

## **WAKA HOURUA**

The symbolism of Waka Hourua, a double hulled waka, brings together Māori and Pasifika to provide a vehicle to counteract the stormy waters of self-harm and suicide amongst Māori and Pasifika communities. Each hull of the waka represents a commitment to building the capabilities and capacity of Māori whānau , hapū, iwi and Pasifika families and communities to prevent the losses to suicide.

Waka Hourua is the name given to the relationship between the **Māori and Pasifika National Suicide Prevention Programme**.

### **Objectives**

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

### **Three service components to the National Programme:**

1. The National Suicide Prevention Leadership Group
2. The National Māori Community Suicide Prevention programme
3. The National Pasifika Community Suicide Prevention programme

Te Rau Ora, a National Māori NGO focused on strengthening Māori health and wellbeing host the National Suicide Prevention Leadership Group. Te Rau ora provide Te Au National Māori Centre for Suicide Prevention (Postvention) and are growing the evidence base of what is working in New Zealand.

Le Va, a National Pasifika NGO focused on strengthening the health and wellbeing of Pacific peoples provide FLO National Pasifika Programme for Suicide Prevention.

**WAKA HOURUA**  
**An Agenda for the Prevention of Suicide**  
**Sir Mason Durie**  
**Waka Hourua Hui Fono**  
**Te Wharewaka o Poneke, Wellington, New Zealand.**

At the Waka Hourua Hui Fono on 3 March 2019, Sir Mason Durie presented ten priorities for the prevention of suicide, which were adopted by the attendees.

The first four priorities are especially relevant to supporting people who are at risk for suicide or who have been seriously affected by the suicide of a loved one. People who have lost hope, or are burdened by guilt, or are afraid to live least they are confronted with viciousness. The priorities can be described as ‘short distance’ interventions insofar as they are directed towards individuals and whānau and are a response to a degree of urgency.

The other six priorities are more closely linked to the promotion of wellbeing across whole populations so that suicide is never on the radar. They recognise the disempowering impacts of fragmentation, disconnection, and exclusion from society. They are ‘long distance’ interventions that are intended to build resilience and promote wellness across whole populations.

The ten priorities that constitute the Agenda are:

- Whanaungatanga** – trusted relationships
- Aukati taniwha** – beating the demons
- Kake wairua** – lifting the spirit
- Ahi kā** – staying connected to past & future

- Hāpori kotahitanga** – community collectivity
- Oranga whānau** – family wellbeing and resilience
- Urunga porihanga** – full participation in society
- Rautaki whakaora** – equitable strategies & policies
- Umanga ngaio** - our collective expertise
- Aranga mai** – standing with pride and confidence

**Whanaungatanga** is of high importance where there is a risk for suicide. It recognises the significance of supportive relationships that can be trusted and can lend a listening ear without making judgements – relationships with whānau, friends, workmates, peers. A further critical relationship is with front-line workers. They need to be able to tune in with the culture, language and background of those needing help and to provide a supportive relationship that can be sustained even when referral is made to another agency.

**Aukati taniwha** refers to gaining freedom from external threats to safety, threats to self-esteem, viability, and health. Threats range from alcohol and drug misuse, to domestic violence, to on-line bullying, to unemployment, and to

poverty. Creating an environment that is supportive rather than threatening is often a matter of urgency for front line workers, counsellors, navigators and others.

**Kake wairua** is about lifting the spirit for someone who has lost hope or who is filled with remorse or afraid to keep living because there has been a threat to life. Sometimes talking about it helps. But often spiritual uplifting comes from music, karakia, mirimiri, waiata and haka, swimming, or simply going for a walk with a companion. Kake wairua, lifting the spirit, is an often overlooked aspect that cannot always be addressed through conventional ‘talk therapies’.

**Ahi kā** is usually associated with retaining a visible presence on traditional lands. If no one from the whānau retains an interest, then any claim to the land lapses. Association with ‘anchors’ from the past also offer support for the future. Heritage comes in many forms. Apart from land it can include participation in traditional culture, or faith-based ‘anchors,’ or connections to whakapapa, or to a village or place that has been ‘home’ for successive generations.

**Hāpori kotahitanga** recognises the power of collective community leadership in addressing some of the causes behind suicide. When leaders are acting together, communities have the power to place limits on the number of alcohol outlets, or improve living conditions, or the sale of dangerous objects. They can be vigilant in ensuring that whānau are not placed at risk from dangers in their community.

**Oranga whānau** is about having cohesive and nurturing families that can lead to resilience and positivity. Whānau span the generations and bring together the very young with the very old. They are at the heart of a life-course approach to wellbeing and for retaining tikanga, te reo, and other aspects of culture. By fostering open communication within the family, they can help defuse situations before they become overwhelming.

**Urunga porihanga**, inclusion in society, is important for the development of self esteem, friendships, and connectedness. Inclusion also refers to inclusion in education, in the economy, in wealth creation, in opportunities for good health, for employment and for decision-making at all levels. The opposite of *Urunga porihanga* would see individuals and families living in relative isolation and being exposed to disadvantage and discrimination.

**Rautaki whakaora** highlights the importance of policies, strategies, and legislation that contribute to health and wellbeing, or by their default, lead to marginalisation and disparities. At a national level, government policies are important for wellbeing, but the policies espoused by Iwi, local authorities, Māori and Pasifika organisations, marae, schools, health and social services, also contribute to a living environment that can increase equity and champion resilience.

**Umanga ngaio** is a reminder that suicide prevention, at local or distant levels requires a workforce that is relevant, competent, culturally aligned, influential, and accessible. Given the importance of a collective approach, shared training

programmes between community agencies, Māori and Pasifika services, District Health Boards, Primary Health Organisations and primary health care have the potential to build a uniform and integrated approach that will reduce fragmentation and confusion.

**Aranga mai** recognises the influence that rangatahi can have as future leaders. When they are grounded in their own cultures and equally confident in the ways of the wider world, they are well placed to embrace the future with confidence and to understand the highs and the lows, the pitfalls that can be avoided and the opportunities that can be realised.

Together the ten priorities make up the **Waka Hourua Agenda**. It is submitted for sharing and to add to current knowledge about suicide prevention. It brings together priorities for front line workers whether they are help-line counsellors, peers, talk therapists, navigators, family therapists, general practitioners, Kaupapa Māori practitioners, or Pasifika health and social workers. And it also highlights six priorities that can lead to wellbeing at a community level and in the process address many of the determinants of suicide.

**Whanaungatanga** – trusted relationships  
**Aukati taniwha** – beating the demons  
**Kake wairua** – lifting the spirit  
**Ahi kā** – staying connected to past & future

**Hāpori kotahitanga** – community collectivity  
**Oranga whānau** – family wellbeing and resilience  
**Urunga porihanga** – full participation in society  
**Rautaki whakaora** – equitable strategies & policies  
**Umanga ngaio** - our collective expertise  
**Aranga mai** – standing with pride and confidence

Te Rau Ora and Le Va are happy to provide further information about the Waka Hourua Agenda.

Te Rau Ora: Dr Maria Baker (CEO) [maria.baker@terauora.com](mailto:maria.baker@terauora.com)

Le Va: Dr Monique Faleafa (CEO) [monique.faleafa@leva.co.nz](mailto:monique.faleafa@leva.co.nz)