helped me understand how to change the way I was dealing with my struggles in life. I then become one of the senior members of this roopu and initially thought the rangatahi attending were just in it for a free feed. However, they lived troubled lives, so they wanted to learn to be better people. In the end I joined because I realised the roopu was about helping our own whānau and encouraging them to share what was happening for them and not waiting until they were six feet under the ground."* (Youth Stylze, personal communication, 2015).

Youth Stylze (2015) Narratives about Suicide.

Rangatahi: 1

We really didn't understand what suicide was until we saw the rope marks around their neck, that's when I knew what suicide was. As a whānau we dealt with it the best way we knew how. That was to numb the pain, hurt and confusion with alcohol and drugs.

Summary Analyses: Rangatahi creating spaces for rangatahi to share their stories, through *Korero.* Finding solutions in their collective voice (The Rangatahi Advisory Group).

Rangatahi: 2

As the whānau champion for my whānau I realised it was the fact that I created a safe space, that my mere presence made whānau feel safe (I don't freak out and I am calm). When working with the whānau as a 'go to' person I support them as much as possible and will channel them into the hauora for support when it needs to be done.

A good whānau champion is one who is 'straight up':

- A good communicator.
- Allows whānau to take responsibility for their actions.
- Understands that when whānau are ready to take responsibility for their issues, they are ready to make the change.

Summary Analyses: There is *honesty* when we can have *meaningful korero*. In that *one on one* whānau can identify their own solutions for change.

One of the 'go to'' solutions I drive when supporting my whānau are to help my whānau focus on sorting things out for themselves first and to not worry about anything else until they are sorted. My role is also to help my whānau find that place where they can work through the emotions and take a break. Letting the whānau talk about how it is and that they don't have to 'flash up the kōrero', and to just say it how it is. Key messaging allows you to keep it simple when talking with whānau, and as whānau champions we found that it was a better fit when supporting rangatahi:

- Don't worry about anyone else, worry about yourself.
- Don't be afraid to take responsibility for what you have done wrong and say sorry but move on.
- Let the whānau take responsibility for helping themselves.

Summary Analyses: In being whānau there is *meaningful one on one.* In that *korero* there is *honesty.* In being honest to ourselves there is healing.

7.11 Whānau champion discussions

What we have learned from the whānau champions' stories is the common connection to traditional values and practices such as aroha, manaaki, whakawhanaungatanga, and the whānau voice (Savage et al., 2018). Through the Kawerau Story, we get to experience what it is like for whānau who are bereaved and living with loss from suicide and how they as whānau support whānau, through times of great loss. There is struggle, pain and hurt in their stories but they are at a point in their lives where they are able to talk about what those experiences mean now and pull out the solutions and strategies they used to manage those times. This is the prevention measure; sharing the story, finding the right connect, and identifying how to leverage off our aroha we have for one another as whānau a whakapapa (family by geneology), whānau a kaupapa (connected through a common cause) to make the change. Beltrán, Begun, Liu, Lawson-Te Aho, and Rata (2014) noted in their article 'it's medicine' that for many indigenous peoples, narratives in the form of storytelling is fundamental to traditional and cultural practice. Indigenous transformation is about making the paradigm shift; our stories create that space.

Participant 2: (whānau champion bereaved) whānau 2

When whānau need your help you just go and help, that's normal for whānau. When you lose someone to suicide, it blows you away. You're confused about how and why and then you realise you had no idea about what was going on for your whānau member. The loss not only impacts you as an individual it also impacts the whānau and the greater whānau network and the community in which we live. The whānau carry the loss and the impact that affects the community, and the responsibility to help them through the pain and hurt. As a bereaved whānau, you take on a role of supporting whānau who are going through that same loss, your just there, listening.

Trust is the greatest thing as a whānau champion, whānau come to us for help or to talk because they trust us. We talk for as long as we need too. Although we get tired of being aroha / loving all the time, we all support one another in different ways, this is how we give back to one another, I guess that's how we manaaki / care for one another.

Through the loss of a loved one to suicide, we have since transformed into a whānau who never use to communicate into a whānau who now use communication as a tool to make the change.

We the whānau deal with our own issues, we have the kōrero, we have learnt to listen to the kōrero to get a better understanding of how to help one another. Being whānau is our priority.

Healing through the whānau champion process is whānau led, driven and owned by the whānau. Whānau champions help us deal with our own issues, being honest with one another and help us to revisit our whānau priorities. Being aroha / loving comes in many shapes and forms, it has changed overtime but one thread that never waivers is the sense of love you have for one another as whānau, whomever that maybe.

Summary Analyses: In *"just being whānau"* there is trust, there is our duty to care and listen in dealing with our own issues as whānau.

Participant:3 (whānau champion bereaved)

As a Rangatahi advisor the whānau champion transformative praxis created an opportunity for me as a rangatahi advisory lead who now rolls out the whānau champion mahi.

When we know what whānau champion mahi is and understand what this looks like, we know who our future whānau champions are, and sometimes it's whānau we least expect it to be.

Summary Analyses: Representing the voice of the a*hi kaa* in strengthening our whānau champions for today and tomorrow.

Participant:4 (whānau champion bereaved)

Whānau support is paramount when we have whānau members who are mentally unwell. The whānau are the pillars of strength that you draw on when supporting a whānau through the mental health system. Karakia / prayer plays a vital role, in navigating the uncertainties of mental ill health. It keeps you strong and strengthens your faith and hope that our loved ones will pull through this time in their lives. Without the whānau support you're lost, then you start feeling like you cannot get through what's happening. It is the whānau that pull you through these times of heart ache. Self-talks keep me mentally strong. Some of the indicators that whānau see when they have a whānau member who is unwell, is that the whānau will tend to pull away because of the concerns they have for themselves and their whānau.

When I get whānau who need my help, I normally go to their homes so they can either kōrero about what's happening in an environment that they feel comfortable in. Otherwise we will go for a kai, because nine times out of ten they have not been eating properly. Once we've had the kōrero / talk, we set a plan of support in place and then I monitor and follow up the next day. This support can carry on for days and weeks. During this time of support, I am always talking with the whānau about what's happening and why and what are some of the issues that need to be attended to by the whānau.

When whānau need support over and above what I can offer, I seek the support of the appropriate expertise. Key messages I always voice to the whānau members of concern is that they are important to me and the whānau. I believe why not help that person if you can and if you are there. A whānau champion is someone who will drop everything for you because you do not ask for help often, but when you do ask for help, they drop everything they are doing because they know you need help.

Summary Analyses: whānau champions know when to help and how to help because they are whānau. It is a responsibility and duty to *Manaaki.*

Participant 5: (whānau champion bereaved) whānau 5

Transformative Resiliency a strength-based approach to healing and moving on.

Following the death of my son, we still received no support from anyone. The healing come from my partner and our children. The focus for the healing was to make sure our children were never sexually abused, because that was the underlying issue for my son. We kept to ourselves, we carried a sense of responsibility and shame because of the way in which he took his life, by way of suicide.

As his dad, I am haunted to this day, with maybe I should have done this, if only I did this, maybe if the system didn't give him back to us, he would still be alive. The spiritual healing helped shift these realities for us and freed our minds to continue living without him.

Summary Analyses: whānau live with the loss and shame of not forfuling their *duty to care. Spiritual wellbeing* strengthens whānau to continue with life.

Participant 8: (whānau champion survivor) whānau 8

Workplace opportunities need to be made available for rangatahi / youth who are considering a career in SP&P. The NGO Iwi services are ideal, because of the wrap around holistic intervention that is provided across the age ranges. The placement in NGO services for rangatahi, provides exposure to hands on experience. An ideal fit with respect to rangatahi learning about what services are provided by a hauora and getting a better understanding of what those services look like, so are well placed to support our peers. Furthermore, we the rangatahi can develop a better understanding into what's available for whānau and may generate an interest in health as a career option. This is the opportunity that was provided for me, while studying social work. I am now a rangatahi advisor.

Mental health contributes significantly to why whānau take their own lives. Supporting whānau through the mental health system is frightening and hard. We hold off for as long as we possibly can before seeking out these services, because the pain of watching our whānau being contained and treated under legislative and medical constraints cuts across the whole meaning of being whānau. It's a sense of failure, even though we know they require those secondary sector interventions. Whānau champions play a critical role in navigating whānau through these stressing times. Ultimately the role of the whānau champions and clinical leads is to remove as many barriers for the whānau as possible, to ease the trauma for the whānau because of the incarceration.

I believe the more whānau champions we train, the better it is for our whānau. We talk about SP&P being everyone's business, so we need to be creating training that supports everyone to participate in SP&P, the whānau champion approach is a solution.

Summary Analyses: The whānau champion is seen as a strength and link to the light. They are not always the ones at the front that you see, they are also the ones that are driving the work that needs to be done in the background.

Participant 10: (bereaved) whānau 10

The system: My son's story could have been different if the system supported my voice as his father, instead of letting him go to his mothers. It was always about paying the child support / maintenance, it was never about taking care of my son.

"my son was returned to me by CYF when he was age 9. I tried fighting for him when he was born, but I was told by the system that I was to pay child support and that he was better placed with his mother. The system also told me I had to pay for child support. I expected that the system would make sure my son was being well cared for because I was paying child support / maintenance. He was returned back into my care because he had been abused and neglected by his mother. When he was returned to our care, he needed specialised help, which we didn't know until 12 months later. The system just left him with us, we had no handover and we had no support for the abuse he lived with throughout his childhood. We mobilised our own supports and learned about the extent of abuse he had been living with. We turned to the providers for help, and no one helped us, so we gave him back to the system because we couldn't care for him and he then took his life. I was saddened, the system let him down, they didn't check up on him.

Summary Analyses: Remembering our *duty to care* is not just about whānau, it also about the systems accountability and *duty to care* when we need help caring for loved one.

Helping others.

Participant: 10 (bereaved)

Through our loss, we were better placed to support our friends who years later lost their daughter. Being with our friends and talking through what's happening for us, provided for more clarity.

Summary Analyses: whānau are strengthened in their *unity* in their shared experience of loosing loved ones to suicide with other bereaved whānau. In our collectivity we find *unity* as bereaved whānau and as whānau champions.

7.12 The whānau champion case study learnings and narratives

The case studies highlight the research participant's stories and their whānau based (SP) solutions and messages. During the research period, one of the participants passed away. A whānau champion also did not give a response to the draft script from interviews. These narratives have not been drawn on in this section. Whānau also participated in the research so their stories will be titled through a coding system: participant (#): P (#) & Whānau, otherwise individual participant interviews will be titled as participant (#): P (#).

Participant one: (P1)

7.11.1 Welfare

I was adopted at birth by a loving pākehā whānau, until I was 8 years old, when my mum passed away. This is when life for me changed. I have been in 15 foster homes over my time in the (DSW) department of social welfare system. I have children who have been part of the department of child welfare (DSW).

One of my children died at the hands of a DSW (department of social welfare) caregiver. I am a survivor of the DSW system. My first lot of children were removed from my care and taken by the DSW system. They were placed with whānau. I have been to jail for a raft of offences and have survived this experience in my life.

Summary Analyses: Whānau have an inherent responsibility and *duty care*, when whānau cannot uphold that duty to care, and the system steps in to care, they too have a duty and responsibility to care. Whānau champions are the solution to ensure that our duty to care is maintained as whānau.

7.11.2 Suicide as a survivor

Suicide for [me] was when I was being beaten for so long from a partner, that I just wanted him to kill me. "Rock Bottom' as I would call it. My layers of life experiences have moulded my resiliency. If I had the right support at certain points of my life, it would have prevented a lot of the struggle I experienced.

Whānau "hope"

- Whānau will connect with whānau at the right time and if it's the right fit.
- No more models, hands on only.
- Being a 'whānau champion' is about researching ourselves.
- We are healing ourselves, turning to the ways of our ancestors.

Summary Analyses: Whānau know when to be there for whānau. Whānau champions provide a *connection* for whānau to traditional ways of knowing when whānau have no access to these *networks.*

7.11.3 Learning te reo Māori

Seven years on from the whānau champion kaupapa, I now hold a double degree in mātauranga Māori, with a honours pass. I have continued to turn my hand to my 'taha Māori side', Māori lineage, and am now developing my proficiency in speaking te reo Māori. I am in a supportive relationship and now lead a healthier exercise-conscious lifestyle.

Summary Analyses: Te reo māori our gateway to *envisioning spiritual wellbeing. Discovering the beauty* in who we are.

"Kōrero i te reo Māori"

"Speak te reo Māori"

Participant two: (P2) & whānau

7.11.4 The people of the land

We are mana whenua 'local people' to the region. The whānau champion kaupapa works for us because it is whānau driven, whānau led and it is about whānau ownership. As whānau we need to deal with our own issues.

- You have to be honest with whānau otherwise they will think your 'all shit'.

Summary Analyses: Whānau self- determining their own wellbeing. Whānau champions exhausting all their networks for whānau.

7.11.5 Our childhood realities

We had a tough upbringing, but we were taught whānau first.

- The whānau champion kaupapa helped my whānau to look at our own issues.

"Being Whānau"

Whānau teaches us about manaakitanga, aroha, whakawhanaungatanga. They are traditions of practice that are important when supporting whānau.

Whānau "hope"

- As a whānau we can now sit and kōrero about the things that need to be 'talked too'.
- We have become plastic and colonised; we are losing sight of what being 'aroha' means. Now days, people think if I give to you / they need to give back. In fact it's not about that at all. It is just about being 'aroha', being loving.

*Summary Analyses: w*hānau *creating* and rising above their own struggle. Whānau champions nurture the whānau hopes and dreams.

7.11.6 "Being the Tuakana / eldest"

I was the one who looked after our siblings when I was young because my parents were working. I remember when we were going to school, they were strapping kids for speaking Māori. In our days there were only pubs and no night clubs. There were socials everywhere. The times were different.

- You ate what you were given to eat.
- When you didn't listen, you got a hiding, so you made sure you did as you were told.
- In those days you had to 'just suck it up' if you didn't like something. That's just how it was.
- Every day we wake up and it's a challenge

Summary Analyses: whānau *Restoring* their focus on the health and wellbeing. Whānau champions are facilitators of change.

"Ngā Toa o te Whānau"

Whānau Champions

Participant three: (P3) & whānau

7.11.7 Being bereaved to suicide

I was born and bred in Kawerau. I am a bereaved whānau to suicide, I lost my cousin to suicide. I went through a stage of anger because of the circumstances surrounding his death. In the end I had to escape and leave home to take a break from it all, eventually returning home to sort myself out.

Whānau "hope"

- Eventually I just had to come home, and it was my whānau that I turned too. To talk about what was happening for me.
- In the end I had to 'get on top of what was happening for me'

Summary Analyses: whānau finding their own solutions, through *connection* and *meaningful relationships and networks.*

7.11.8 Working with my own people

I am a registered social worker and working in Kawerau with my own people. Since being in the role, I now have a lot of whānau coming to seek advice and support when they need help. I am one of the 'go to' people in my whānau.

Whānau "hope"

- *Whānau come to see me because they trust me*
- *Whānau feel safe with me*
- *My whānau mahi is to awhi / help my whānau but to also connect them with the right supports when we need them*

Summary Analayses: whānau *discovering* the beauty in both worlds. A whānau champion workforce.

Participant four: (P4)

7.11.9 Mental illness in our whānau

We have a whānau history of mental illness. As a whānau we have been given diagnoses of schizophrenia, bipolar and psychoses. I am our whānau champion who supports the whānau, because my son also has a mental illness.

We have had whānau go in and out of the psychiatric services and been medicated up. There must be a different way. Maybe it's about returning to what we were doing as whānau before we had services.

Whānau "hope"

- We are healing ourselves as a whānau by supporting one another and making sure we are connecting with what's going on.
- Perhaps those of us who are seen as mentally unwell are before our time and in fact this time is not ready for us.
- When I cannot help my whānau, I will seek help from others who I trust

Summary Analyses: *sharing our stories* to unshackle ourselves from the restraints of the colonial struggle. Whānau champions healing whānau.

Participant eight: (P8) & whānau

7.11.10 Methamphetamine

We have a different struggle happening twenty years on from the loss of our son. We have a different "ngangara" struggle to fight. It is our son's methamphetamine abuse, use and the loss of our sons to this life. We are learning to be loving, finding whānau based strategies to maintain our whānau resilience, we are calling on the resources of whānau to strengthen ourselves. Meth use is an act of suicide.

Whānau "hope"

- We have created a 'papa kainga' space that keeps everyone safe; we cannot kick him out otherwise he becomes everyone else's or someone else's problem. We always must somewhere for him to stay. In the 'hope' that we can support him to reconnect with living life outside of the pipe.

Summary Analyses: Restoring the wellbeing of whānau, a complicated process. Whānau champions are the navigators to *self determination* and healing for the next generation.

7.13 A matrix of the whānau narratives and solutions

The following matrix outlines the key themes that whānau champions and bereaved whānau to suicide are having to navigate through when supporting whānau. In the whānau travels their are learnings and it is through these experiences we develop a better understanding of our own stories. In these narratives are the solutions that whānau have called on as the 'right fit' for them as whānau during challenging times in their lives.

Table 7.

Matrix of the whānau champion narratives, themes, and solutions.

Whānau Themes	Whānau Learnings	Whānau "Hope Solutions"
Welfare	No more models	The right fit at the right time
Defining suicide	Researching ourselves	Healing ourselves
Learning Te Reo Māori	Strengthening myself	Speaking Te Reo Māori
Being the people of the land	Being honest to whānau	Owning our own issues
Childhood realities	Whānau first	Helping our whānau talk to the issues
Being whānau	Teaches us manaakitanga and whakawhanaungatanga	Talking to the things that need to be talked too
Being the tuakana	Times were different in our days	Everyday we wake up to a challenge
Being bereaved whānau to suicide	Dealing with our issues	Getting on top of things for me
Working with my own people	The whānau trust me	Whānau feel safe with whānau
Mental illness in our whānau	Return to our own ways	Seeking out others when we need help
Methamphetamine	Meth use is an act of suicide	Creating a papa - kainga space / a safe space for everyone

7.13 The Pounamu stories

The Pounamu stories highlight the systemic marginalisation and barriers to access to services that the whānau champion/participants battled in their own lives. While seeking support for themselves and for whānau. These stories will bring to the fore the layers of struggle / systemic racism that whānau are having to navigate in accessing mental health support services and supports in healing themselves.

7.13.1 The Presenting issues

The participants are from varied lived experience and backgrounds. The whānau are from across the age range; rangatahi / youth, mātua / adults, pakeke, kaumatua / elders. The spectrum of engagement provides for rich insight into the realities of the struggle with the system for whānau Māori, through the generations. The themes also highlight the key praxis themes drawn on by the whānau champions in navigating the challenges.

7.13.2 Key faces of systemic racism

Whānau Māori are being diagnosed using approaches that perpetuate our ill health, rather than taking a varied approach and considering indigenous approaches. To either complement existing approaches where required, but also allowing a traditional approach as an 'indigenous right'. A narrative being echoed by indigenous nations across the world (Talaga, 2018).

7.13.3 Psycho-tropic approaches

Whānau are being exposed to psycho-medical approaches that are not necessarily a 'good fit' in supporting the wellbeing of indigenous nations. The medical model is the preferred approach and is the dominant ideology. The medical model marginalises the indigenous praxis because they are not seen as evidenced based. Therefore, are not validated as good practice models. Ensuring access to pathways that are a better fit for whānau Māori need to be considered as part of the healing process. A key theme highlighted in "He Ara Oranga" a New Zealand government inquiry into mental health and addiction noted the importance of cultural as well as clinical approaches, emphasising the importance of the ties to whānau, hapu and iwi (New Zealand Government, 2018).

7.13.4 Suicide

Whānau suicides are experiences that are concentrated, compounded and intense due to the inequalities whānau experience, as a result of the perpetuated struggles of poverty.

In the participants stories we hear the following themes coming through in understanding the struggle. The whānau speak of lives of poverty, cultural change and personal destruction from the laws of society. The whānau have become alienated from the land, once their land and now no longer. Disconnect from whānau, hapu and iwi is significant, an issue we see being redressed through traditions of practice such as kapa haka / Māori dance. The isolation from traditional resources, people, traditional knowledge and lived experience has had great impact on the wellbeing of the whānau. A constant culmination of these experiences daily is stressful and impacts on the spirit of the whānau. As noted in the writings of Talaga (2018) the Sami, Aboriginal and First Nations have been pushed to a point where they no longer see a future, because colonial settlement has caused their destruction.

7.13.5 The social struggle

The increased social determinant discrepancies between Māori and non-Māori are now being echoed as a reality across all communities, for the indigenous nations across the world. Over the past seven years of this research it has continued to intensify. The social struggle ranges from poor employment, quality of housing, physical health, financial struggle which all impacts and strains the whānau relationships. The government inquiry into mental health and addictions in New Zealand focused on hearing the views of the people and in those narratives, we hear the ongoing social inequities whānau continue to struggle with (New Zealand Government, 2018).

7.13.6 Physical ill health

Whānau Māori are the highest users of the health system and yet the system struggles to consider alternative approaches in healing the people across all population groups. Māori physical health is primarily and predominantly treated using mainstream methods of intervention. Cultural considerations are usually side-lined or an afterthought, despite the positives gains for drawing on traditional remedies. We hear similar experiences as recorded by Talaga (2018), who noted that the Aboriginal Torres Strait Islander continue to be exposed to the very approaches that perpetuate their colonial demise.

7.13.7 The 'ngangara', methamphetamine

The incidence of alcohol and drug use and abuse continues to rise. We see the epidemic of methamphetamine use and abuse grow across the country and affecting all population group. However, Māori use is at an alarming rate. We hear some of those stories from our whānau champions. Methamphetamine is like a 'ngangara' / spider which destroys whānau. The use and abuse of methamphetamine has also contributed to the increase rates of suicide amongst our people. A review of studies into risk factors for suicide with patients who have alcohol and drug use disorders noted that drug addiction was associated with suicidal behaviour (Flores & Ries, 2015).

7.13.8 The whānau in more contemporary times

We continue to see new gangs emerging, however, the most common are the Mongrel Mob and the Black Power. We are privileged to get insights into these realities through the whānau champions stories.

7.13.9 Homelessness and poverty

Gentrification is also an epidemic that is sweeping its hand across the country, where we have whānau from all populations groups who are now homeless. The iwi / tribal groups are now having to assist the system to address the issues of poverty across the country (Ari Neulight, personal communications, 2018). Many tribal nations throughout New Zealand are now trying to help their own e.g. Hauora Māori providers such as Tūwharetoa ki Kawerau Hauora.

7.13.10 Neoliberalism

The whānau dynamics are concentrated, compounded and intense, due to the layers of social struggle in our daily survival. The cost of living in NZ requires both partners to be working or hold more than one source of income. An example of the struggle is that whānau relationships are fragile because of the strain from having to live in shared accommodation. The high cost of finding somewhere to live means whānau can not afford the accomodation available, so make do with what they have access too. Poverty is an act of colonial violence that indigenous nations share in common (Talaga, 2018).

7.13.11 Oppression

Whānau are working with intense and complex situations often, because the systems and processes create layers of red tape that complicate access to services for the whānau. For example, a whānau get a car parking ticket for taking their child to school because it was raining. The car had no warrant and registration, because they could not afford one. The whānau struggle to pay the fine from having no warrant and registration and end up with the debt collectors harassing them. A cycle of oppression, where we find it hard to make ends meet. Maria Yellow Horse Brave Heart in her post-doctoral thesis on "The Return to The Sacred Path" highlighted the cumulative trauma experienced by the Lakota (Teton Sioux). The research highlighted that through education about the accumulative trauma, it provided relief and grief resolution through the initiation to more positive identity and healing (Brave Heart, 1998).

7.13.12 Welfare systems the new incarceration

Whānau are under greater systemic scrutiny regarding the health and wellbeing of our children. Since the establishment of the new child welfare system, more Māori children / tamariki have gone into Oranga Tamariki care.

Blackstock (2009) noted that when evaluators, researchers cannot talk to the cultural context of their research they fill it in with their own knowledge. As a result, policy is fed top down to indigenous communities. We now see an intense scrutiny and watch dog approach towards indigenous families.

7.13.13 The psychic trauma

The trauma of indigenous nations is different to that of the trauma of those non-indigenous nations who have not experienced colonial genocide. It is not the same, the experience and the impact on the intergenerational psych is different, to those of non-indigenous. The non-indigenous still see fit to stand and speak on behalf of the indigenous nations and use this as a lever to bring their opinions forward (Talaga, 2018; Lawson- Te Aho, 2017, 2014, 2013, 2010).

The whānau champion stories presented in this thesis highlight that whānau Māori have layers of grief that the colonial experience continues to perpetuate. Whānau are constantly having to navigate the system to access the appropriate services, which have become virtually inaccessible whānau are healing themselves.

Whānau are returning to traditional ways of knowing to heal. Tohunga Māori are now being validated as healing disciplines. For example, rongoa (Māori medicine) is a common oral, topical and spiritual medicine that whānau have knowledge about in using its healing properties.

7.13.14 The indigenous healing

Through collaboration, co-design and capacity building whānau Māori are now returning to healing themselves. Whānau are calling on the resources of their own networks to seek out ways of rebuilding their knowledge sources as healers. An act of decolonising their own minds from the indoctrination of the medical system (Cram, 2018).

7.13.15 Relationships

Indigenous whānau throughout the world are founded in relationships both with the people in their lives, the environment and with the spiritual world. A collective connectivity that is shared between the indigenous nations of the world (Cram, 2018). Although whānau relationships are often strained by the struggles of the realities in people's lives, connectivity is strengthened by the collective gatherings and traditional practices such as whānau gatherings and hui held by whānau for whānau (Mane, 2009).

7.13.16 The underlying issues

The colonial trauma is a theme that continues to be perpetuated by the system. Further complicated by existing processes that reinforces the traumatising experiences for whānau Māori. In turn contributing to the existing layers of struggle. Consequently, there are greater impacts in response to the quality of life that whānau Māori experience, the grief is compounded, concentrated and intense. A reality that is more frequent as a result of the poor health and wellbeing of the people (Taitimu, Read, & McIntosh, 2018). It is important that evaluators have knowledge about the intergenerational trauma brought about by colonial neglect (Cram, 2018, p,122)

7.13.17 Racism and the impact for whānau Māori

Whānau are less likely to draw on the services of mainstream providers unless they absolutely must, because whānau feel more comfortable with those they trust. This is often the case in rural communities.

With the development and growth of kaupapa Māori services being provided by the iwi and Māori service providers, whānau Māori are more likely to seek out services earlier rather than later. Racism is inherent in colonial societies, which is a core dimension of the system of oppression, this shapes the experience for whānau Māori and in turn sustains racialized hierarchies of privilege and disadvantage (Cormack, et al., 2018).

7.13.18 Whānau Māori and spirituality

Although for generations Māori whānau have acknowledged the importance of wairua in their lives, the concept of spirituality continues to be treated in Western realities as a phenomenon that is not trusted (Valentine, Tassell-Mataamua & Flett, 2017). These experiences are not endorsed and or supported as a natural part of healing in Western treatments. Whānau Māori are at more risk of being mis-diagnosed because the tools being used to support whānau Māori are not the 'right fit' for whānau Māori. Wairua / spirituality is fundamental to the health and wellbeing for Māori (Valentine, et al., 2017). Access to these traditional mediums for healing now need to sit as part of the whānau healing continuum. In research conducted by Valentine, (2016) she suggests, that wairua is exemplified by the environment. Wairua is not static, it has a subtle voice, a persistent overwhelming thought, a sense and feeling to act, and a dream. Wairua is linked to Māori psychology. Access to these ways of knowing for healing is imperative in seeking solutions for SP&P for whānau Māori.

7.14 A matrix of the Pounamu stories, learnings, and hope solutions

The following table highlights the Pounamu stories, the learnings and hope solutions. That whānau champions and those bereaved to suicide call on when supporting whānau in working through their own stories and finding the healing that is a 'right fit' for them as a whānau.

Table 8.

Matrix of the Pounamu stories, learnings, and hope solutions.

Pounamu stories	Learnings	Hope solutions
The faces of systemic racism	Taking an eclectic approach	Traditional approaches are a whānau right
Psychotropic Approaches	Māori and clinical approaches for healing	Identifying pathways that are a better fit for whānau
Suicide	Precipitated by a combination of experiences	Reconnecting with culture, people and whānau
The social struggle	Communities supporting communities	Whānau supporting whānau
Physical ill health	Cultural education and training	Cultural considerations for healing
The ngangara (methamphetamine)	A spider that destroys the families	Our responsibility in 'being whānau'
The whānau in more contemporary times	The privilege of sharing stories	Whānau have their own solutions for us all
Homelessness and poverty	An iwi solution for everyone	We all have a role to play in caring for one another
Neoliberalism	Surviving everyday	Connecting with significant relationships
Oppression	Deal with the issues	Break the cycle of oppression
Welfare system the new incarceration	Whānau caring for mokopuna	Keeping our tamariki in the whānau
The psychic trauma	Returning to our traditional ways of healing	Tohunga as a first port of call
The Indigenous Healing	Rebuilding traditional healing knowledge	Rongoa Māori
Relationships	Our spirit; our place; our whānau	Global indigeneity
The underlying issues	Knowing the faces of colonial genocide	Trauma-informed care by whānau for whānau
Racism and the impact for whānau	Racism is inherent in the colonial society	Leveraging off whānau resilience to strengthen the whānau
Whānau Māori and spirituality	Wairua in care	Wairua; whānau; whenua; whakapapa

7.15 The Kawerau Story seven years on, 2011 to 2018

Seven years on from the Kawerau Story, there is now a single point SP&P coordination for the community. The approach is derived from a kaupapa Māori approach in collaboration with Tūwharetoa Hauora and the Kawerau police. A kaupapa developed over a seven-year period, that has transitioned a community in a suicide crisis into a more co-ordinated and responsive society in meeting the needs of all. The pathway of SP&P support has been co-designed with whānau, community and an iwi provider so it is easier access for whānau, and so know where 'to go' and who to 'go to'. The whānau own the kaupapa, so whānau mobilise their own healing.

7.15.1 Ngā Toa o te Whānau

The whānau champion participants have moved into new roles and positions that now sit outside of the Kawerau community, therefore, are better placed to now share the learnings, solutions and practices of the whānau champion across the Eastern Bay of Plenty region. The challenge for Tūwharetoa Hauora is to now grow the next generation of whānau champions in the Kawerau community, as those more experienced whānau champions move into new roles.

The whānau champion kaupapa is reliant on the existing whānau champions to continue growing the workforce of the natural healers in the Kawerau community. The success of the whānau champion kaupapa needs the support of the NGO iwi provider's management. If the leaders do not understand the importance of the role of whānau in the healing process, they become risk adverse and will predominantly call on mainstream and clinical approaches as a first port of call when supporting whānau who are suicidal.

7.15.2 Resourcing

The whānau champion kaupapa is not a nationally funded project. This project was supported through the innovative resourcing from Tūwharetoa Hauora. This kaupapa is still being funded by Tūwharetoa Hauora, independent of any government funding. A kaupapa that is being driven within the resource of those whānau who have the capacity and capability to help. The service delivery model is changing and so the way in which the system provides supports needs to change as well, especially when this approach is desperately needed in supporting the work of whānau and communities.

7.15.3 Indigenous evaluation

The question the Kawerau Story raises is the validation of kaupapa Māori evidenced based approaches. An important consideration is the outcome measurement tools that we use to evaluate the effectiveness of the kaupapa Māori approaches. For example, Hua Oranga is a kaupapa Māori outcomes measure that is grounded in the domains of Te Whare Tapa Wha. The tool evaluates the service delivery from a treatment, clinical and whānau perspective (McClintoch, 2016g). The current evaluation practice is that Western ideologies are being applied to measure kaupapa Māori approaches. Therefore, outcomes are not positive and so marginalise Māori models of practice.

One of the issues with Hua Oranga as an outcome measures tool is that the approach has not been mandated, so kaimahi do not use it as a measurement tool because its seen as long process to complete the document. Cram (2018) notes that indigenous peoples know the importance of researching, studying and evaluating themselves in our self - determination. Māori researchers are also calling us to 'think outside the Western square' and reimagine an evaluation space that works for whānau Māori. In validating whānau derived practices we must develop and further research outcome measure approaches that are derived from a kaupapa Māori base or indigenous ideology. As Linda Smith (2012) reminds us, decolonization is when the colonizer sees indigenous nations as human beings. Cram et al., (2018) believe that indigenous nations are in a trialling phase of researching what fits with whānau Māori research so that we create a validated research framework that our mokopuna (future generations) will be familiar with.

7.15.4 Whānau champion mahi, work across the motu.

The whānau champion concept is now being mobilised across several innovations by whānau, communities, providers and organisations. The kaupapa is designed by those who are driving the initiative. Future research might consider capturing the narratives of those whānau champion kaupapa in evidencing the whānau champion mahi, and what it looks like in the context of the work that is being done. This would provide a platform of whānau champion kaupapa information and literature about what they look like within the context of their communities. Further, it would develop a greater narrative and database of whānau-based healing practices and an understanding of the commonalities between those whānau champion kaupapa. As a natural progression, this would bring life to the validation of whānau-based healing approaches that are evidence-based through the traditions of time.

Cram, Piripi & Paipa, (2018) note that central to identifying what sort of evaluation best suits is identifying, is what makes good evaluation practice for that indigenous group? Does it reflect their values, culture, spirituality, experience, history, needs and priorities? Is there a structural colonial context that the indigenous people live in their day to day lives? Does the evaluator recognise and work within indigenous ways of knowing, and aspirations for the future?

7.15.5 The current suicide statistics

New Zealand has the highest rates of suicide of the OECD countries, and Māori present with the highest rates of completed suicide (Ministry of Health, 2019). The latest annual provisional suicide statistics for deaths reported to the Coroner are between 1 July 2007 and 30 June 2018. In 2015/2016 we had a total of 606 completed suicides, and in 2017/2018 a total of 668 completed suicides. The total number of completed suicides continue to rise from previous years. An indication that reminds us that what we are doing is not working. The medicalisation of SP&P is not the solution. The difference with suicide prevention for Māori is that the solutions sit with whānau Māori and their hapu and communities. The whānau champion kaupapa is about whānau taking responsibility for whānau, because thats where the solutions sit. Therefore, Māori sovereignity, by Māori for Māori is the solution.

7.15.6 High rates of suspected self-inflicted deaths by demographics and location

In New Zealand in 2015, the number of deaths by suicide for male was more than double to that of female (Ministry of Health, 2019). We must ask ourselves about systemic racism and the desensitization society has towards Māori male and the impact. A contributing factor that is silenced, we see the same example in the alarming rates of blacks in America being shot by the police because of the escalating anxiety that is inherent, so blacks are more prone and subjected to systemic racial treatment (Daniels, 2018).

Our rangatahi, are taking their lives at an alarming rate, 175 young people from 20–24 years of age completed suicide during the period from 2007-2016 (New Zealand Chief Coroner Statistics, 2016). The key message being echoed at the second World Indigenous Suicide Prevention Conference, held in Perth, 22-23rd November 2018, is that adults must stop designing suicide strategies, approaches and events for rangatahi. Rangatahi must drive their own deliverables (New Zealand Government, 2018).

Māori numbers of suicide are four to five times higher than any other ethnic group. Responsiveness to Māori is about a treaty obligation to ensure that Māori health and wellbeing is at the fore in all that we do. Equity is about ensuring equitable outcomes for all, therefore if things are better for Māori, then things will be better for all (Durie, 1984).

7.15.7 DHBs

The whānau champion kaupapa tells us that whānau and communities are not going to the secondary services and are actually continuing to turn to one another. The DHBs are in chaos; building and facilities are hazardous and unsafe, and in particular mental health facilities. Is it time to consider the evolution of mental health services out into the community so they become self sustaining and are more effective for the people. The days of the DHB is an out dated approach that continues to fail Māori. A key disappointment for Māori regarding the most recent Government Inquiry into mental health and addictions is that, the Inquiry is recommending that we levergae off the existing systems in terms of improving mental health and addictions services (New Zealand Government, 2018).

7.15.8 Precipitating factors

When we look at the employment status of the completed numbers of suicide, we note that those both unemployed and employed are key themes. Is this a reflection of the times, where neoliberalism has become institutionalised into our systems that the whānau are struggling whether employed or unemployed, which is now affecting everyone. The cost of living, the struggles of New Zealand life is contributing to the challenges whānau are facing in just trying to survive. Over the past decade it is clear that the flood gates were opened by the National party, and as a consequence they have now become the dominant decision makers in our country. Therefore, Māori are not at the fore of their thinking. The days of Māori browning processes are over, and the days of non-Māori/settlers to our shores taking no responsibility in being responsive to Māori now need to be held to account (Durie, 2017).

7.16 The implications of the research

Currently the New Zealand SP&P service models is driven primarily by the Ministry of Health who fund lead organisations and community organisations who service whānau. The whānau champion kaupapa highlights that the service delivery model perpetuates an approach that marginalises indigenous ideologies.

The DHBs are funded government providers that have been situated as the specialist for the last several decades (Taitimu, eta al., 2018).

The community providers mobilise wrap around supports for whānau. However, the solutions sit with the whānau, who are not funded to provide services outside of the one off whānau ora initiatives. A process of health care that is driven by systems and processes, a practice that marginalises and oppresses the whānau innovations (Lawson-Te Aho, 2014).

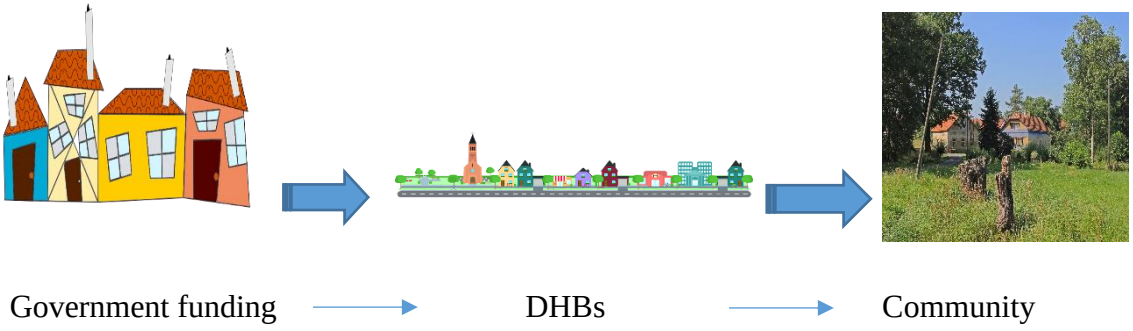

Figure 14. The bulk of Government funding goes to the DHBs, followed by the community.

7.16.1 Whānau champions as the specialists

Figure 15 presents the whānau champion as the specialist, who draw on the wrap-around support of the community providers where required. The whānau are then supported to access appropriate resources that are located in the government funded services. The model of care therefore is the complete opposite to the existing model.

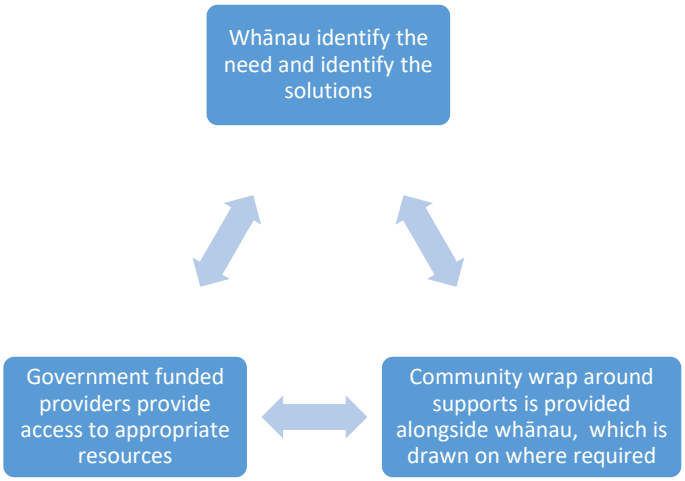

Figure 15. Funding is determined by the need of whānau.

Transformation occurs when the whānau champions create a space that allows whānau to be situated as the specialist of their own care. Whānau then determine their own wrap-around support they need and identify what resourcing is required.

It is through the indigeneity of the whānau champions, and by mobilising the 12 indigenous projects (Smith, 2012) that they transform their praxis and mobilise their cultural values. Whānau can then experience the reality of determining and desigining their own health and wellbeing. It is this process that whānau just see as a normal way of life.

7.16.2 The whānau role in suicide prevention and values of whānau

Whānau is a collective responsibility grounded in traditional cultural values that are passed on from generation to generation (Kruger et al., 2004). The transformation sits within iwi responsibilities. The government has a partnership obligation and responsibility to Māori as the people of the land. Historically, services have focused on service delivery to the people, and in turn, the service provider becomes the significant support for whānau. The whānau champion kaupapa is focused on strengthening the resiliency of the whānau, through an age old practice of returning to our whānau leaders. Through this collective responsibility of whānau-derived leadership, whānau are better placed to manage their own health and well-being (Durie, 2001; Lawson-Te Aho & Liu, 2010).

7.16.3 Whānau strength and collectivity

In our collective responsibility as whānau Māori we are driven through our connectedness to ensure that whānau are situated at the centre of our wellbeing. Whānau are strengthened by whānau, and within this ideology, healing happens as a natural progression of this kinship. Indigeneity is the space that is created when we are working with whānau and the knowings redesigned in more contemporary times. Traditions of time are the cultural values that strengthen whānau. The resiliency of whānau is grounded in a collective ideology, rather than an individual approach. In that collectivity we have a responsibility to one another, and through that responsibility we have connectivity (Durie, 2003; Kruger et al., 2004; Nikora, 2007; Ihimaera & Macdonald, 2009).

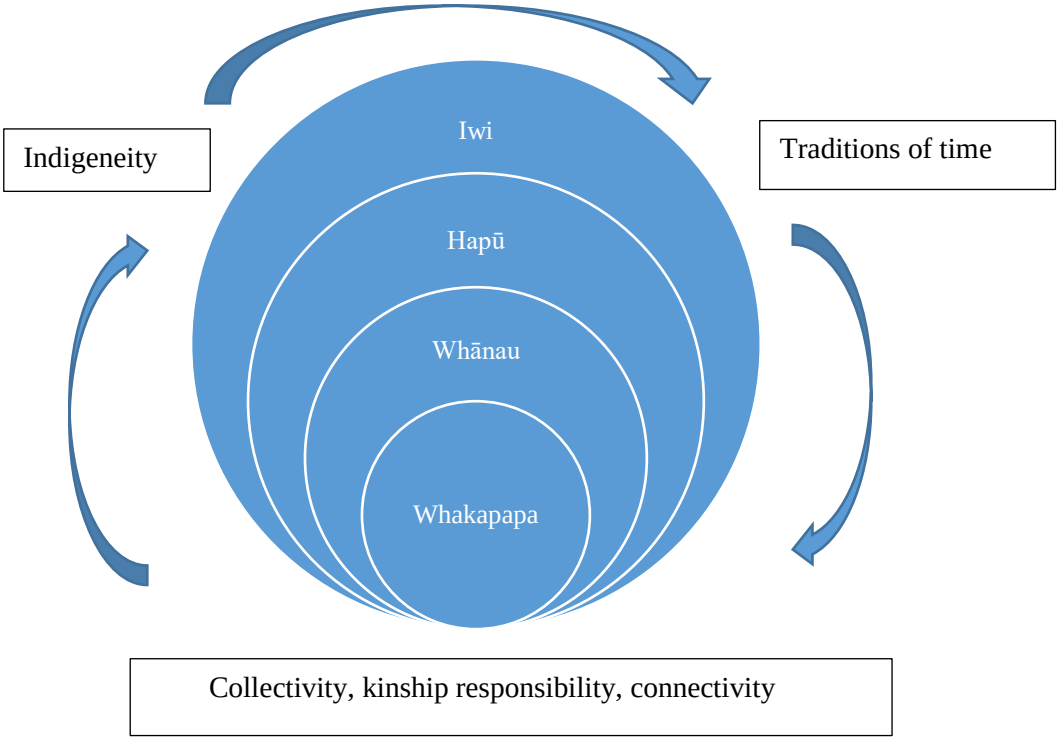

Figure 16. Whānau champion transformative praxis as evidence-based practice.

7.17 Nga toa o te whānau: the 'go to' workforce of whānau and kaitiaki

Nga toa o te whānau, is a workforce of natural support which has been a longstanding whānau practice. The natural helpers are a whānau responsibility, we hold as the kaitiaki (guardians) and protectors of our whānau. In the Kawerau Story, they are the whānau champions and the 'go to' people.

7.17.1 'Being whānau'

Whānau champion transformative praxis is derived from a cultural practice of responsibility we inherit through whakapapa, and in 'being whānau'. Sharing our stories through a meaningful kōrero with love and remembering our duty to care, through a process of 'a kanohi' face to face. Restoring our honesty and relationships, in the name of unity in representing the home fires, the 'ahi kaa', and the grassroots realities. Creating whānau self-determination and celebrating our survival for the better wellbeing of our souls and spirits as whānau. Whānau champion transformative praxis is not a new ideology or theory of practice.

It is derived from a traditional concept known to Māori since the beginning of time through practices such as kaitiakitanga (guardianship, caretakers), warriors, or whānau protectors (Durie, 1995; Waaka, 2008; Bennett & Liu, 2017).

7.17.2 The 'go to' whānau

In more contemporary times our 'go to' whānau are the ones we connect with and trust. They are not necessarily the ones seen as the leaders, but they are whānau who either come with a particular skill that a whānau member has a connection with. In most cases the kaitiaki will draw on the use of self, a knowing which has been nurtured by whānau over generations of time in supporting the whānau. As Lawson – Te Aho (2017) highlights this is a practice that is now being drawn on as we navigate through a capitalist environment that is now imploding, creating greater disconnect for indigenous nations.

7.17.3 'Colonisation'

The struggle of oppression is an ongoing act of colonial genocide that impacts on the lived realities of indigenous nations throughout the world. The face of oppression is visible through the eyes of the poverty stricken and homelessness as a consequence of the failure of the systems and processes of our communities. The struggle is political. The whānau champion is an indigenous space, where meaningful one-on-ones can happen as we would say 'kōrero'. A space that is just about 'being Māori'. Key political themes that impact on just 'being Māori' are the politics of community, that are fraught with institutional racist policies and processes that marginalises whānau innovations. Therefore, there are politics in finding and driving local whānau innovations (Durie, 2000; Orange, 2004; Oakley-Browne, et al., 2006).

7.17.4 'Traditions of time and generational critique' as evidence-based practice

The definition of evidence-based practice is defined by Western constraints and is challenged by the evidence of practice that was derived from traditions of cultural revolutions (Ruha, 2012). The whānau champion kaupapa is evidenced through values of culture for generations and in that time the ideologies and knowing's have evolved over the traditions of time and generational critique.

7.17.5 The politics of suicide

Injustice practice politics is a space where we see rivalry within community services because of the way in which contracting is designed and operationalised, affecting the connectivity and cohesiveness of the providers (Smizik & Stone, 1988; Wolch & Dear, 1993). In these environments, we see a manifestation of practices that cause more harm than good for our whānau and for our kaupapa in which we are supporting. A system perpetuated by communities, blinded by the impact of the political realities for whānau, and yet the solutions come from those very people at the grassroots (Durie, 1984; Mulroy & Austin, 2005; Hjelmeland & Knizek, 2017 Houkamau et al., 2017).

7.17.6 Indigenous praxis

Indigenous praxis is defined by a praxis of whānau a whakapapa, whānau a kaupapa, whānaungatanga (relationships), kotahitanga (a united approach), manaakitanga (the duty to care) and aroha (a practice of being loving). A connectedness through geneology and through a shared link and unique relationship. Where there is belongingness, connectedness for the betterment of the whānau. Through our connectedness we are one, and so we are committed to one another through our one on one and kōrero (Momper, et al., (2018).

7.17.7 Whānau transformation in communities like Kawerau

The twelve indigenous projects provided a framework that transformed and situated the whānau champion ideology and praxis into the Kawerau community (Smith, 2012). A project of themes that can be cross-pollinated and located in mainstream realities, which we navigate as a normal part of our lives. In returning to our ways of knowing we are celebrating our own beauty and our survival. Remembering all those who have gone before us and all that they have pathed for us to move forward in our lives as a people, and as a whānau. When we connect, we have an ability to represent our own truth and ideas. Forever envisioning a better and greater indigenous reality for our people, for our whānau. Through our collective insights we will restore the network in finding meaningful relationships. To create new knowing's and to share for the betterment of all.

7.17.8 Whānau, hapu, iwi-informed evidenced-based praxis

Figure 17 demonstrates a practice approach that is evidenced by an integration of Māori and whānau-based experiential and traditional knowledge.

It depicts the cycle of praxis that is derived from ways of life informed by knowledge derived from whānau, hāpu and iwi practices.

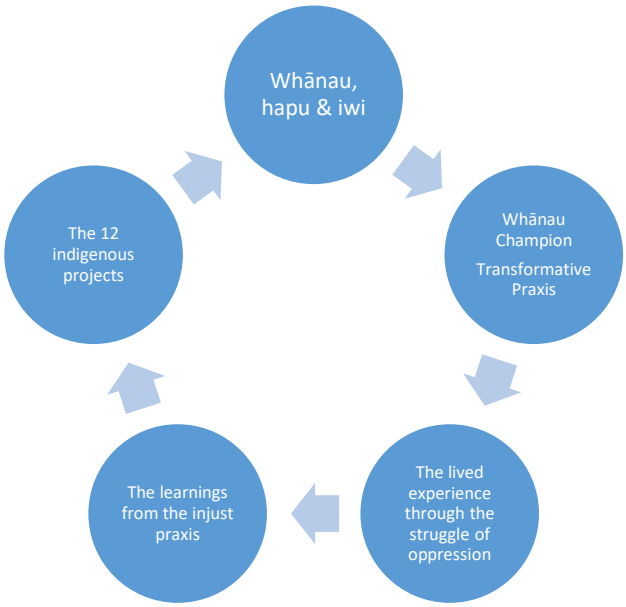

Figure 17. A collective model of evidence-based practice from traditions of time.

7.17.9 Whānau champion praxis

We see evidence of these approaches in the work that whānau champions share as a natural progression of 'being Māori' and 'being whānau'. These knowing's are reflective of the resilience of the indigenous nations in taking our responsibility to drive and address the inequalities. We are driven by this responsibility as an indigenous nation.

7.17.10 The lived experience

The struggle is real, the isolation, the foreignness in our country, the different way of thinking and behaving, the different personalities of stewardship. The privilege of being in power positions, the colonial face of participation and partnership in contemporary times. The personal bias that influences our way of thinking.

7.18 The data collection method

A qualitative process that involved an intermittent relationship with the whānau champions. A process of one on one hui, and interactive whānau kōrero about the loss of their loved ones to suicide. A process of enagagement that often revisited some of the trauma and loss experienced by the whānau champions.

A dedicated space that is not often honoured, where both the whānau champions and researcher revisited the loss and the emotional trauma and commonalities of the experience.

As the researcher I often found myself crossing the boundaries of being a whānau champion and a bereaved whānau member to suicide. A therapist who was also traumatised by the grief and loss of losing someone to suicide but also responsible for supporting access to the appropriate care and support in the whānau and within the community. As a kaimahi of Tūwharetoa ki Kawerau Hauora I was also responsbile for overseeing the clinical integration of the whānau champion kaupapa. A challenging space that was fraught with community politics that were intent on destroying the credibility of the effectiveness of the whānau champion kaupapa, further complicated by the intensity of the nature of working with SP&P.

It is a lonely and isolating mahi, a responsibility that in most cases people do not want to have to be responsible for. A role fraught with sensitivities physically, mentally, spirtually so impacts on your own wellbeing as a researcher. Over time it becomes draining and so stepping out of the practice of suicide prevention as I write the Kawerau story has had both its good points and negatives. The positive is that I have had time to just write the story outside of being in the SP&P kaimahi space. It has meant less pressure and work and I am not sure that this PHD would have been able to be completed had I still been working as clinical manager at Tūwharetoa ki Kawerau Hauora as the suicide prevention and cordination lead. The stress of working in the (SP) space and writting about the mahi would have possibly been too overwhelming emotionally and mentally. The negative side of writting about the Kawerau Story and not being at the grass roots as a whānau champion, clinical lead researcher is the feeling of disconnect from the daily realities of the experience of our whānau Māori. However we are never too far from these experiences because it is evident in our everyday lives and lived realties in being whānau. We therefore are never really disconnected from the realities of our whānau. As indigenous researchers we are inherently involved in being part of the researched, we are doing the research, we are overseeing the research and emotionally connected to the research as a natural progression of being whānau.

7.19 Participants

Throughout the research period the work of the whānau champion is now being mobilised by those kaimahi. In December 2017, I took leave from Tūwharetoa ki Kawerau Hauora for six months, to study at Berkeley University returning in May 2018 for two weeks and then starting my new role at the Ministry of Health as the principle Clinical Advisor to the office of the directorate of mental health and addiction services.

The writings of this PHD has been driven by the commitment that was made to all those whānau champion to tell our own story about the work we did as whānau champions in addressing the suicide rates in our community. It is a commitment that many of the whānau champions will be committed to as they progress their careers within the health sector. They too as participants will feel the pressure to capture the lived realities of being whānau based practitioners, working for whānau by whānau, drawing on whānau based resources as they develop professionally. We are storytellers who are grounded by traditional values and share these experiences in giving back to the people, it is a responsibility we have to one another that we inherit through our whakapapa and our relationships. The research is about us for us. We are re-defining research and what this looks like for us as whānau based researchers.

7.20 Lack of case study material

The case study highlighted the need for more research stories sharing case study research to capture the lived experience of indigenous nations throughout the world. The Kawerau Story no doubt echoes the realties that indigenous nations are challenged by as we live our daily lives in a system of racial inequity, systemic racism and neoliberal influence. The stories will shed light on the daily impact of the lives of indigenous nations, and how in more contemporary times, whānau, communities and iwi / tribal approaches are being drawn on to strengthen the resiliency and capability of whānau. As a resource and solution in healing during blatant times of colonial genocide, the literature review and research material used to evidence the Kawerau Story were drawn from similar studies that occurred in small rural indigenous communities, that captured their lived experiences.

7.21 Responsiveness to whānau Māori and equity

There is an obligation under the Treaty of Waitangi to ensure the health and wellbeing for all and equally a responsibility to take care of one another. The following is a whāriki / an integrated approach that is grounded in the foundational values of the Treaty of Waitangi and is strengthened by traditional values that have survived generations of critique. A way of knowing that is devoid of systemic racism, assimilation, neoliberalism and hegemony. Responsiveness to Māori as a natural progression will be equitable for all. It is not only the responsibility of Māori; it is also the responsibility of the treaty partner. The following tool provides a matrix to check in with our own practice, and assess the work we are doing against these values in terms of all the work we are undertaking (Came & Griffith, 2018; Came, Doole; Came & Tudor, 2016).

Table 9.

Responsiveness to Māori, a Treaty matrix for praxis.

Te Tiriti o Waitangi principles	Whānau	Values Kanohi ki te kanohi	 Whakawhanaungatanga
Participation	That Whānau Māori are sitting at the table when decisions are being made.	That the forums are meaningful and ensure the voices of Māori are being heard.	That we ensure the people are in hui and are actively engaged in the decision making.
Partnership	That Whānau Māori are actively engaged in the design of health service delivery at the front end.	That a face to face approach is central to the kōrero. Ensure that those at the table are up to play with the kaupapa.	That we ensure that we take better care of one another and are accountable and responsible to our people.
Protection	Ensuring that whānau Māori are sitting at the forefront of our thinking in all that we do.	That all decision making is transparent and so all information is being shared with key stakeholders.	That tikanga Māori is central to being responsive to Māori. That being responsive to Māori is everyone responsibility.

7.22 The machinery of government

As a public servant your primary role is to serve the house of parliament. Promises are made by election, hence the decisions are made about what becomes a priority. The needs of the people are driven through these promises that are made. You are first and foremost a steward to the system. As a kaimahi Māori we serve our people first and have accountabilities as a steward, so we serve both the house and the people, however, the priority is the people. There is a overwhelming beauracracy that is lined with decison makers of different nationalities making the decisions for Māori. A stark reality that has had significant implications and consequences for Māori.

The workforce in the house are predominantly foreigners, so there is a greater risk of disconnect from the realities of Māori whānau. The scope of practice allows you time to read and write and attend hui.

There is a busy-ness like that of what we experience at the grassroots, but its a different busy with writings, readings and hui. You have time to read and write, unlike at the grassroots where reading and writting time is on top of the work that needs to be done.

The design of strategy and policy drafted by the house, is removed from the realities of whānau Māori. These may never be a right fit and systems will continue to do what it is that they have always done. The beauracracy controls the decision making and sharing of power and authority for Māori, rather than taking a more responsive approach and sharing the power with Māori so we can make our own decisions. Interesting how that sounds so weird, but is ultimately the right fit and thing to do. As a kaimahi Māori new to these working realities, I acknowledge the fight that has been fought by many of our people who venture into these working environments. It is not easy to be true to who you are, when the moulding of being a steward is subtle. It is easy to lose sight of the purpose of being in the house; one of the many struggles kaimahi Māori work with in the house. The systems and processes of the house, govern the movement of decisions and outcomes on all the work being completed, I always wondered why when we were called to ministry hui, we would share all that we know from the grass roots, but the document that then popped out on completion was always removed from the truths we had put on the table.

The decison making in the house is governed by layers of sign off and bureaucratic scrutiny that is removed from the reality of the people. A process of sign off that is fraught with issues of systemic racism, that destroy the essence of the kōrero put forward by the people. Came and Tudor (2016) provide a critique of the New Zealand Health Strategy 2016 and the implications for Māori. The critique highlights that evidence on health and Te Tiriti o Waitangi application, suggesting that efforts need to be systemic and multi-levelled rather than adhoc and piece meal.

In Chapter Seven we hear the narratives and solutions derived from the bereaved whānau to suicide and whānau champions. In understanding these solutions there were key themes identified by the whānau that contributed to the challenges of healing as a whānau. In the final Chapter Eight, we will hear the realities of holding the line for the next generation and the solutions whānau Māori are bringing forward in surviving. More importantly, looking at the learnings from the Kawerau Story, what can be indigenised in moving forward as whānau Māori.

Chapter Eight

Tōku whānau; Holding the line for the next generation

Leadership is the responsibility of each person
We must be able to lead ourselves away
From that which feeds the lesser parts of our nature,
Toward that which nourishes and strengthens the "good"?
In this notion of kinship and interdependence "good" holds a meaning
Of being in harmony with the natural order,
Of causing creativity to continue itself, of preserving cultural integrity
While mirroring the diversity of the natural world
"Good" is something that sustains the whole
Among leadership qualities that generate and strengthen the good
And kindness, generosity, humour, humility, compassion, and truthfulness
These words so "soft"
How could such a gentle-sounding qualities lead a people to nurturance and safety in a terrorist world?

(Thater Brann-Imai, 2015, cited in Spiller and Wolfgramm, 2017; p.17)

8.1 Chapter introduction

Chapter Seven highlighted the solutions, key themes, implications and learnings from the Kawerau story and whānau champion narratives. Chapter Eight will capture the frontline whānau narrative that has continued throughout my post-doctoral writings as we are a whānau who are situated as part of the Kawerau Story. Our whānau story sheds light on the many faces of the struggle and how we have drawn on our whānau resources and solutions in holding the line for the next generations.

Holding the line is about the realities we as whānau Māori are now faced with as we move through colonisation and the impact of this genocide for us as whānau Māori. Likened to that of those participants engaged in this case study.

Finally in the conclusion we will discuss where to from here. What are the learnings, insights, strengths, and weaknesses? What can be indigenised rather than generalised from the Kawerau Story? As the Kawerau Story is an indigenous response derived from whānau champion transformative praxis. A case study research that started in practice derived from the experiences and learnings of whānau bereaved to suicide, that captured what they told us.

8.2 Holding the line for the next generation of my whānau

Freire (1970) highlights it is only we the oppressed who can liberate ourselves and free our whānau from the chains of the poverty of thinking, that mainstream perpetuates. (Kruger et al., 2004) echoed these silences in highlighting that the mental, physical, spiritual suffering caused by oppression, is further perpetuated and entrenched in the health and legal system. There is a privilege in being whānau, but there are also silent realities that come with that inherent responsibility of being whānau, being Māori. A reality that does not allow whānau Māori to move freely in a colonial world without being responsible for the actions of whānau that are in constant conflict with the laws of society. Indigenous peoples' health is a collective responsibility that we inherit individually through our whakapapa / geneology (Kruger et al., 2004). Tōku whānau sheds light on the many faces of methamphetamine use, and the lessons and solutions we have learned from our own whānau along the way in healing ourselves. Tōku whānau also validates and reflects the narratives and traditional themes from the Kawerau Story case study. Family inclusion in policy is widely advocated in government policy, however, is yet to be fully realised in practice (Wonders, Honey, & Hancock, 2019). Tōku whānau provides an insight into the evolution of whānau champion transformative praxis.

8.2.1 The white privilege

During my time at Berkeley University, I came to a realisation while sitting in one of my classes that for the first time in my life, I had the privilege of being able to go to school and sit in class, not have to worry about the struggles of the whānau front, pay for my school fees, and purchase the resources I needed for class.

I did not have to worry about anything. For the first time ever, I could just sit and truly hear and learn what was being taught without being distracted from all the challenges we experience in just being whānau and Māori. It then dawned on me that this was one of the examples that they called 'white privilege'; as McIntosh (2005) describes, it is an 'invisible knapsack of provisions'. I was overwhelmed by the sense of being ripped off, because learning was always fraught with the struggle of worrying about surviving the day, managing the daily distractions of life, and then having to navigate the class learnings needing to be understood. McLaren & Jarramillo (2010) cited in Critical and Indigenous methodologies 1997 refers to this as the "power of coloniality", an idea where race and a racism becomes the structure that determines the multiple hierachies. However, this feeling was superseded by the whakaaro (thought) of how resilient and strategic we are as indigenous nations; because of our resiliency in navigating the challenges, and still succeeding. More importantly, our tenacity and ability to move forward despite all the adversity we are confronted with. Wolfensberger's (2011) 'social role valorization' simply defined that those who are situated in valued roles are better placed to have better opportunities, but also provides a greater insight into the experiences of human suffering and marginalisation.

8.2.2 The whānau, work, and life balance

As the 'go to' person in my whānau, the responsibility to my whānau sits with me wherever I go. Whenever whānau need to be supported I have a responsibility to put my whānau first. I do not have the privilege of leaving it at the door when I go to work; when whānau need support, we provide the necessary awhi (help) as best as we can and as soon as possible. Whānau support reduces stress and motivates recovery and rekindles hope. (Wonders, et al., 2019; Aldersey & Whitely 2015; Ellis 2003; Tooth, Kalyanasndarum, Glover, Momenzadah, 2003).

One day while at work I received a phone call from one of the whānau asking for help for a whānau member who I had never ever met. The whānau member requesting support needed to talk through a whānau suituation they were trying to sort out. The whānau member of concern was residing with my brother and his partner. The whānau member had breached all her probation conditions, and the situation had escalated to the point where my brother and his partner were needing to notify her probation officer.

Because of the whānau members' abusive behaviour, my brother and his partner needed help to try and talk with her about the situation. A decision was made for the safety of the whānau (my brother, his partner, and their children) that her probation officer was to be notified.

As a consequence, my brother and his partner needed to talk with the whānau member while faced with the guilt of failing her as she was relocated out of their home.

The support my whānau required took me away from my work for the best part of the day. I was overwhelmed by a sense of guilt, because I needed several working days to attend to my whānau. Taking one day away from work was easy to manage, but having to take several days out of a working week to attend to whānau gets complicated in terms of the whānau, work, and life balance. Managing the whānau responsibilities, work commitments, and lifestyle realities comes with challenges and burdens as a whānau champion. Freire (2014) notes that hope is anchored in practice. It is in the practice of being a whānau champion that we hope for greater choices because life is so hard for whānau that choices have become limited.

8.2.3 The war of the minds

Whānau stories cry out against the corrupt programs of the system that continue to perpetuate the hopelessness that paralyses us (Freire, 2014). The war of the minds tells of the struggle to survive the cruelties of being whānau, in a society that turns a blind eye to the realities of socio-economic deprivation and racial inequities we experience as whānau Māori (Waitoki & Levy, 2016).

A whānau member was sexually abused from age seven until he was sixteen. An intergenerational cycle of abuse that continues to be silenced by his whānau. A cycle that he broke away from when he was old enough to escape and live his own life. In his journey he has his own whānau. As a member of a gang, they are also his whānau. I recall when he was seventeen making a visit to see him at Rimutaka Prison; his first sentence for a raft of offences. He is now in his late thirties and has spent the majority of his life in prison. Over the years, he tells of his heartache of being ostracised by his own whānau in addressing the intergenerational sexual abuse happening in his whānau. For him, he saw it as his responsibility and role to take his perpetrator to court so that the future generations of the whānau would be safe and not endure a life of incarceration and struggle as he has. This was the beginning of a life of incarceration, gang fuelled offending and lifestyle.

A life of institutional prison programs and institutionalised behaviour that has neither broken him or changed him. This life has shaped him into thinking that prison is now his second home. As the 'go to' person over the past seven years, and as a whānau, we have provided a range of whānau ora wrap-around supports.

The struggle to provide all the necessary whānau support has been fraught with episodes of hopelessness, despair, inaction and ultimately reincarceration. The system now concerned about his current presentation are accusing him of being mentally unwell, and so have called for the whānau to share what is normal and what is not normal behaviour for our whānau member. The crude reality of his presentation is that he continues to struggle with the sexual abuse that happened in his life. The fact that his whānau relationships were impacted by this stance and a lifetime of incarceration has moulded him to normalise life on the inside. His responsibilities to his gang whānau have a greater pull, so the cries of his whānau are known by him, but the impact of his revolving incarceration has not been truely understood. A harsh reality is that life on the outside is complicated by a longstanding methamphetamine addiction, despite all the whānau support it always wins him over. And yet he is strengthened by the very strands that make us whānau, his reo Māori (Māori language) and his tikanga Māori (Māori traditions).

The war of the minds is not only about the battle our whānau member is fighting within himself; it is also a battle we are challenged with as his whānau to continue to hope for change and strenghthen our own resiliency so that we may continue to be there for him (Hari, 2015; Waitoki & Levy, 2016).

8.2.4 Whānau first

When do we draw the line as whānau in supporting whānau, and when do we say "we have had enough"?. In more recent times just surviving our daily lives has become hard. When you, as whānau, are trying to take responsibility for your own whānau who need help, while they continue to push the boundaries in not taking responsibility for themselves. When do we draw the line? Anthony (1993) refers to recovery as a deep personal process, whereby the hope is that the person develops a new meaning in life and are able to find a new start, rather than recovery being focused on an absence of sysmptoms from the disease they are suffering. Furthermore, that families can have a positive influence overall (Aldersey & Whitley, 2015; Pernice-Duca, 2010). As a whānau, walking with the taniwha (demon) tests and challenges us everyday, and there has been no easy way out (Bennett, 2011).

In this particular narrative, there have been no underlying childhood trauma, and no identifiable factors that have influenced his chosen path.

One whānau member had the most amazing childhood. Great schooling and educational support; well supported in all schooling activity and sports throughout his secondary schooling; committed and dedicated parents who spent their weekends, holidays and times after school engaged in whānau activities; and whānau travel and excursions. He was identified as one of our whānau leaders for the next generation, who had all the skills of being a food-gatherer on land and at sea. A member of the whānau whom the next generation looked up to and who had a great influence. When he finished school he secured a number of career opportunities and started his own family. As he reached his early twenties, the signs of his methamphetamine addiction started showing through his inability to hold his jobs, the breakdown in his relationships, within his closest relationships and the greater whānau. He was leading towards a life of criminal activity and involvement with the police.

Over the past seven years, as a whānau we have developed whānau ora support plans and invested all that we have in whānau resource to provide the necessary support. We assisted with his relationships, his addiction and offending activity, but to no avail. Eventually this lead to a crisis point for whānau, where this whānau member put the greater whānau (nanny, mokopuna [children], cousins, and wider whānau) at risk. The addiction was no longer about putting himself at risk, he now rationalised that the whānau had a responsibility to protect him and that he was innocent. That it was actually the whānau's fault, and that they were to blame for his criminal activity. Taking no responsbility for his actions and now no longer seeing or hearing the whānau. The lies, fries and alibies had become his priority, and whānau were now being put at risk because of his addiction.

Ultimately as the 'go to' person for the whānau a decision was made to bring an end to his rampage of lies, fries and alibies. This meant no longer offering to assist when he gets in trouble with the law. A heart wrenching decision, because no matter what happens he is ours and we love him, but we have done all that we can and so he must now help himself. There is no 'P' in whānau and the greater wellbeing of the whānau must come first in holding the line for the next generation. Hari (2015) notes that addicts will do whatever it takes to maintain their lifestyle, so we must never give up.

8.2.5 Living the lie

Seven years and seven whānau addicted to methamphetamine; a whānau experience that tested our resiliency and our responsibility to and for one another. The whānau responsibility became the foundations by which we strengthened one another and whānau hui (meeting) was the tool we used to keep moving forward.

Loving one another and being loved were the solutions we worked on in being whānau. Practitioners are no longer seen as the experts, rather the families are seen as the experts through their own lived experience (Shepherd, Boardman & Slade, 2008).

Through our experience of supporting seven of our next generation who have used methamphetamine, becomes the role our 'go to' whānau members have held in sharing the burden of this addiction. It takes a whānau to support and care for a whānau. In 2009, my brothers and sister started our journey of working through our own stories, and to break our intergenerational cycles of abuse in holding the line for the next generation. In working through our own stories and owning our own issues, we were able to talk about our whānau story. In doing that we were able to stand united as a whānau through the challenges and struggles of supporting our seven mokopuna through their methamphetamine addiction. The whānau hui allows us to talk through the sensitivities of the issues, address the lies, know the faces of the alibies, and more importantly, being loving in the most challenging of times.

Being whānau allowed us to have our doors remain open to our mokopuna, but the mokopuna knew all we asked was that they were honest about their drug use. The whānau created whānau whare (house) spaces where the mokopuna on methamphetamine could talk honestly about what was happening, so that we could help and understand what was happening in that moment and time. However, we are human and we too struggled at times to be loving. What we have learnt through this experience is that everything we know about the face of methamphetamine, we have understood through our lived reality of supporting our own. That when they are coming down from a spree of meth use, they are violent, irritable and aggitated. That when they have had a hit, we do not see them for days and they are out living the methampthetamine lie. That after several days of no sleep, they become paranoid and show signs of becoming psychotic and we see out of character behaviours, such as slurred speech, cognitive distortion, constant babbling and pinging of their eyes. We know when they have just had a hit, we see fine motor and facial distortion, such as curling of their fingers and involuntary facial twitching.

Finally our whare become the resting places where they slept for two to three days after a rampage of no sleep and methamphetamine for a few weeks. Our whānau collectivity allowed us to work through our own struggles in living with the methamphetamine life. A life that has continued to destroy the lives of two of the seven mokopuna we are unable to help, so they now need to help themselves. However, we will always be there and we will always be whānau.

8.2.6 Trauma induced colonial genocide

In 2017, one of our mokopuna was shot by gang members while waiting for a friend at a reserve in Rotorua. A case of, 'being in the wrong place at the wrong time'. While sitting in his vehicle the gang members approach the vehicle and ask him for a lighter. My nephew offers a lighter and then the gang members proceed to shoot him while sitting in his car. Somehow, he manages to get out of his vehicle and starts running towards a drain. While running towards the drain, they shoot him again in the back of his hip. My nephew is admitted to hospital and his wounds are treated. The offenders were eventually caught. His physical recovery was quick, however, their was no trauma therapy or counselling put in place for him to work through the shooting. Following his recovery, he relocated to Austrailia to start a new life. Six month into his life in Austrailia, he has his first drug induced psychosis. Here, I will provide an insight into the whānau inclusion and perspective of our role in response to the trauma, converse to most research that predominatly takes the lens from a practitioner-perspective only (Eassom, Giacco, Dirik, & Priebe, 2014).

While catching up with whānau at Darling Harbour, my nephews partner agrees to meet up with them later during the day, however, the meeting arrangements go terribly wrong as he could not find his partner later in the day. My nephew ends up in a full blown panic attack in the middle of Sydney alone. It seems he was in this state for several hours, running around Sydney trying to find his partner, eventually being located. But by this time he was extremely distressed, terrified, disorientated, could not speak, tearful and finding it difficult to breath. The whānau were immediately mobilised to provide 24-hour monitoring, which was shared amongst the whānau. A routine was drafted and follow up support and consultation sought in terms of further assessment of his mental state. Through the support of whānau the healing happened over a period of three months without any form of medication. My nephew fully recovered and was able to return to mahi.

Six months later, he has another psychotic episode where he admits himself into hospital because by this time he was concerned that he may cause harm to his unborn child. Once again the whānau support is mobilised and he is back in the care of his own whānau. Routine and whānau supports are put in place, and the process of kōrero and whānau hui were critical solutions that were mobilised. Two weeks later, he is discharged from the psychiatric services, and as a whānau we agree he needs to be returned home to follow up with his necessary healing.

He is accompanied home by whānau, and a whānau ora plan is mobilised where he is returned home to see his kuia (grandmother), taken to his awa (river) for karakia (prayer) and seen by a tohunga (Māori health expert). Whānau hui and kōrero (conversation) has been key to his healing. Supporting his access to the appropriate supports for his addiction and trauma counselling, which we can finally attend to almost two years after the incident.

It is a difficult journey of recovery for my nephew as he attempts to heal and recover and find the strength and courage to say 'no' to the drugs. Since the shooting, drugs helped him numb the memories, which created greater concern for the whānau. In that, should he grow tired of fighting the trauma, he may lose sight of the hope to carry on with life. A near death event causing serious injury has resulted in episodes of intense fear, hopelessness and memories of horror (Krysinska, & Lester, 2010). There are also moments that we see the torment of his trauma and the impact for him mentally as we witness him wiping his tears from his eyes. Furthermore, Krysinska and Lester (2010) highlight that, *"mental disorder is one of the most significant risk factors for suicidal behaviour, linked to an increased risk of suicide*" (p.2). As he struggles with trying to understand why they shot him, and how lucky he is to have survived the shooting, we are currently in a space of supporting him through his whānau ora plan. We surround him with love so that he may be strengthened to work through the emotional and mental trauma he is suffering in silence from the soul wounding of the shooting. To reiterate, whānau ora is an approach that places whānau at the centre of shaping care plans, interventions and ongoing support (Durie, Elder, Tapsell, Lawrence, & Bennett, 2018).

8.2.7 Tōku whānau

Tōku whānau brings to the fore the realities of being whānau and the struggle in more contemporary times with the battle of living with the taniwha (monster), methamphetamine, as our whānau are indoctrinated by the poisons within.

Methamphetamine has been a silent theme and underlying contributor that has impacted on the lives of our whānau. Darke, Kaye, Duflou, and Lappen, (2018) conducted a national study in our neighbouring country Australia, examining completed suicides among methamphetamine users from 2009-2015. They noted large increases in methamphetamine production and use with an estimated 35 million stimulant users worldwide. Furthermore, the study highlighted that methamphetamine is associated with an increased risk of psychotic illness (Lappin, et al., 2016; McKetin, et al., 2016).

This whānau experience has fine tuned our resiliency and strengthened us as a whānau in developing a greater understanding of the lives of those who walk with the taniwha.

8.2.8 Being whānau

Whānau champion transformative praxis is grounded in core traditional values such as whānau / being family, aroha / being loving, manaakitanga / our duty to care and kōrero / holding discussions. Foundations that strengthen our resiliency so that we may continue being loving and whānau in the most difficult of times. Developing a greater understanding of the whānau experience and the role of whānau inclusion. This provides an opportunity for greater insight and consideration of the development of wellbeing pathways that resource whānau who are caring for their own whānau (Eassom, Giacco, Dirik, & Priebe, 2014).

8.3 He kōrero whakamutunga; Conclusions

The wellbeing of whānau Māori is best placed in the hands of whānau, hāpu and iwi. Whānau champion transformative praxis refers to an indigenous space where the full potential of hauora Māori is yet to be fully realised. The He Ara Oranga validates that the health system continues to marginalise and oppress whānau Māori, through racist systems, processes and inherent practices.

The Kawerau Story is evidence that whānau derived solutions and ways of knowing are a pathway that transformed access to services for bereaved whānau to suicide and changed the trajectory of the spate of suicides occurring in the community. Therefore, whānau Māori must determine what SP&P looks like for Māori. Being whānau Māori is grounded in values from traditions of time, so Māori must drive these deliverables.

8.3.1 Where to from here?

Hauora Māori is situated in a collective indigenous ideology grounded in whānau Māori tradtions of time. Māori must determine the pathway for Māori in bringing redress to the colonial genocide. The system from the top to bottom is fraught with systems and processes that oppress the other, making them feel like they do not know what it is that they are doing. But all the while they are navigating the politics of systemic racism and unconcious biast. More concerning than that is the fact that the oppressed are becoming the oppressor to their own. “Ko tāku nei whākaro”; I was thinking that this is not the house of hauora, it is the house of mauiui (illness).

A sick system of practices and processes that govern the decision making which affects the decision we make for the betterment of all, as a steward of the beauracracy of the health system. The top of the system needs to mobilise a strategy that first and foremost cleans up its own house. More importantly, it should create an environment that is able to discuss the challenges in becoming more responsive to Māori and equitable towards everyone, making the paradigm shift and transforming how and what we do in our practice, our ideology and whānau life.

In the house of the ministry you will feel the hands of the global decision makers and their disconnect from our people. You will see their tongues throughout the workplace and struggle to find the voice of your own people in meetings, forums and kaupapa. The relationship with your own people will be strained because of the systemic racial systems and processes that marginalize the way in which we think collectively as whānau.

The whānau champion transformative praxis space is validated by whānau who are actively engaged in the ideology, practice and whānau reality. It is an inherited responsibility that needs to be told through the voices of whānau in describing the realities we live with in our daily lives. What that looks like in a system that is monopolised by neoliberal processes that govern the way in which we act and behave as stewards , because we jump to the Crown demands to meet their promises to the people who vote for them. That is why whānau needs are never seen as a priority in terms of hauora, because its all about the votes and promises that come from a individual ideology and is not necessarily for the betterment of all. Indigenous nations operate from an collective ideology that is grounded in traditional values and beliefs that are intrinsic in whānau champion transformative praxis.

8.3.2 Te whare o te karauna: the Crown house

A house that is littered with struggle, disconnect and racism that oppresses how we think and value who we are as an indigenous nation. We must know the face of these subtle indoctrinations, to be able to hold our own as the indigenous tongue to this land. This is a lived reality that echoes the struggle in working in the house. Tinkering with a system of beauracracy and the struggle within. What it tells us is that things must change.

> *You come into my whare and you will feel the wrath of the global decision makers, calling the shots for the people of this land.*
>
> *Visiting hands that have no connection with the people of this land but yet, see the potential, however, struggle to manage the craving of wanting to own and control.*
>
> *You will learn the ways of the house through a state of confusion, disorientation, alienation and racial indoctrination that is so subtle you will not know.*
>
> *We will make you feel like you do not know and yet it is we who need to know, so you will succumb to our ways.*
>
> *I am the system come into me, I will suck you in and you will succumb for the power of the mighty dollar is lucrative, so you will find it hard to let me go.*
>
> *Māori will never have the power as the house was built to safeguard the systems and processes that are entrenched in the ways of the house.*
>
> *I sit in your meetings and know not your language you speak and do not understand what you say and why.*
>
> *And yet I soon realise it is rhetoric, a disconnected talk feast that is meaningless and distant from the needs of the people. Māori must determine themselves. (personal communications; Ruha 2019)*

8.3.3 A hauora Māori system

Figure 18 provides a diagram of how the system needs to be transformed in better meeting the needs of Māori. Historically, the focus has always been DHB and community. Whānau Māori and kaupapa Māori mental health services have evolved and we have been absorbing the need through the hauora Māori lens which has never been resourced by the Crown House. Figure 18 attempts to highlight the inquiries undertaken in New Zealand that have recommended whānau are situated as core in improving service delivery for Māori. It makes visible the reality of the three houses and the three pathways that need to be funded.

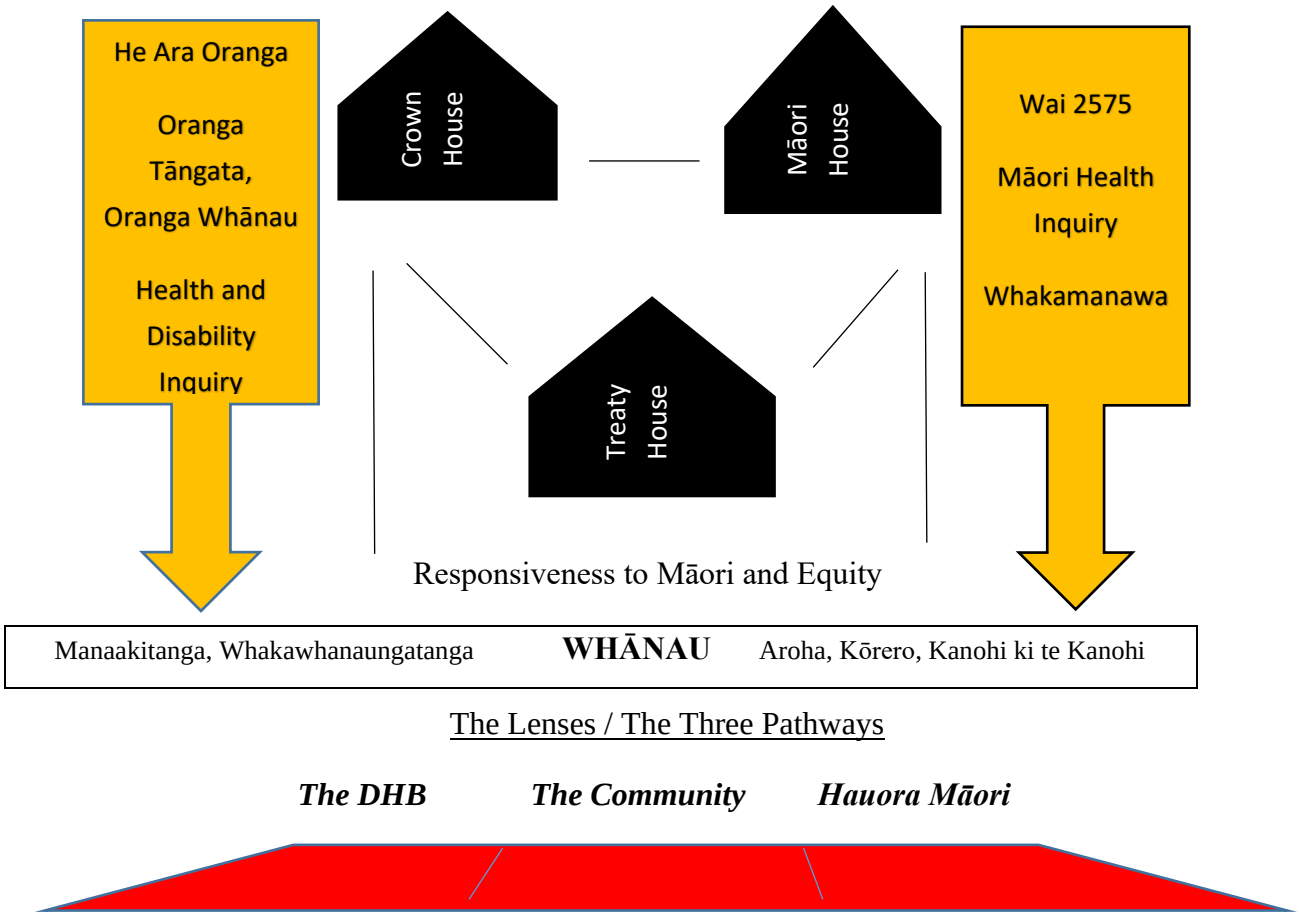

Figure 18. A diagram of what He Ara Oranga looks like from a hauora lens.

8.4 The strengths and weaknesses

SP&P has evolved significantly since writting this thesis. We have seen a shift in the silence of suicide to the screens where we are now hearing the stories of the people as a means of healing and validating what works and what does not work. There has been a significant change in peoples perceptions that suicide is only the business of the mental health expert, where in fact it is everyone business. More importantly, New Zealand has Mike King, our New Zealander of the Year 2019 for his bravery in being that central point of hope for all, in bringing the prevention and postvention into the one space. Despite all this change, whānau Māori continue to take their lives at alarming rates. The existing systems that sit within the Crown House and Treaty Houses will take time to make the shift into a paradigm of doing things different to what we have always done. In the meantime, we will continue to lose whānau Māori to suicide. Therefore, it is time Maōri become self-determining and define our own realities and pathways outside of the house of the Crown.

Kaupapa Māori praxis and theory through the practice of traditional models of knowing and praxis, is an immediate solution that we can leverage from in making immediate change for whānau Māori across all three pathway lenses. It is a paradigm that allows traditional solutions to come forward and validates the transformation of praxis when we have clinicans who come with both clinical and cultural expertise. The risk is that kaupapa Māori will be fudged into mainstream realities and although they will hold responsibility for the most complex, compounded and intense situations they will not be remunerated accordingly, so will be further marginalised and criticised for not making a difference.

The systemic breakdown in responsiveness to Māori: the practice, culture and the politics of community and time. The inquiry outcomes and recommendations will reflect this experience that whānau Māori have endured for the past century and will finally have a narrative that reflects the underlying racism, and discrimination that is perpetuated by the multi-tudes of the Crown systems and processes across all social determinats for whānau Māori.

8.4.1 Community SP&P

Validating whānau practitioners and their role in community collectivity has been a finetuned approach for generations, which has never truely been realised as the resourcing for these initiatives have been absorbed by kaupapa Māori, NGO iwi, mental health providers. A focus on the hauora Māori lens by the Crown allows these solutions for change to be mobilised by communities for communities.

We take the prevention into the postvention, and postvention into the prevention. As the Kawerau Story highlighted the bereaved whānau drew on their loss and grief to strengthen and build one another and found in their stroies the sources of resilience as tools for prevention for whānau Māori and the Kawerau community as a prevention against suicide through the lifting of the silence.

8.5 What can be indigenised across New Zealand?

8.5.1 Indigenous SP&P

The Kawerau Story: a research grounded in what whānau tolds us. A framework that validates the solutions that sit within the realms of whānau, marae, hapū, and iwi.

An approach that was supported by a multi-skilled workforce of both bereaved whānau to suicide, Māori whānau practitioners, and community supports. A true story that provides a platform and guide through the realities of mobilising a suicide approach within small communities like Kawerau.

Manaakitanga: the inherent responsibility to care for one another as whānau, as practitioners of health and as human beings. Taking better care of one another during times of suicide is easily marginalised when we live in a society that looks to hold someone to account for the decision that someone made to take their own lives.

Whanaungatanga: the inherent responsibility to ensure that those who are considered key relationships are engaged at the forefront of all decison-making. That the appropriate expertise is engaged when and where required at the right time. That all interventions are validated solutions for change.

Māoritanga: the traditions of our past are foundations left unto to us, so that we may leverage off those realities for the betterment of the next generation. Let us be guided by the values instilled within those traditions and draw on these as solutions for change. For generations, our responsibility to manaakitanga towards others has been instilled in whānau Māori, however, we have not necessarily experienced the same reciprocity. Let that be the fire that continues to burn in each of us to ensure that we clear a pathway so that our next generation can leverage of the changes made in our time.

8.5.2 A model of practice and whānau research

We did the mahi (work). We did the 'do-ey', and learned from what we have done. A model of whānau research that we need to be developing and capturing through a database of whānau literature, liken to that of the Kawerau Story.

As the researcher for this case study, the privilege was being given an opportunity to hear snippets of our whānau narratives at a particular time in their lives, and how they have developed their whānau resiliency along the way. It has been particularly challenging sitting as a bereaved whānau member and having a kaimahi relationship with the whānau who participated in the research. Being sure to allow their voice to be heard and not getting caught up in my own emotive processes as a bereaved whānau to suicide. Creating a space for the whānau to talk freely and feel safe in doing so and knowing that there kōrero will make a difference for other whānau in supporting them through their loss.

The research involved interviews with whānau and so I acknowledge the time whānau dedicated in sharing their stories and the encouragement to write about the mahi we did from 2011-2017. It has been an honour to work alongside all the whānau involved in designing the whānau champion transformative praxis kaupapa, bringing forward our own theories and philosophies from our lived experiences. The Kawerau Story is a script of the challenges we faced in 'being whānau'. The script writes in a whānau way of a society that was fraught with systemic barriers, personal agendas and racism. It is an acknowledgement of what those realities look like when we are supporting whānau as kaupapa Māori practitioners and the layers of struggle that our whānau are up against.

The Kawerau Story is a model of research that was mobilised by the whānau, who were determined to change the trajectory of losing loved ones in their community. An approach driven by the Kawerau community. A narrative that highlights the role whānau play in supporting whānau and the complexities whānau have to navigate to get the help they need. A community story that highlights the work that kaupapa Māori practitioners traverse in making a difference for whānau Māori.

The Kawerau Story acknowledges the interface between the cultural responsibilities inherit through our whakapapa but also how we manage the responsibilities we hold as kaupapa Māori practitioners. The role of whānau champions is defined by one of our tohunga participants, where every whānau has a kaitiaki (guardian).

The whānau champion transformative praxis validates this knowing. The 'go to' knowing is a contemporary ideology that situates this tradition in more contemporary times, so that we may call on these solutions that work for whānau Māori at the right time.

8.5.3 Where to from here?

Imagine a time when we whānau Māori can go from papa kāinga (home base) to papa kāinga in order to heal ourselves, rather than from service to service. A time when tohunga, kaumatua and whānau are situated as the experts in healing whānau Māori. When healing through practices from the tradition of time are a natural part of our whānau ora (family health). Therefore, healthcare needs to be resourcing whānau to provide hauora for Māori.

Hauora Māori is a space that is situated in traditions of time and levers from the praxis of 'being whānau". An approach that draws on the values of being whānau in healing ourselves through meaningful relationships in our lives. Being responsive to whānau requires the current model of practice to be flipped on its head.

Therefore, resourcing communities for communities, and whānau for whānau. Resourcing and strengthening our kaupapa Māori, NGO iwi, mental health providers is critical in being more responsive to Māori.

The whānau champion transformative praxis is grounded in indigenous pathways and ideologies. In our whānau pathways is our healing and in our indigenous ideologies are our narratives. In our narratives are our solutions and in our solutions is our evidence.

On the 1 May 2019, Tūwharetoa ki Kawerau Hauora received a national police award for community harm reduction and prevention, in acknowledging the work that had been mobilised from 2011. A recognition of the collaboration and partnership the hauora have with their community. It has been through the leadership of Chris Majoribanks that we as a community have been able to realise the full potential of the role whānau Māori play in determining our own whānau ora.

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Appendix A

Kawerau suicide prevention action plan

KAWERAU
SUICIDE PREVENTION ACTION PLAN

FINAL

July 2011

“Mo wai te painga o Whānau Ora

Mo Tūwharetoa i te Au Pouri

Mo ngā Iwi whānui

Mo te Ao Tawhito me te Ao Hou

Mo te Matemate Ao nei

Tūturu whakamaua kia tīnā! Tīnā!

Haumie! Hui e!

Taiki e!”

Preface

This report was compiled by the Kawerau Working Group (KWG) made up of whānau, community members, service providers, Clinical Core Group and government agencies bringing their collective knowledge and wisdom to develop the Kawerau Suicide Prevention Action Plan 2011 (KSPAP) through forming the "Kawerau Working Group" for Suicide Prevention.

This document was developed following increased concern amongst the community, and with input from Ministers and government agencies in relation to the suicides in Kawerau. This document is the Draft Kawerau Suicide Prevention Action Plan 2011.

The KWG was established as a community response to a community suicide issue.

The KWG would like to acknowledge the assistance and support of the Ministry of Health (MOH), the Bay of Plenty District Health Board (BOPDHB), and the contributions from the members of the Kawerau Working Group (KWG) in the development of the Kawerau Suicide Prevention Action Plan (KSPAP) 2011.

The KWG wishes to note that the development of the KSPAP was challenging due to the tight timeframes and this limited broader community consultation.

The KWG consider the KSPAP to be an evolving working document.

CONTENTS

GOAL ONE : **Education Awareness** Page 15

- Upskill/Whānau/Community/Service Providers
- Ensure availability and access to appropriate training and resources
- Reduce the impact of isolation felt by whānau and the wider community
- Remove barriers to services, information and knowledge
- Promote health seeking, destigmatising mental health issues, improving coping skills and increasing protective factors
- Prevent suicide and suicidal behaviour
- Influence policies of school/community providers/marae, to develop a suicide/self-harm response policy
- Reduce the impact of isolation felt by whānau and the wider community
- Develop and strengthen RESILIENCY
- Remove barriers to services, information and knowledge

ACTION 1: Provide education or access to programmes that directly address contributing factors to suicide.

ACTION 2: Enlist participants for a suite of funded training and supported opportunities or career development

ACTION 3: Undertake development and training activities for Suicide Self Harm Response Policies

ACTION 4: Enlist participants for a suite of funded training and supported career development opportunities

GOAL TWO : **Whānau Engagement** Page 20

- Develop prevention, clinical intervention, postvention response services in conjunction with whānau/community
- Consistency with WHĀNAU ORA approach/philosophy
- Promote and be guided by forums to engage whānau

GOAL THREE : **Accountability** Page 22

- Agencies/service providers are responsive and accountable (ethically) to the COMMUNITY/WHĀNAU Service providers are monitored and reviewed on service delivery in a timely manner
- Consumers are made aware of their rights to a quality service and advocacy

Purpose

The *Kawerau Suicide Prevention Action Plan 2011* provides a framework for a collaborative community and government interagency service response to prevent suicide within Kawerau. This plan sits within a broader plan for Kawerau which aims to understand how all the various activities across the community including the range of government sectors such as Health; Education; Welfare; Housing; Employment and Justice, will work together cohesively in suicide prevention with the guidance and support of the Kawerau community

This Plan will be guided by the five goals identified by the community of Kawerau;

1. Education Awareness
2. Whānau Engagement
3. Accountability
4. Provider Collaboration
5. Communication

Suicide in New Zealand

Māori continue to have the highest rates of suicide and hospitalisation for intentional self-harm. In 2008, a total of 497 people died by suicide. 82 deaths were Māori. At least five times as many were admitted to hospital for serious intentional self-harm injuries. While suicide deaths among Māori were not significantly higher than in the general population, the rate was still concerning at 13.3 per 100,000 Māori. The majority of Māori suicides are in the age range of 15 to 45 years, with Māori males being higher at risk. The Māori youth suicide rate in 2008 was about 70 percent higher than that of non-Māori youth

The New Zealand Suicide Prevention Strategy 2006-2016

The NZ Suicide Prevention Strategy (NZSPS) is an all age strategy that sets the high-level strategic platform to guide existing and future action that Government expects to be the focus for suicide prevention policy from 2006 to 2016. Underpinned by the New Zealand Health Strategy (Minister of Health 2000) and the New Zealand Disability Strategy, a substantial body of work has been progressed under the New Zealand Suicide Prevention Strategy. Highlights include:

- the establishment of suicide prevention coordinators in some DHB's,
- development of suicide postvention response services,
- the establishment of local Child and Youth Mortality review groups,
- a focus on addressing depression through the National Depression Initiative,
- publication of *Te Whakauruora,* a Māori suicide prevention resource[1]

The KSPAP aligns with the NZ Suicide Prevention Strategy and particular reference and guidance is taken from Te Whakauruora Restoration of Health: Māori Suicide Prevention Resource (Ministry of Health 2009).

[1] Ihimaera L & MacDonald P. 2009. *Te Whakauruora Restoration of Health: Māori Suicide Prevention Resource*. Wellington. Ministry of Health

He Korowai Oranga the Māori Health Strategy

The guiding framework used in the health sector for responding to Māori health issues is outlined in He Korowai Oranga (HKO). The Māori Health Strategy (Minister of Health 2002) and Te Puawaitanga: The Māori Mental Health National Strategic Framework (Ministry of Health 2002a). He Korowai Oranga identifies four pathways[2] to achieve better Māori health outcomes in the context of suicide prevention, such as;

1. Whānau, Hapu, Iwi and community development
2. Māori participation
3. Effective service delivery
4. Working across sectors

He Korowai Oranga reinforces to providers that whānau participation is vital in all aspects of health provision, as carers, supporters, learners, planners and advocates. Whānau Ora recognises the whānau as being the foundation for wellbeing, inclusive of mokopuna, tamariki, taitamariki, pakeke, kuia and koroua, and is about positive health outcomes for Māori ensuring[3];

- Whānau are nurturing and safe;
- Whānau have a secure identity, high self-esteem and confidence;
- Whānau experience wellbeing and control over their lives;
- Whānau have the choice to participate in both te ao Māori and wider New Zealand society;

[2] He Korowai Oranga The Māori Health Strategy 2002, Ministry of Health
[3] Ihimaera L.V. *Whakarato Whānau Ora: Whānau Wellbeing Is Central To Māori Wellbeing.* 2007. Palmerston North. Te Rau Matatini

- Whānau have physical, social and economic means to secure their health and wellbeing;
- Whānau live, work and play in safe and supportive environments;
- Whānau live longer and enjoy a better quality of life;
- Whānau come from and experience different lifestyles and their diverse realities are considered;
- Whānau groups may be made up of relatives from a common tīpuna or of unrelated friends, work mates; sports team members or church and school associates who share common interest.

The KSPAP is closely aligned to He Korowai Oranga, joined by the guiding influence and emphasis on whānau and Whānau Ora for Māori health outcomes to lead the prevention of suicide in the Kawerau community.

Evidence

The causes of suicide are complex. Research indicates that suicide is usually caused by an accumulation of risk factors, with a mental disorder being the most common risk factor. Other risk factors are broad ranging and include traumatic childhood events, life stressors, social isolation, family issues, genetic characteristics, cultural factors and socio-economic issues. Research evidence also indicates that the way suicide is reported in the media can influence vulnerable people to make suicide attempts that they would not otherwise have made.

Alienation from ones culture can be a risk factor for suicide. Even so, culture can provide a sense of belonging and self worth that can act as a protective aspect for suicide. For Māori a strong cultural base is a vital source of identity. Having a positive attitude about identity is important for Māori in achieving cultural and spiritual wellbeing. Māori culture has specific terms and concepts in relation to suicide that need to be understood and respected.

Kaupapa Māori theory and praxis is recognised and evidenced based, therefore provides a platform for an integrated approach of both the clinical and cultural deliverables.

Overview of Kawerau

Kawerau has a population of approximately 7,000 and notably the population is also declining. The town was built in the mid-fifties to service the pulp and paper industries. Over the last 20 years there has been significant change with the introduction of automation and industry restructuring. This has resulted in high unemployment and a large, unskilled workforce. The social structure within Kawerau has changed with a high percentage of people who are employed, commuting from outside the community. Māori comprise 60% of the population. This proportion is higher among younger age groups. Nearly 50% of Māori over 15 years of age have no formal qualifications. Unemployment is a significant issue, at 19% for Māori over 15 years of age. Over 30% of families in Kawerau are single parent families (Census 2006). These are contributing factors to the profile of Kawerau as one of the highest impacted communities in terms of poor social and economic status. Contributing factors to suicide (features of Mental Illness, major social stresses, physical complications, AOD use and abuse, whānau dynamics, relationship issues and unresolved underlying issues of grief, abuse, loss of identity and Mate Māori.

Kawerau College is a decile one school. It is one of five existing educational facilities in Kawerau. A ministerial review is currently underway in Kawerau. The Ministry of Education is currently restructuring schools in Kawerau including the Intermediate with plans to establish a new Māori Immersion Wharekura. The proposed change has created tension in the community. This situation is further complicated by the lack of specific programs to re-engage community who are in need of ongoing support, back into the education system. A Teen Parenting programme is available in Kawerau. The Alternative Education Facility has been relocated to Te Teko but is still accessible to Kawerau youth.

The presence of gangs is longstanding in Kawerau. Alcohol and Drug use is significant, with a major concern around the use and availability of "P" and marijuana.

Methodology

The KWG have developed a draft framework based on an analysis of feedback drawn from consultation with a collective of groups representing whānau affected by suicide, the wider Kawerau community, Kawerau-based service providers, and government agencies. Three network meetings were held and a Project Team was established to progress the creation of the draft *Kawerau Suicide Prevention Action Plan*. Under the Terms of Reference, the KWG is authorised to promote and maximise consultation; conduct meaningful and respectful collaboration and maintain transparency. The focus of the plan is on suicide prevention, however, the KWG are cognisant of the need for the action plan to align with the expectations and overarching plans that are currently being developed by K-OPER8 and CO-BOP. The KWG will ensure the KSPAP aligns to the New Zealand Suicide Prevention Strategy.

The Approach of this Plan

The KSPAP will help whānau, the wider Kawerau community and agencies to work together in a more collaborative, co-operative and transparent manner. The KWG envision and recommended a Whānau Ora approach so that service providers implementing actions in this plan should aim to be familiar with Māori models of health e.g. Te Whare Tapawha, Te Wheke..

A Whānau Ora approach is well placed to facilitate whānau development and Māori potential within Kawerau in a number of ways. It provides the impetus to initiate consultation, identify opportunities, enhance co-ordination and strengthen collaboration to mobilise Kawerau community by reinforcing the social and interagency networks that already exist and bringing about community action for change at all levels to make the most positive difference "by Kawerau for Kawerau".

Leadership and Implementation

The KWG was tasked with drafting the KSPAP to be submitted to the Kawerau interagency governance group K-OPER-8, by 5 August 2011. As mentioned K-OPER-8 is an interagency governance coalition group with representation from a combination of agency, service providers and iwi established to lead the government response to the community crisis situation in Kawerau. A collective of clinical specialists known as the Clinical Core Group (CCG) provides clinical leadership and expertise on suicide prevention and postvention to K-OPER-8. A recommendation has been made from the KWG to K-OPER-8 to include community representation in this forum. This plan will include clinical postvention response in collaboration with the implementation of the KSPAP.

This Plan will guide future community-driven and government health priorities and responses to suicide prevention in Kawerau. The final KSPAP will form part of the overarching plan for Kawerau community being developed by K-OPER-8. Implementation of this plan will be the accountability of K-OPER-8.

Emerging Themes

The emerging themes from the initial consultation include:

- the need for collaboration, communication and transparency
- a Whānau Ora approach to ensure "whānau and community have a voice" and that whānau/community focus is paramount;
- accountability, responsiveness by providers;
- availability and accessibility of information and training;
- communication systems are effective

Contributors

The following organizations and agencies have been involved in the current Kawerau response to the suicides. There is an expectation, that all services and government agencies will contribute to the actions for the implementation of the KSPAP.

PROVIDER / SERVICE / AGENCY/ MINISTRY	CONTRIBUTION	STATUS
Tūwharetoa ki Kawerau Health, Education and Social Services	Provision of Kaupapa Māori Health Services in particular : Mental Health Services, Whānau and Rangatahi Services	Confirmed
Te Huinga Social Services	Counselling / Support Groups	Confirmed
Pou Whakaaro	Primary Mental Health services	Confirmed
MANNA Support Service	Counselling	Confirmed
Eastern Bay Primary Health Alliance	Primary Mental Health, GP practice, school based services	To be advised
Te Wānanga o Aotearoa – Kawerau Office	To be advised	Confirmed
K-OPER-8	Refer to Kawerau Suicide Prevention Action Plan	Confirmed
Kawerau District Council	Long term community strategic plan	To be advised
Kia Piki te Ora (Te Ao Hou Trust)	Strategic co-ordination and collaboration on Māori Suicide Prevention Strategies	Confirmed
Community Mental Health Services	Adult Clinical Mental Health Services	To be advised
Voyagers	Adolescent Clinical Mental Health Services	To be advised
Collaboration Bay of Plenty (COBOP)	Agency collaboration and resources	To be advised
Housing New Zealand (HNZC)		To be advised
Child Youth and Family (CYF)		To be advised
Work and Income New Zealand (WINZ)		To be advised

New Zealand Police		To be advised
Te Puni Kōkiri (TPK)		To be advised
Ministry of Education - Special Education		To be advised
Ministry of Social Development		To be advised
Ministry of Youth Development		To be advised
Ministry of Health	Refer to Kawerau Suicide Prevention Action Plan	Confirmed
Bay of Plenty DHB	Refer to Kawerau Suicide Prevention Action Plan	Confirmed
Others		

GOAL ONE – EDUCATION AWARENESS

KEY MESSAGES: Life is a taonga Celebrate LIFE 2getha 4 lyfe

- Upskill/Whānau/Community/Service Providers
- Ensure availability and access to appropriate training and resources
- Reduce the impact of isolation felt by whānau and the wider community
- Remove barriers to services, information and knowledge
- Promote health seeking, destigmatising mental health issues, improving coping skills and increasing protective factors
- Prevent suicide and suicidal behaviour
- Influence policies of school/community providers/marae, to develop a suicide/self-harm response policy
- Reduce the impact of isolation felt by whānau and the wider community
- Develop and strengthen RESILIENCY
- Remove barriers to services, information and knowledge

ACTION 1: Provide education or access to programmes that directly address contributing factors to suicide.

ACTION 2: Enlist participants for a suite of funded training and supported opportunities or career development

ACTION 3: Undertake development and training activities for Suicide Self Harm Response Policies

ACTION 4: Enlist participants for a suite of funded training and supported career development opportunities

Reference Timeframes:

- ***Short term - Up to 3 months***
- ***Medium term - 3 to 6 months***
- ***Long term - 6 to 12 months***

ACTIVITY	TIMEFRAME	CONTRIBUTION	WHO	STRATEGIC ALIGNMENT
Ensure availability and access to appropriate training	Short	Tuakana & Teina Model	Local providers	NZSPS: Goal 6
	Medium	Problem Solving Therapy (PST)	Consultancy	HKO: Pathway One
To embed cultural and emotional competency into all activities / initiatives	Medium		Local providers Marae based	

		Strengthening Cultural Identity e.g. Mau Rākau, Whakapapa, Mahi Kai, Manaakitanga, Tikanga & Kawa – Iwi Kaumatuatanga		
	Medium	Māori models of practice	Local providers	
	Medium	Holistic Wellbeing e.g. Te Whare Tapa Whā/Te Wheke, Pounamu / Te Tuariki o te Tangata	ANAMATA	
	Short	National Cert in Social Service Work in Suicide Intervention & Prevention – Anamata	RAPU KI RUA	
	Long	National Cert & Dip in Hauora	MOH	
Design and deliver Te Whakauruora Training specifically for whānau, rangatahi and community in Kawerau	Long	Te Whakauruora	MOH	
Provide scholarships for providers in Kawerau to attend National Te Whakauruora Training	Medium		MOH	
If necessary, print additional copies for organizations providing suicide prevention training in Kawerau	Long			

To promote and encourage workforce and whānau development		Identify central point of contact in Kawerau for resource location, management and distribution Whānau Ora wānanga on the marae Hāahi support National Cert & Dip in Mental Health / Mental Health First Aid (Mahi Tahi Trust)	MAHITAHI TRUST	
Provision of Applied Suicide Intervention Skills (ASIST)	Medium	One 2 day ASIST workshop	MOH	
Support in the development of a suicide / self-harm policy for use in the Kawerau community	Medium	A suicide / self-harm policy available in Kawerau	KPTO	
To establish and promote an 0800 line appropriate for Kawerau	Short	0800 Support Line (clinical triage) providing support and information/referrals specific to the Kawerau area	Local Providers COBOP	
Provide availability and access to Cognitive Behaviour Therapy training	Short	Specialist Mental Health Service	BOPDHB	NZSPS: Goal 6
Coordinate and enlist participants to undertake *Positive Parenting Programs (Triple P)*	Medium	Support development of basic parenting skills	BOPDHB	NZSPS Goal : 6

Coordinate and enlist participants to undertake *Incredible years parenting* *BOPDHB Mental Health Services Workshops*	Short	Support development of whānau parenting skills DHB Mental Health Providers to provide regular forums for whanau re: service provision	Local Provider BOPDHB	NZSPS Goal : 6
Kawerau School Boards of Trustees to undertake development and training for Suicide-Self Harm Response Policies	Medium	Preparedness to address Suicide-Self Harm within the schools Clinical Triage with identified at-risk students	MOE	NZSPS: Goal 1 NZSPS: Goal 6
Kawerau Marae Committees to undertake development and training for Suicide-Self Harm Response Policies	Medium	Preparedness to address Suicide-Self Harm within the whānau/hapu Clinical Triage with identified at-risk students	IWI/HAPU WHANAU TPK	NZSPS: Goal 1 NZSPS: Goal 6
Kawerau Community Service Providers to undertake development and training for Suicide-Self Harm Response Policies	Medium	Preparedness to address Suicide-Self Harm • All providers to have an operational KSPAP	Local Providers	NZSPS: Goal 1 NZSPS: Goal 6

		• Maintain and update at-risk register for individuals and whanau: to sit with Clinical Core Group		

GOAL TWO: WHĀNAU ENGAGEMENT

- Develop prevention, clinical intervention, postvention response services in conjunction with whānau/community
- Consistency with WHĀNAU ORA approach/philosophy
- Promote and be guided by forums to engage whānau

Reference Timeframes:

- ***Short term - Up to 3 months***
- ***Medium term - 3 to 6 months***
- ***Long term - 6 to 12 months***

ACTIVITY	TIMEFRAME	CONTRIBUTION	WHO	STRATEGIC ALIGNMENT
Provide advocacy / navigator for whānau /community as required	Short	Assist whānau to access support • Identify early, crisis intervention and management plans	Local Providers	NZSPS Goal: 1 NZSPS Goal: 2 NZSPS Goal: 6
Increase awareness, an identify risk factors of Suicide-Self Harm	Short	Promote understanding of Suicide-Self Harm	All Agencies	NZSPS Goal: 1 NZSPS Goal: 2

		• Develop risk management plans • Maintain and update risk register		NZSPS Goal: 6
Develop Relationship Agreement with Iwi/Hapu/Marae/Whānau Ensure whānau or community representation at all levels of decision making	Medium Short	Organize wananga through Marae, with focus on tikanga that strengthens the well-being of whanau, hapu and iwi Whānau and community are represented in decision making forums	Local Providers All agencies	NZSPS Goal: 6 NZSPS Goal:6
To establish a clinical and a non-clinical group to support the implementation of the KSPAP	Medium	To achieve the goals and actions identified in the KSPAP	K-OPER-8	NZSPS Goal:1 NZSPS Goal:6

GOAL THREE: ACCOUNTABILITY

- Agencies/service providers are responsive and accountable (ethically) to the COMMUNITY/WHĀNAU Service providers are monitored and reviewed on service delivery in a timely manner
- Consumers are made aware of their rights to a quality service and advocacy

Reference Timeframes:

- ***Short term - Up to 3 months***
- ***Medium term - 3 to 6 months***
- ***Long term - 6 to 12 months***

ACTIVITY	TIMEFRAME	CONTRIBUTION	WHO	STRATEGIC ALIGNMENT
Community providers are accountable for quality service delivery	Short	Quality services are delivered in a timely manner • Contact Triage • Appropriate workforce skill mix • Assessments and whānau hui • MDT forums is a core forum • Treatment and discharge planning • Whānau partnerships, participation and protection • Commitment to develop the Kawerau workforce	All agencies	NZSPS Goal: 2 NZSPS Goal : 3
Funders have clear guidelines/on allocation of contracts	Short	Service provision and delivery are appropriate and meet community needs	All agencies	NZSPS Goal: 2 NZSPS Goal : 3
Provide practical, best practice on information and advice about the development and implementation of an early, crisis and postvention response in conjunction with Kawerau community/whānau/iwi	Short Short	Community early, crisis and Postvention Response Service for duration needed CPRS Site Brief seminars & workshops, training on suicide behaviors, warning signs, risk assessment, interventions visit to provide practical, best-practice information and advice about the	MOH BOPDHB MOH	NZSPS Goal: 6 NZSPS Goal: 6

		development and implementation of an early, crisis and postvention response in conjunction with Kawerau community/whānau/iwi		
Services will comply with relevant Codes of Rights and Organizational Codes of Conduct and apply best practice principles.	Short	Provision of ongoing training • Provider pathways and processes are transparent • All local providers are audited against the KSPAP	Nationwide Health & Disability Advocacy Service and All agencies	NZSPS Goal :5
Core Clinical forum to ensure alignment of processes to KSPAP • Clinical Core group to develop a communications pathway to the KSPAP Implementation team • Clinical Core group to develop a risk register of whānau of concern • Clinical Core group to have representation in the KSPAP Implementation team • Clinical Core Group Terms of Reference to be reviewed by the MOH and sit in line with KSPAP strategy				

GOAL FOUR: PROVIDER COLLABORATION

- Appropriate services are accessible to whānau
- Formal collaborative relationships are established and maintained between providers and agencies
-Providers to work collaboratively to provide an ongoing sharing of care process of support to whānau

Reference Timeframes:

- ***Short term - Up to 3 months***
- ***Medium term - 3 to 6 months***
- ***Long term - 6 to 12 months***

ACTIVITY	TIMEFRAME	CONTRIBUTION	WHO	STRATEGIC ALIGNMENT
Hui held with all providers in Kawerau To improve understanding of the delivery of services and referral path ways	Medium Short	3 monthly hui to be established Providers to promote the services they deliver and the referral pathway	K-OPER-8 All agencies	NZSPS Goal: 6 NZSPS Goal: 1 NZSPS Goal: 5 NZSPS Goal : 6
Specialist skills identified To awhi, clients through a continuous seamless service	Medium Short	Specialist skill are made accessible to whānau and community • Tohunga and access to appropriate cultural experts to be recognized as specialist, including clinical expertise	BOPDHB All agencies	NZSPS Goal: 2 NZSPS Goal: 3 NZSPS Goals :1-7

		Seamless delivery in a Whānau Ora approach • Whānau define what whanau ora means to them		

GOAL FIVE: COMMUNICATION

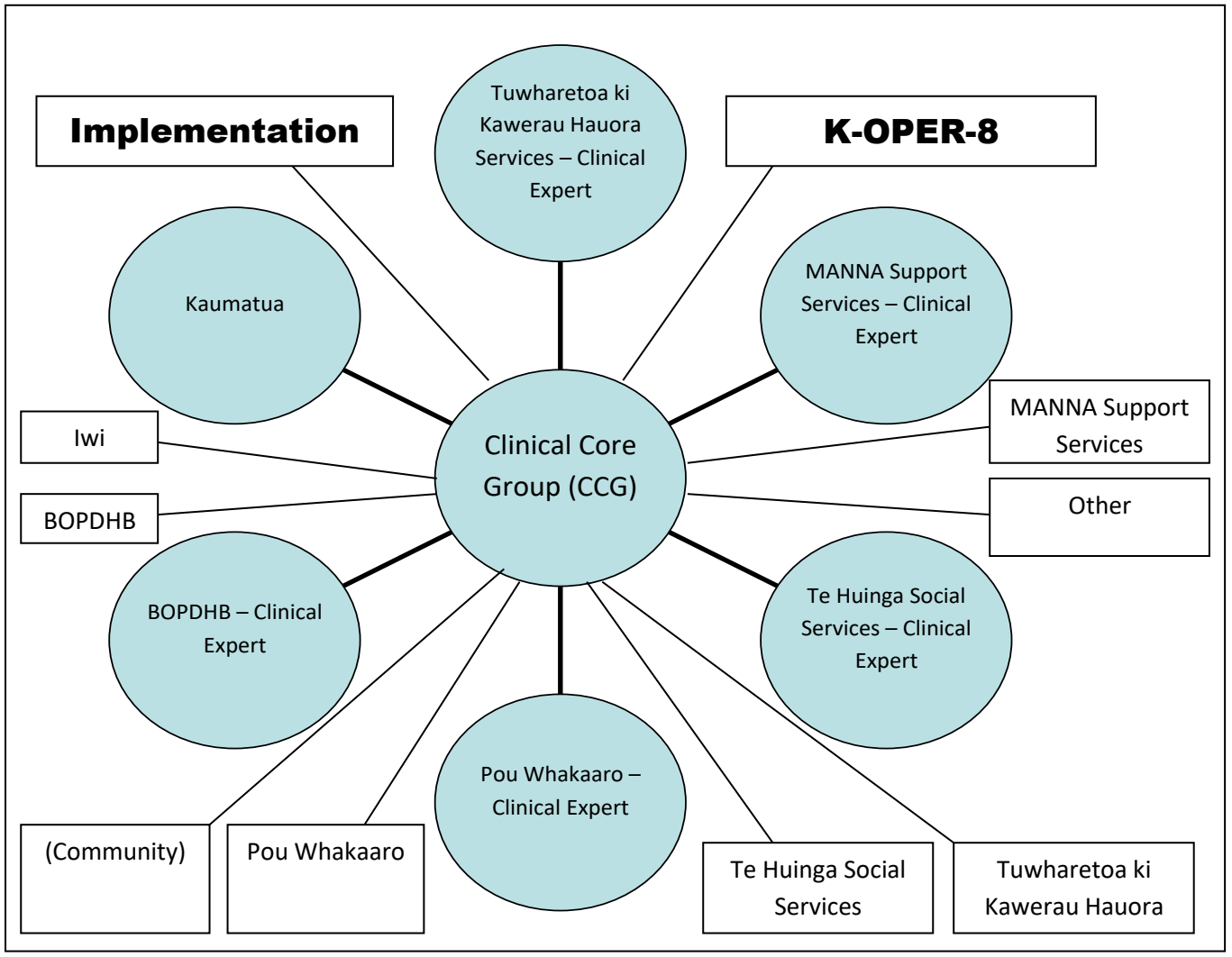
- Develop a community communication plan to engage with and promote the KSPAP
- Media
- Services
- Community/Whānau
- Work with media to provide factual and accurate information
- Delegate group to interact with media

Reference Timeframes:

- ***Short term - Up to 3 months***
- ***Medium term - 3 to 6 months***
- ***Long term - 6 to 12 months***

ACTIVITY	TIMEFRAME	CONTRIBUTION	WHO	STRATEGIC ALIGNMENT
Regular Community Meetings Promote services via media/News Letters/Websites/Print/Radio/TV	Short Medium Long	Raise community awareness, understanding and building resilience	K-OPER-8	NZSPS Goal: 5
Recognize and promote positive steps in working with the media	Short Medium Long	Positive promotion of the community initiatives	K-OPER-8	NZSPS Goal: 5
Whānau & Community are aware of the services available and how they can access them	Short Medium Long	Clear understanding of how and where to access services	All Agencies	NZSPS Goal: 1 NZSPS Goal : 6
Nominate person/s to communicate with media on behalf of the Whānau / Community / Agencies in accordance to national guidelines	Short Medium Long	Media to be held accountable, managed widely – TV, Paper etc.	K-OPER-8	NZSPS Goal : 5

KSPAP - Flow Chart



Description

This flow chart shows the following:

- K-OPER-8 – Governance
- Implementation Team – TBA: ensure CCG and Keu Provider compliance to KSPAP strategy
- CCG – Collaborative agency approach who provide triage as a means of early, crises and post intervention
- Services – Local Kawerau providers who support the whanau

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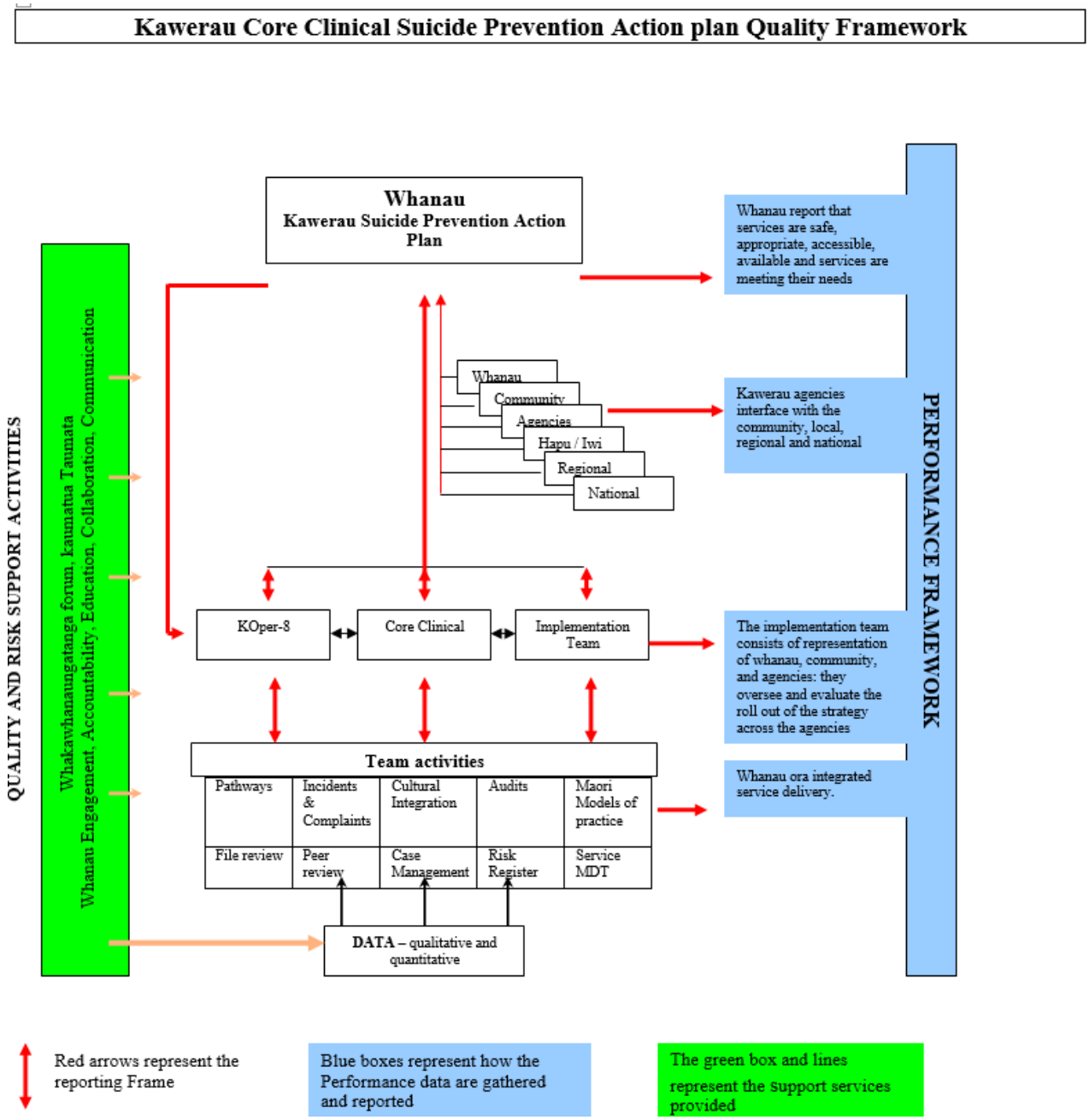
Websites:

www.spinz.org.nz Suicide Prevention Information New Zealand

Appendix B

Kawerau suicide prevention action plan: Quality framework



Appendix C

Kawerau suicide prevention action plan: Core clinical terms of references

KAWERAU CORE CLINICAL TERMS OF REFERENCE

Composition:

1. Representation comprises of kaimahi from the following services based in Kawerau (Tuwharetoa ki Kawerau Hauora, Te Huinga Social Services, Manna Support, Pou Whakaaro, Community Mental Health Team / Voyages, Tarawera Medical and Eastern Bay of Plenty Health Alliance). Key lead agencies that compliment this composition also include (Child Youth and Family, Police and SENCO from Kawerau College).
2. The representatives will be approved by their respective services. The kaimahi are Clinical representatives of those services, so are required to hold (clinical qualifications in a health associated field, with a current annual practicing certificate and registered to a professional body). Those representatives who do hold clinical qualifications are to be supported into a pathway.
3. These Terms of Reference do not extend or diminish any member's accountabilities to their role within their respective services, to which each member is primarily responsible.

Cultural Advisors

Tuwharetoa ki Kawerau are recognised as Tāngata Whenua. A Kaumatua taumata will act as the senior cultural advisors and consultants to the core clinical.

Purpose

The Kawerau Core Clinical forums, core business is to provide a collaborative Kawerau agency prevention approach, through a multi-disciplinary treatment forum, otherwise referred to as a MDT forum. The core clinical group will be driven and led by a Kawerau agency representative that is clinically qualified as defined by the BOPDHB contract specification. The identified lead agency is Tuwharetoa ki Kawerau Hauora.

In the context of the Kawerau Core Clinical forum: Clinical is also inclusive of the following;

> **Clinical:** describes the continuum of therapeutic intervention from beginning to end, inclusive of pathways/strands/threads – whether they are cultural, clinical, educational or vocational. It also describes the integration of those (and the various sources and specialties of that knowledge) and the commitment to quality improvement. Therefore, Kaumatua sit as the foundations of these developments.

The Role of the lead agency

The lead agency will provide leadership to the Forum, ensuring that processes and actions are consistent. It is expected that the lead agency will promote a culture of stewardship, collaboration and co-operation. To ensure that the wellbeing of the whanau is paramount in all that we do and discuss. That we are bound to a code of conduct in line with our professional accountabilities, therefore are professional and that confidentiality is maintained.

Meeting Tikanga

a. Meetings will be formally opened and closed with karakia or similar offerings.
b. Active participation in meetings will be marked by:
    i. Goodwill, Openness, Frankness
    ii. Respect for the whanau we are discussing
    iii. Listening to others, Considered contribution
    iv. Encouraging debate and seeking views of others
    v. Volunteering viewpoints
    vi. Preparedness to integrate the views of others
    vii. Reasonableness, Preparedness to move outside comfort zones
    viii. Taking hard calls when required
    ix. Allowing differences
    x. Embracing new thinking, Efficiency of contribution
    xi. Responsiveness, Currency of issues
    xii. Attention to team dynamics
c. Shared responsibility of the minute and MDT progress note taking

<u>Members' responsibilities</u>

1. To collaborate to make decisions and recommendations, in the interest of improving service delivery and care to our whanau, engaged with the respective services.
   To ensure members are:
    i. openly sharing relevant information,
    ii. being transparent in internal communications,
    iii. seeking to understand each other's perspectives,
    iv. allowing differences between team members to surface in a safe environment and to be resolved,
    v. being mindful of the pressures (internal and external) on each other, and
    vi. Sharing workloads and working outside comfort zones and areas of specialisation as required.
    vii. upskilling and training each other from a specialist perspective
    viii. That your apologise are put forward if you are unable to attend
    ix. That kaimahi for those cases of concern for review attend in absence of the clinical representative

2. That Representatives of each agency ensure:
   - That the whanau of concern have been advised where-ever possible that the case will be discussed at the core clinical forum, for further review and is evidenced in the progress reporting.
   - Those cases of concern e.g. (such as those who have a history of suicide attempts, bereaved members affected by suicide, presenting features of mental illness, those whanau who are not responding to services, whanau with high risk concerns, whanau who cannot be located, those who may need the support of the secondary services, and or those whanau who are already engaged with the secondary services, whom you are concerned about) will be discussed at the MDT forum for review.

- That representative will provide an overview of the case presentation, highlighting assessment findings and treatment planning material.
- That representatives will have available the primary files for the core clinical forum
- That representatives will feedback to the case managers and teams involved within their services; the outcomes and recommendations from the Core Clinical Forum
- That the respective representatives are responsible for recording against the MDT review template, the recommendations and outcomes to sit on the primary files held for those whanau
- That outcomes and recommendations are to be discussed with the whanau and evidenced on file
- That a follow-up review date will be set to ensure that recommendations are being followed up by the respective services
- That each service has an existing service pathway to support the recommendations being made by the core clinical to which they then report too
- That it is the responsibility of each service to ensure that every whanau have a risk management plan, assessment and treatment plan in place
- That every service holds and manage their own risk registers
- That the Clinical representatives will provide copies of their annual practicing certificates, and evidence of their professional body that they are aligned too

<u>General Business</u>

That all matters that sit outside of the core business of the core clinical will be reported back to the respective services for on-going follow through or follow up. These matters will also be reported to the implementation team, by the clinical lead for the core clinical forum. These may include;

- Workforce development issues
- Training and education needs for the community
- Funding and contracting for services
- Supervisory needs for agencies

The Terms of reference is supported by the following attachments to this document:

- Core clinical outcomes for k-oper8 dated: 19/09/2011
- Making sense of commitment document dated: 05/10/2011

Appendix D

Kawerau suicide prevention action plan: Minutes template

	Core Clinical M.D.T MINUTES

DATE:	TIME	SCRIBE:
PRESENT:	APOLOGIES:	

KARAKIA TIMATANGA

AGENDA: Core Clinical Process (Facilitated by Peta Ruha)

- Core Clinical Group to meet and discuss/ identify gaps in the process as it currently stands. Make changes accordingly (e.g. new framework process/ trauma response plan).
- Core clinical Group to develop an appropriate and practical process which ensures that the needs of whanau, friends and wider associates affected by suicide are supported clinically.
- Core Clinical Group to have an allocated member/s who sits as part of the MOE process so that information is clearly relayed from MOE to the Core Clinical Group vice versa to ensure that a plan can be co-ordinated and streamlined throughout both groups.

OUTCOME:

Discussion had with group members around:

- Having a transitional process
- Focusing on workforce development
- Staged systems from the bottom up
- Case management and mentoring model

KARAKIA WHAKAMUTUNGA:

Appendix E

Kawerau suicide prevention action plan: Definition of clinical

Making sense of our Commitment

Background

The Kawerau Suicide Action Prevention Plan is an all age's suicide prevention approach. A key theme that emerged from this strategy was the need to strengthen the clinical deliverables within the Kawerau Core Clinical forum. Making sense of our commitment is about defining what clinical means, within the context of this plan. The Bay of Plenty District Health Board contract specifications define clinical as those who hold (clinical qualifications in a health associated field, with a current annual practicing certificate and registered to a professional body).

Purpose

The Kawerau Core Clinical forums, core business is to provide a collaborative Kawerau agency prevention approach, through a multi-disciplinary treatment forum, otherwise referred to as a MDT forum. The core clinical group will be driven and led by a Kawerau agency representative that is clinically qualified as defined by the BOPDHB contract specification and the definition described below.

In the context of the Kawerau Core Clinical forum: Clinical is also inclusive of the following;

> **Clinical:** describes the continuum of therapeutic intervention from beginning to end, inclusive of pathways/strands/threads – whether they are cultural, clinical, educational or vocational. It also describes the integration of those (and the various sources and specialties of that knowledge) and the commitment to quality improvement. Therefore, Kaumatua sit as the foundations of these developments.

Scope

The Composition of the core clinical group is made up of Kaumatua and clinical representatives that sit within key agencies based in Kawerau (Tuwharetoa ki Kawerau Hauora, Te Huinga Social services, Manna Support, Pou whakaaro, Community Mental health team / Voyages, Tarawera Medical centre and the Eastern Bay of Plenty Primary health alliance). The core clinical forum acknowledges, not all providers have kaimahi who hold any clinical qualifications, and that other key agencies such as (Child youth and family, Police, and Kawerau College) are crucial to ensuring seamless service provision.

Expected Outcomes

- Fortnightly MDT forum: where all agencies will discuss cases of concern
- A case review will include: feedback about the assessment, treatment and risk management plans.
- The forum will provide critique about the treatment being provided, recommendations for follow up and identify where the provider arms can support one another
- Networking to support access to the appropriate expertise for intervention
- Follow up and review of the recommendations made from the core clinical forum
- To ensure that services that are being provided to our whanau are appropriate and safe.

Appendix F

Kawerau suicide prevention action plan: Immediate Response Team process

Kawerau Immediate Response Team (KIRT)

Purpose

The purpose of this forum is to provide an immediate debrief following contact from the Police regarding suicide (attempts, concerns and completed suicides).

Objectives

- To ensure a coordinated response for all Kawerau providers in managing suicide within the Kawerau community.
- To provide an immediate debrief to all providers, community, and support persons involved.
- To provide a safe environment for kaimahi to talk through the issues, concerns and matters arising that need to be considered.
- To ensure a coordinated provider response in supporting the whanau of concern.
- That KIT, core clinical and all key stakeholders understand that attendance at these debriefs are made a priority.

Procedure

Police notifications regarding suicide are reported to Peta or Wiel at Tuwharetoa Hauora as the first point of contact.

KIRT Team to triage the notification with the police and gather as much information regarding the incident.

KIRT to call an immediate debrief time, that is made within the 8-hour period from time of receipt of notification.

KIRT notify immediately those identified providers involved immediately, and complete an immediate one on one debrief for those who require same and or ensure an immediate debrief happens within their respective teams.

KIRT will facilitate the debriefs or a delegated to an appropriately qualified clinician.

KIRT debrief to be opened and closed with Karakia. All present are given the time each to talk about where they sit (their role, thoughts, feelings, concerns) with the suicide.

Outcome

1. That a contact person is identified to offer support to the whanau.
2. That the providers at the hui are responsible for managing the contagion within their respective services.
3. Incident to be reported to core clinical.
4. That minutes following the debrief are completed and sent to all parties.

Appendix G

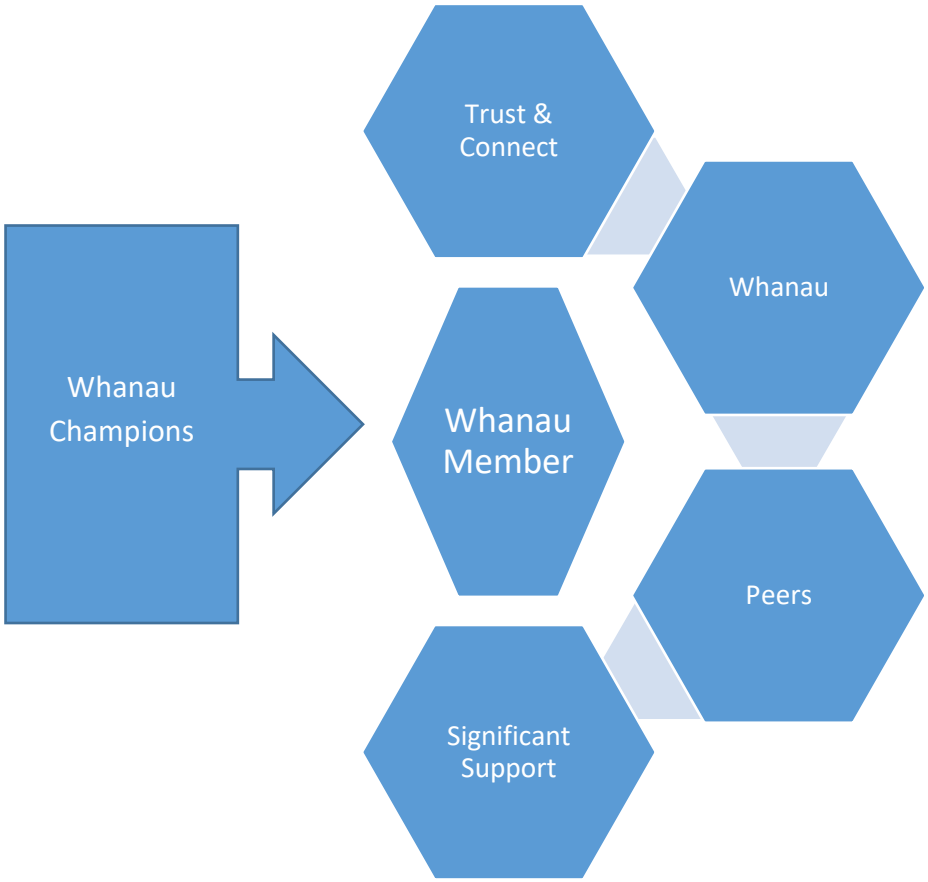
Whānau 4 LYFE plans: Takerei Ruha Whānau Trust

WHANAU 4 LYFE

Identify who your whanau member is and who they T**rust and Connect** with when they need help or when things are not ok for them.

Identify who that **"go too person is"** in the whanau, their peer groups and any other significant supports that they connect with.

"**Get Connected** with the whanau member and their champions and **Korero".**



Appendix H

Ethics approval

Te Whare Wānanga o Awanuiārangi

24th February 2016

Peta Ruha
240 Braemar Road
Awakaponga
Whakatane

Tēna koe,

Re: Ethics Research Application ERC2016.02.0075

At a meeting on 24th Feb 2016, the Ethics Research Committee of Te Whare Wānanga o Awanuiārangi considered your application. I am pleased to advise that your submission has been approved.

You are advised to contact your supervisor and the Ethics Research Committee wishes you well in your research.

Yours Sincerely

Associate Professor Paul Kayes
Acting CHAIR

Appendix I

Participant information sheet

INFORMATION SHEET

Validating Whanau in Suicide Prevention – The Whanau Model an exemplar of Kaupapa Maori and Suicide Prevention in Kawerau

RESEARCHERS INFORMATION

- Peta Ruha: 240 Braemar Road, Whakatane. 0274354994. ruha@farmside.co.nz.
- Supervisor: Virgina Warinner: School of Indigenous graduate studies Te Whare Wananga O Awanuiarangi.
- Research Topic: Validating whanau in suicide prevention, intervention and postvention through the stories of whanau from Kawerau.
- Researcher is currently employed with Tuwharetoa ki Kawerau Hauora as the clinical manager and the clinical lead for the BOPDHB suicide prevention and postvention plan.

PARTICIPANT RECRUITMENT

- Participant criteria: Those who are bereaved to suicide: who have undertaken some healing with their stories: they are currently working with whanau as a “Go To” person in helping those in need. Participants have been approached and are known to writer.
- 10 participants: this number of participants allows for a localised approach, drop off in numbers, the sensitivities are manageable in regards to working with whanau and their stories and provides for sufficient evidence to capture PHD themes.
- Where there is opportunity the researcher will seek consent to observe whanau champions in action when supporting other whanau in need, to get a greater understanding of whanau champion themes. These whanau will be referred to as whanau members. Consent will be obtained on every occasion.

- Researcher will be offered a koha to participants at the conclusion of the research.

- The researcher has access to a range of supports to assist participants where and when required, researcher has also been working in the mental health sector for the past 25 years, should you need further support following the interview or at any time during korero, please advise me.

PROJECT PROCEEDINGS

- Tape recorders primarily will be used to capture the data

- All data will be stored with both researcher and supervisor

- The information from research will be stored in a locked cabinet by supervisor and researcher and disposed 5 years later

- The PHD Summary of findings will be drafted and released with the consent of supervisor

- Participants will be identified by age, gender, whanau status and iwi affiliations

PARTICIPANT INVOLVEMENT

- Each participant will be interviewed and all discussions captured on interview question form.
- A total of 8 – 16 hours will be required of participants with regard to the research period.

PARTICIPANT RIGHTS

You have the right to:

- Decline to participate

- Decline to answer any particular question

- Withdraw from the study within the first 3 months of research

- Ask any questions about the study at any time during participation

- Provide information on the understanding that your name will not be use unless you give permission to the researcher

- To be given access to a summary of the project finding when it is concluded

- Completion and return of the questionnaire implies consent. You have the right to decline to answer any particular question.

- I also understand that I have the right to ask for the audio/video tape to be turned off at any time during the interview.

SUPPORT PROCESSES

- Researchers Supervisor: Virgina Warinner

- Kaumatua: Kapua Te Ua

- Dr Sally Davis: clinical supervisor

- Tūwharetoa ki Kawerau Hauora: support for whanau participants

- CEO Tūwharetoa ki Kawerau Hauora: Chris Majoribanks

- BOPDHB General Manager: Maori Health Planning and Funding: Janet McClean.

PROJECT CONTACTS

- Peta Ruha: 0274354994: ruha@farmside.co.nz.

ETHICS COMMITTEE APPROVAL STATEMENT

- This project has been reviewed and approved by Te Whare Wananga o Awanuiarangi Ethics Committee (ERC 2016-02-0075). If you have any concerns about the conduct of this research, please contact the Ethics Committee administrator as below:

Contact Details for Ethics Committee administrator:

Shonelle.Iopata@wananga.ac.nz

Postal address:
Private Bag 1006
Whakatane

Courier address:
Cnr of Domain Rd and Francis St
Whakatane

Appendix J

Participant consent form

CONSENT FORM

Te Whare Wananga o Awanuiarangi
School of Indigenous Graduate Studies
Rongo-o-Awa
Domain Rd
Whakatāne

Validating Whanau in Suicide Prevention – The Whanau Model an exemplar of Kaupapa Maori Suicide Prevention in Kawerau

THIS CONSENT FORM WILL BE HELD FOR A PERIOD OF FIVE (5) YEARS

I have read the Information Sheet and have had the details of study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

- I agree/do not agree to the interview being audio taped.

- I agree/do not agree to the interview being video-taped.

I agree to participate in this study under conditions set out in the Information Sheet, but may withdraw my consent at any given time.

Signature: _____ Date: _____

Full name – printed: _____

Appendix K

Interview schedule

INTERVIEW SCHEDULE

WHANAU CHAMPION TRANSFORMATIVE PRAXIS A KAUPAPA MAORI APPROACH TO SUCIDE PREVENTION, INTERVENTION AND POSTVENTION

QUESTIONS

(1) PARTICIPANTS PEPEHA:
What's your trible affiliations?

(2) PARTICIPANTS BACKGROUND:
Can you tell me about your story; map against pounamu framework.

(3) PARTICIPANTS PERSPECTIVE ON SUICIDE AS A WHANAU CHAMPION

- How have you been impacted by suicide?

(4) PARTICIPANTS UNDERSTANDING OF THE POLITICS OF SUICIDE

- What do you know about suicide?
- Have you been involved in the local SPP developments?

(5) PARTICIPANTS PERSPECTIVE ABOUT SUICIDE FROM A KAUPAPA MAORI PERSPECTIVE

- What do we do that is different when working with our own whanau?
- Who are your "Go Too" people?

(6) PARTICIPANTS INSIGHTS ABOUT WHAT WORKS WHEN WORKING WITH WHANAU WHO ARE IMPACTED BY SUICIDE

- What solutions work for whanau who are experiencing suicidal ideation and or are bereaved whanau to suicide?
- Are you currently supporting any whanau in need?
- What do you need to support you in your mahi

(7) PARTICIPANTS KEY MESSAGES WHEN SUPPORTING WHANAU WHO ARE SUICIDAL

- What are the key themes you talk about when you are supporting whanau who are suicidal?

(8) PARTICIPANTS RECOMMENDATION AND FEEDBACK ABOUT WHAT WORKS WHEN SUPPORTING WHANAU WHO ARE BEREAVED TO SUICIDE

- Do you know where to go and get help when whanau are suicidal?
- Do you have access to information to give to whanau when you are supporting them?
- What do services/ providers/ clinicians need to be doing differently when supporting whanau

Participants Signature _____

Interviewer Signature _____

Date: _____

Appendix L

Confidentiality agreement

CONFIDENTIALITY AGREEMENT

Validating Whanau in Suicide Prevention – The Whanau Model an exemplar of Kaupapa Maori and Suicide Prevention in Kawerau

CONFIDENTIALITY AGREEMENT

THIS CONSENT FORM WILL BE HELD FOR A PERIOD OF FIVE (5) YEARS

I _____ (Full Name – printed)

Agree to keep confidential all information concerning the project.

Signature: _____ Date: _____

Full name – printed:
_____