

Hoea te waka: Indigenous suicide prevention outcomes framework and evaluation processes - Part 1

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Abstract

In 2014, the first dedicated national Māori Suicide prevention approach coupled with a Pasifika programme was launched, profiled as the Waka Hourua National Suicide Prevention Programme 2014 – 2017 funded by the Ministry of Health. Te Rau Matatini, a national Māori non-government organisation and their Pasifika organisation Le Va, established and offered the programme. The "Hoea te waka: Indigenous suicide prevention outcomes framework and evaluation processes" article provides a summation of the outcomes framework and evaluation methodology utilised for the Waka Hourua National Suicide Prevention Programme 2014 - 2017 with particular focus on the 47 Māori community fund projects.

Keywords: Suicide prevention, Māori community, outcomes framework.

Introduction

In Aotearoa (New Zealand) the prevention of suicide presents as both complex and challenging. Official suicide data (Ministry of Justice, 2017) shows that suicide has continued to increase. Unfortunately, this situation infers that no single initiative or organisation on its own, has been successful in the prevention of suicide and particularly so for the Māori population (indigenous to Aotearoa). A comprehensive and coordinated approach had been recommended by the government and one that requires partnership with the community (Ministry of Health, 2013).

The New Zealand Suicide Prevention Strategy 2006–2016 (Ministry of Health, 2013), recommended cross-government suicide prevention. In addition, the strategy advocated for processes specifically relevant to Māori to build the capacity of Māori whānau (family), hapū (subtribe), imi (tribe), and communities to prevent suicide (Ministry of Health, 2013). This was to be supported by stronger leadership and culturally relevant education and training. The combined development was to address the unacceptable high prevalence of suicides experienced by the Māori population.

In 2014, the first dedicated national Māori suicide prevention approach coupled with a Pasifika

approach, the Waka Hourua National Suicide Prevention Programme 2014 – 2017 (Waka Hourua Programme) was launched. Te Rau Matatini, a national non-government organisation and their partner organisation Le Va, funded by the Ministry of Health developed the programme and completed in June 2017. The Waka Hourua programme aimed to specifically progress Action 1.1 of the *New Zealand Suicide Prevention Action Plan 2013 – 2016* (Ministry of Health, 2013) to:

- build the capacity and capability of Māori whānau, hapū, iwi, Pacific families, and communities, to prevent suicide and to respond safely and effectively when and if suicide occurs;
- ensure that culturally relevant education and training are available to Māori whānau, hapū, iwi, Pacific families, and communities that focus on building resilience and leadership;
- build the evidence base of what works for Māori whānau, hapū, iwi, Pacific families, and communities to prevent suicide, through research carried out by, with and for these groups; and
- build the leadership for suicide prevention.

Five key work streams were a feature of the Waka Hourua Programme consistent with Action 11.3 of the *New Zealand Suicide Prevention Action Plan* 2013 – 2016 (Ministry of Health, 2013):

- 1. A national voice for Māori and Pacific suicide prevention through the formation of a national leadership group of authoritative leaders in suicide prevention.
- 2. A national coordination centre for Pacific community suicide prevention. This centre will lead the development and implementation of effective, culturally appropriate, prevention and postvention resources and training to Pacific provider networks and their communities and will develop targeted initiatives for identified atrisk groups.

- 3. A national coordination centre for Māori community suicide prevention. This programme will foster local leadership, and build their capacity and capability to lead the development and implementation of whole-of-community suicide prevention plans.
- 4. A community fund to support the establishment of community based initiatives as a way to build the capacity of Māori whānau, hapū, iwi, Pacific families, and communities towards suicide prevention.¹
- A Strategic Research Agenda and one-off funding pool to build an evidence base of effective practices for Māori and Pacific communities.²

Evaluation Processes

The Waka Hourua Outcomes Framework (Figure 1) was developed by the Waka Hourua Leadership Group³ as an umbrella for the work streams as a means to demonstrate the progress, monitoring and measuring, providing evidence of the impact of the Waka Hourua Programme (Durie, 2014).

In addition, a Results Based Accountability (RBA) approach was applied to the agreed deliverables that were negotiated by Te Rau Matatini as the contracted provider. Te Kīwai Rangahau the research and evaluation arm of Te Rau Matatini was commissioned to conduct the monitoring and the RBA evaluation process established to report the achievements of the initiatives (McClintock, 2014).

Measures

The measures used in the RBA approach were set out in the RBA framework as shown in Table 1 and considered the following:

- How will you know if these results have been achieved? What will this look like?
- What new information or data do we need for our indicators or measures (data development)?
- What are the core indicators?

¹ See wakahourua.co.nz/community-fund

² See wakahourua.co.nz/research-agenda-projects

³ See wakahourua.co.nz/national-leadership-group

The aims of Waka Hourua are to:

- Reduce Maori & Pasifika suicides
- Reduce suicidal attempts
- Ease the impacts of suicide



Outcome Goal 1 'Informed, cohesive, & resilient communities'

Outcome Goal 2 'strong, secure, & nurturing whānau' Outcome Goal 3 'safe, confident, & engaged Rangatahi'

Outcome **Indicators** for policies, actions, projects, engagements





Pathways to achieve Goals: enabling policies, actions, projects, engagements

Figure 1: The Waka Hourua Outcomes Framework (Durie, 2014)

Table 1: Result Based Accountability Framework (McClintock, 2014)

	Quantity	Quality		
Inputs	How much did we do?	How well did we do it?		
	# Resources developed and accessible	# Daily/weekly/ monthly basis?		
	# Programme enrolments completed			
	# Programme pathways completed			
Outputs	Is anyone better off?	Is anyone better off?		
	# No of participants completing programme milestones	% of participants report increased awareness		
	# What resources were accessed			
	# What plans were completed			

Kaupapa Māori

A kaupapa Māori approach provided a culturally appropriate methodology to evaluate in the local context. The greatest strength of using this approach is that Māori define the processes, doing the evaluation for and about Māori, with the eventual outcome targeting and benefitting Māori whānau and their communities (Smith, 1999).

Tiro Roa

Kaupapa Māori theory and research is based on a number of key principles. At Te Rau Matatini Tiro Roa outlines a group of values and principles and practices that guide a best approach by Māori for Māori evaluation process (Te Rau Matatini, n.d.). These principles and practices include:

- Kotahitanga unity aimed at improving the health needs of Māori whānau at the community level
- Rangatiratanga authority
- Mātauranga Māori Māori knowing and understanding
- Whānaungatanga collaborative participatory evaluation processes
- Awhi Mai Awhi Atu a reciprocity process that allows information and knowledge to be transferred in a respectful and safe way
- Tino Rangatiratanga self-determination and autonomy, clarifying roles within the monitoring and evaluation process
- Whakakao a purposeful system for thinking through the issues, monitoring,

analysis, recommendations and dissemination of information.

Quantitative Approach

The Te Rau Matatini contract manager in conjunction with the internal evaluators developed a service management system and progress tools based on a RBA process to collect relevant data at agreed periods in line with individual project deliverables. These results were presented to the national leadership and the funder, the Ministry of Health. These findings were provided quarterly during the three-year duration through verbal face to face meetings and by written submissions.

Data analysis. Cumulative data was displayed at agreed upon frequencies to track the development and implementation of the Waka Hourua programme by the participating groups. Reflective comments were made about the data.

Qualitative Approach (Case study reports)

A qualitative method lends itself well to the intentions of this programme. The presumptions of a qualitative method is that it must provide a holistic contextual portrayal, and give emphasis to the uniqueness and diversity of peoples' experiences and beliefs (Patton, 1990). Like the kaupapa Māori approach, this is not a definitive statement about qualitative research, but rather, a brief outline of concepts to assist in the completion of the project. The qualitative results were presented to the national leadership and the funder, the Ministry of Health. These findings were provided quarterly during the three-year duration, through verbal face to face meetings and by written submissions.

Document Review and Analysis

Review of key Waka Hourua programme documents, and planning tools was useful in determining how the programme implementation aligned to the overall intent, design and planning stages of the programme and what happened during its implementation.

Periodic monitoring reports, programme data and internal evaluation documentation was used in the programme as developed by the Te Rau Matatini contract manager in conjunction with

⁴ wakahourua.co.nz/community-fund

the Te Kīwai Rangahau evaluators commissioned to conduct the evaluation.

Data Analysis

The following methods were identified for analysis:

- Analysis of discussion of information using key themes;
- a narrative reporting style lending to case study presentations; and
- a descriptive analysis of the quantitative data.

Māori Community Project Selection Process

In 2014, Te Rau Matatini and Le Va provided an open tender process to community groups and whānau and selected community applicants with proven commitment to Māori suicide prevention, and or wellbeing, or Māori hauora (health), or rangatahi (youth) activities, or cultural activities, or education that aligned to action 1.1 of the New Zealand Suicide Prevention Action Plan 2013 – 2016 (Ministry of Health, 2013). The Fund was a oneoff contestable fund of \$2 million established to support community-based suicide intervention project. To support this development Te Rau Matatini brought together a Māori suicide prevention expert panel that utilised a selection framework aligned to Action 1.1 that selected 47 projects4. Te Kīwai Rangahau has located the 47 Māori Community Projects under their outcome goals and their associated pathways and actions. Table A1 seen in Appendix 1, provides a cumulative record of the 47 completed evaluations. The spread of evaluations included:

- GOAL 1: Informed, cohesive and resilient community initiative (19 projects total).
 - o Primary prevention: Whole of Population
 - Secondary prevention: Targeting at risk individuals (5 projects).
 - Tertiary prevention: Minimising adverse impact (14 projects).
- GOAL 2: Strong, secure and nurturing whānau initiatives (11 projects total).
 - Secondary prevention: Targeting at risk individuals (6 projects).
 - Tertiary prevention: Minimising adverse impact (5 projects).

- GOAL 3: Safe, confident and engaged rangatahi initiatives (17 projects total).
 - Secondary prevention: Targeting at risk individuals (17 projects).

Conclusion

"Hoea te waka: Indigenous suicide prevention outcomes framework and evaluation processes" article provides a summation of the outcomes framework, an umbrella for the Waka Hourua work streams and a means to demonstrate the progress, monitoring and measuring, providing evidence of the impact of the Waka Hourua National Suicide Prevention Programme 2014 – 2017. It further details the Māori evaluation processes that were successfully undertaken as part of the evaluation of the 47 Māori community projects of the Waka Hourua programme. Both the outcomes framework and the evaluation processes conducted provide a guide for other indigenous people to replicate strengthen their suicide prevention programmes.

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Appendix 1

Table A1: Detail of the Waka Hourua Outcomes Framework

WAKA HOURUA OUTCOMES FRAMEWORK Reduce suicides Reduce suicidal attempts Minimise impacts of suicide						
PREVENTION PRIMARY	GOAL 1 Informed, cohesive, & resilient communities PATHWAY/ ACTION		GOAL 2 Strong, secure, and nurturing whānau INDICATOR		GOAL 3 Safe, confident, and engaged rangatahi	
Whole of population activities	Build community leadership networks Develop a common community agenda		Community leaders have eliminated a known risk factor Community have in place a plan to prevent and respond effectively to suicide			
SECONDARY Targeting at risk individuals	PATHWAY /ACTION Strengthen community resources including cultural, economic and social resources Kura Productions (National) Ngāti Tahu, Ngāti Whaoa,Rūnanga Trust (Lakes) Te Wamana Kaaku (Bay of Plenty) Te Rongo Toi Uru Arts (Wanganui)	INDICATOR Communities have established innovative learning pathways and suicide prevention resources	PATHWAY /ACTION Facilitate whānau engagement with each other, and to whenua Takarei Ruha Whānau Trust (Northland) Eddie Harawira Trust (Bay of Plenty) Ahipene Takuta (Bay of Plenty) Ngāti Haua (Waikato)	INDICATOR Whānau have solidified links with each other and whenua	PATHWAY /ACTION Support positive initiatives for rangatahi (culture, sport, learning, music) He Konae (Northland) Ngā Waka o Te Tai Tokerau (Northland) Tau iho i te po (Northland) Te Hauora o te Hiku o te Ika: RAID (Northland) Awareness of Suicide in Kaipara (ASK) (Northland)	INDICATOR Communities, education and health services enter into a partnership to foster positive engagement for rangatahi with learning

	GOAL 1		GOAL 2		GOAL 3		
	Informed, cohesive, & res	ilient communities	Strong, secure, and nurturi		Safe, confident, and engage	nd engaged rangatahi	
SECONDARY Targeting at risk individuals	PATHWAY /ACTION Initiate actions that meet the needs of Takatapui Tiwhanawhana Mental Health Foundation (National)	INDICATOR Communities have access to cultural education and suicide prevention resources	PATHWAY /ACTION Increase whānau access to suicide resources and service Te Hauora o Kaikohe (Northland) Facilitate whānau and rangatahi engagement with key institutions (schools, services, marae and churches Maketu (Bay of Plenty)	INDICATOR Whānau access educational opportunities and health services Whānau and rangatahi have re-established links with marae and hapū	PATHWAY /ACTION Support positive initiatives for rangatahi (culture, sport, learning, music) Otara Board's Forum Incorporated (Auckland) Hapaitia te Rūnanga o Kirikiriroa (Waikato) Te Awanui (Bay of Plenty) Ngā Kākano Trust (Bay of Plenty) Te Manu Toroa (Bay of Plenty) INNOV8 (Hawkes Bay) Tai Timu Trust (Hawkes Bay) Mahia Rangatahi toa (Hawkes Bay) PATHWAYS /ACTIONS Support positive initiatives for LGBTQ that address bullying, alienation and suicide risk amongst Māori youth	INDICATOR Communities, education and health services enter into a partnership to foster positive engagement for rangatahi with learning INDICATORS Self-care resources and programmes are available for Maori LGBTQ	

				Communication	upport groups (e- ons e Awesome	Rangatahi suicide prevention appropriate on-line resources have been developed
					ust	A leadership network is established to increase rangatahi capability, skills and knowledge to prevent suicide
TERTIARY PREVENTION Minimising the adverse impacts arising from suicide			GOAL 2 Strong, secure, and nurturing whānau			
	PATHWAY /ACTION Identify risk within communities He Waka Tapu (Canterbury) Te Roopu Tautoko ki te Tonga (Southern)	INDICATOR Community health and social service providers have established a common agenda for working with communities	PATHWAY /ACTION Build whānau capabilities to manage stres. and risk Tū Tama Wāhine (Taranaki) Waiariki Purea (Lakes) Ngā Iwi o Mokai Patea Trust (W Ngāti Kahungunu ki Wairarapa (anganui)	e developed and i	implemented a suicide prevention
	PATHWAY /ACTION Initiate actions that will reduce community risks Te Hauora o Te Hiku o Te Ika (Northland) Ngāti Hine (Northland) Te Ringa Atawhai (Northland) Raglan Community House (Waikato)	INDICATOR Communities have established a safe forum for discussing suicide prevention and resourcing	PATHWAY /ACTION Build whānau capabilities to manage self- Te Hau Ora o Whānau (Southern	barm and suicide		ts of self-harm and suicide

Rauawaawa	(Waikato)	
Ngāti Awa (Plenty)	Bay of	
Tūwharetoa Kawerau (Ba Plenty)		
Te Kupenga (Tai Rawhiti Gisborne Ra (Tai Rawhiti) pe Crisis	
Best Care (M	[anawatū]	
Aranui Sea E (Canterbury)	agles	
Ngā Kete M Pounamu Cl		