

Hawke's Bay Suicide Prevention Three Year Plan

1st July 2018 to 30th June 2021

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1.0 EXECUTIVE SUMMARY

Suicide Prevention is a complex phenomenon that requires a multifaceted approach to reduce the occurrence of suicide, minimize the harm caused by suicide and to empower communities to build individual, whanau and community resilience by promoting strengths based messages, providing access to community training and increasing access to services.

The Suicide Prevention Networks (SPN) vision and purpose for suicide prevention in Hawke's Bay are:

SPN Vision: Zero Suicides in an equally healthy and positive Hawke's Bay Community

SPN Purpose: To work collaboratively to create the change needed to achieve our vision

The SPN understands Zero Suicides to be an aspirational goal and acknowledges the international research supporting a quality improvement framework and culture change across an entire organization (Mokkenstorm et al, 2017). Zero Suicides for the SPN intends to influence and support culture change (ie: reducing stigma and suicide prevention is everyone's business) within services, departments, agencies and workplaces by first role modeling and ensuring the ethos of cultural change within the Suicide Prevention Plan (SPP).

A SPP is a requirement of the Ministry of Health (MOH), as well as an important way to create focus for the Suicide Prevention Network (SPN) in Hawke's Bay. The key drivers for the SPP are;

- Suicide is avoidable
- Suicide is disproportionately higher in rangatahi Maori, aged from 15 to 24 years and men of working age 25 to 65 years
- Māori youth are 2.8 times more likely to take their lives compared to that of non-Māori
- In Hawke's Bay suicide is the second highest condition of amenable mortality for Maori and total population.

Furthermore, the SPN believes the strategic directions within this plan contributes to the outcomes of the following strategic documents in Hawke's Bay:

Vision:

Zero Suicides in an equally healthy and positive Hawkes Bay community

Purpose of Suicide Prevention Network:

To work collaboratively to create the change needed to achieve our vision

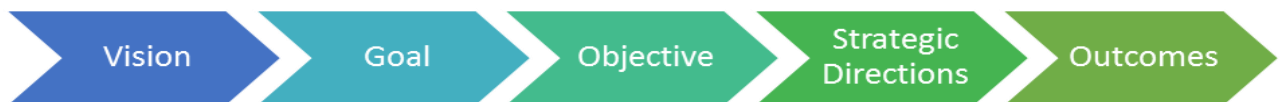
- Hawke's Bay Matariki Social Inclusion Strategy vision is "Hawke's Bay is a vibrant, cohesive, diverse and safe community, where every child is given the best start in life and everyone has opportunities that result in equity of outcomes".
- Hawke's Bay Alcohol Harm Reduction Strategy's overall goal is "Healthy communities, family and whānau living free from alcohol-related harm and inequity"

Contribution to the Hawke's Bay SPP has been acquired through various avenues, all attempting to take account of the needs of the community and services participating in the suicide prevention space. It has been developed following consultation with a range of stakeholders and considerable thought to all the valuable feedback and suggestions provided. We certainly hope that the SPP, to the best of our ability reflects the consultation completed. Please see Appendix One: Consultation for more detail.

Feedback has been sourced from:

Where and By	Who?	How many?
<u>Waitangi Day</u> Directions Youth Services and Te Kupenga Hauora	<ul style="list-style-type: none"> • Those who attended Waitangi Day event and choose to take the survey 	123
<u>Flaxmere College</u> Principal and School Staff	<ul style="list-style-type: none"> • Students of Flaxmere College, who choose to complete the survey 	112
<u>Suicide Prevention Workshop</u> HBDHB	<ul style="list-style-type: none"> • Suicide Prevention Network members and representative agencies, local leaders and community groups 	20
<u>Suicide Prevention Network</u>	<ul style="list-style-type: none"> • Government Departments • Non-Government Organisations • Hauora Providers • Community Members 	Three meetings variable numbers

The SPP has been set up inside a logic model framework with four key goals, strategic directions and outcomes.



The strategy has four key goals:

1. Empowering and Enabling Communities
2. Accessible Suicide Prevention Training
3. Strengthen and Improve Post/Prevention Processes
4. Address the Suicide Prevention Needs of Targeted Populations

2.0 BACKGROUND

Suicide prevention and postvention work in Hawke's Bay was initiated in November 2013. The Hawke's Bay DHB agreed to lead a coordinated effort with the creation of a Suicide Postvention Coordinator role. The Suicide Postvention Coordinator role was initially tasked to seek membership for Suicide Postvention Network and to develop postvention procedures to help guide agencies after a suspected self-inflicted death occurs. It has taken considerable time building relationships, creating collective ownership, creating and implementing collaborative initiatives and generally working better together across sectors, with Hauora Providers, Non-government organisations and communities.

In 2017, the Suicide Postvention Network transitioned to a SPN successfully acquiring a full time permanent Suicide Prevention Coordinator role with a small budget to support prevention activities. This support and commitment from the members allows the network to work in the prevention space working with communities, developing local resources, promoting local and national services, working closely with other government agencies and creating a collaborative plan intending to connect to communities, whanau and individuals. Furthermore, the SPN values the ability to create relationships with communities that encourages partnership, resilience and to create a pro-social environment that makes it ok to ask for help.

The Hawke's Bay Suicide Prevention three year plan acknowledges that there is a national inquiry into mental health and addiction services and one of its key drivers is the "stubbornly high suicide rates". The inquiry recommendations may require that our Suicide Prevention Plan be reviewed, however that should not stop regions from forging ahead and developing plans. The inquiry is due to be completed by October 2018.

Furthermore, it is also important to acknowledge the absence of a national suicide prevention plan and although the Ministry of Health suggested an interim plan would be seen as appropriate, the Suicide Prevention Network in Hawke's Bay had initiated considerable planning and consultation. Therefore, if a national suicide prevention plan and the mental health inquiry recommendations require changes to the SPP, we will address that as it occurs.

3.0 CURRENT SITUATION & SWOT ANALYSIS

A Suicide Mortality Review Committee (SuMRC) was formed from the New Zealand Suicide Prevention Action Plan 2013 -2016 with the intention of trialing a specific mortality review committee that focuses on suicides to; improve understanding of contributing factors, possible patterns and where the interventions points were in the overall context of each situation (Suicide Mortality Review Committee, 2016).

Due to the high proportion of suicide rates, SuMRC focused on three population groups;

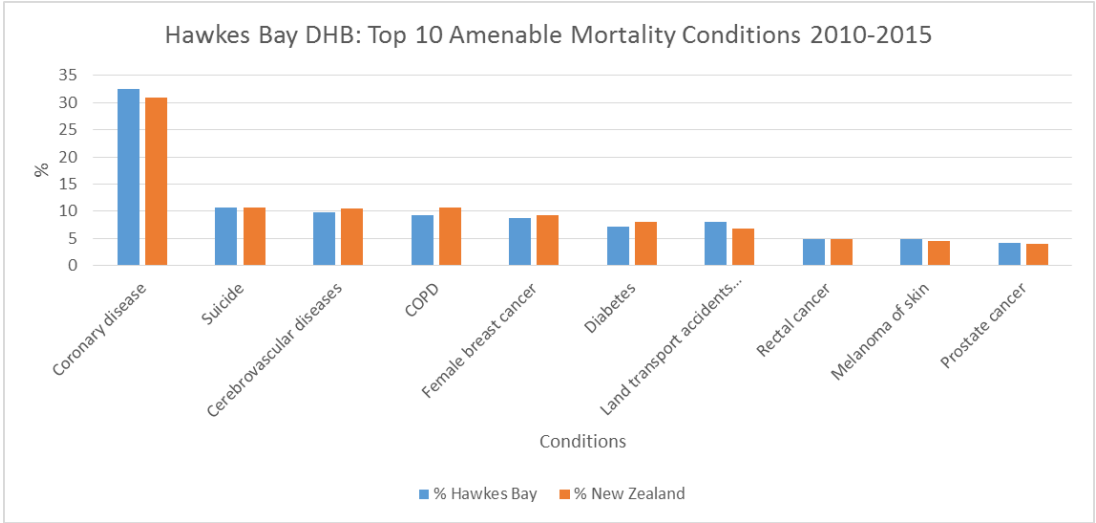
- Rangatahi Maori 15 to 24 years of age,
- Mental Health Service user in the year prior to death and
- Men of working age 25 to 64 years of age.

In addition, SuMRC also noted that there are overlaps between the three groups with both Rangatahi Maori and Men of Working age men having some representation as mental health service users in the year prior to death. Although the data for the three population groups were gathered from the years 2007 to 2011, the population groups continue to have stubbornly high rates of suicides compared to

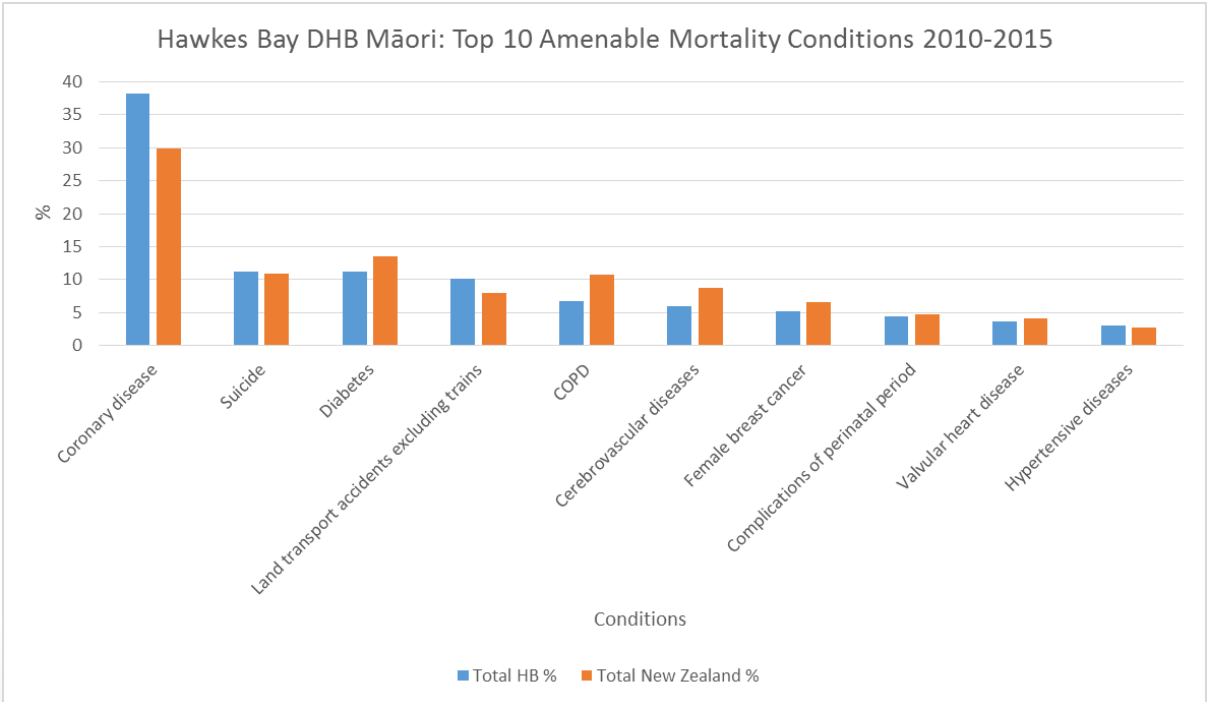
other groups. The SuMRC findings suggested that certain factors already known about suicide were prevalent such as;

- Those who identified as Māori were overrepresented and predominantly lived in low decile areas
- 30% of working age men group and 40% of the mental health users group were unemployed at the time of death
- Two thirds of the suicides occur at home

According to the Nationwide Service Framework Library (2015), Hawke's Bay from 2010 to 2015, Suicide is second highest reason for amenable mortality (premature death) for those aged 0 to 74 ages.



It also is the second reason for premature deaths for Hawke's Bay Māori aged 0 to 74 years of age from 2010 to 2015.



SWOT ANALYSIS

It is important to identify the strengths, weaknesses, opportunities and threats to suicide prevention work from a SPN perspective versus the Hawke's Bay DHB specifically. The strengths and weaknesses will focus on the SPN itself and the opportunities and threat focus on those external to the network. Such analysis gives the network an insight to its dynamics and mitigate against any weaknesses and threats whilst monopolizing on the strengths and opportunities.

Suicide Prevention Network Strengths	Suicide Prevention Network Weaknesses
<ul style="list-style-type: none"> • Building strong cross sector relationships • Shared outcomes • Infrastructure to support suicide prevention and cross sector work • Wide stakeholder involvement • Connection to national Suicide Prevention Coordinators • Ministry relationships 	<ul style="list-style-type: none"> • Conflicting priorities • Maintaining focus when suicide requires multiple approaches • Consistent cross sector or stakeholder funding • Onerous communication system (operational level)
External Opportunities	External Threats
<ul style="list-style-type: none"> • Community led approach • Growing stakeholder network • Collaborative initiatives • Increased awareness • Shared ownership and accountability 	<ul style="list-style-type: none"> • Lack of understanding of members/network role and responsibilities • Copious stakeholder meetings causing confusion and cross over

4.0 GOALS

This SPP has utilized a social ecological model (Stone et al, 2017) to provide a framework that responds to four levels of risk and protective factors. Each of the levels suggests that there are risk factors that contribute to suicide risk and in contrast provides a framework for focusing on the protective activities to minimize suicide risk.

- Individual level: this is personal to the person such as mental illness, addiction, health conditions
- Relationship level: is external to the person although closely relative to them such as a violent relationship isolation, history of suicide.
- Community level: is the effect of lack of access to services, lack of social capital in a community.
- Societal level: is the effect society can have on an individual or group of people such as stigma associated with mental health, media and firearms policies

You will see that the four levels described below have been aligned to the four goals within the SPP.

GOAL ONE: EMPOWERING AND ENABLING COMMUNITIES			
Community level			
Supporting Evidence: Enabling communities to create local initiatives to manage the complexities of life specific to their region can build social capital and increase a community's resilience (Stone et al).			
Objective			
Provide guidance, expertise and connections to community groups and support them to implement wellbeing initiatives and strengthen relationships with providers including public sector services			
Strategic Directions:			
<ul style="list-style-type: none"> • Provide access to evidenced based wellbeing messages • Participate in local community meetings • Provide access to local training and education • Provide opportunity to connect communities with public sector services and other Providers 			
Outcomes			
<ul style="list-style-type: none"> • Communities express an increased understanding of wellbeing • Communities confidently apply evidence based wellbeing messages to local events • Community feel partnered by the HBDHB to deliver on wellbeing initiatives 			
Activities	Measures	Timeframes	
<ul style="list-style-type: none"> • Partner with District Councils to work alongside Communities • Identify community plans that align with suicide prevention • Attend meetings and provide suicide prevention/wellbeing support and guidance • Events workshops for the community • Create Communications Plan 	<ul style="list-style-type: none"> • Three communities identified 	<ul style="list-style-type: none"> • One new community identified annually 	
	<ul style="list-style-type: none"> • Attend 10 community meetings/per community identified 		
	<ul style="list-style-type: none"> • Three community plans that align to suicide prevention 		
		<ul style="list-style-type: none"> • Two event workshops held 	<ul style="list-style-type: none"> • One event workshop held every 18months
		<ul style="list-style-type: none"> • Support six suicide prevention/wellbeing events 	<ul style="list-style-type: none"> • Two suicide prevention/wellbeing events each year
		<ul style="list-style-type: none"> • Three Results Based Accountability frameworks completed 	<ul style="list-style-type: none"> • One RBA framework completed per community
		<ul style="list-style-type: none"> • Three Communications Plan 	<ul style="list-style-type: none"> • One Communications plan per annum
GOAL TWO: ACCESSIBLE SUICIDE PREVENTION TRAINING			
Societal level			
Supporting Evidence: Bean et al (2016) suggests that positive suicide prevention results can be seen with "Gatekeeper Training" that is robust in research is evaluated and accessible by teachers, parents, first responders and faith leaders. Some of the results were raising awareness, reducing stigma, increased knowledge regarding risk and protective factors, increased help seeking behaviours and where to go for appropriate support.			
Objective			
Provide equitable access to suicide prevention and wellbeing workshops for Community and Professionals			

Strategic Directions		
<ul style="list-style-type: none"> • Work with Mental Health and Addictions expertise to create and deliver training • Ensure training is accessible and available throughout the year • Provide access to gatekeeper training that is applicable to various communities and frontline staff • Ensure professionals from all sectors has access to suicide prevention and wellbeing workshops 		
Outcomes		
<ul style="list-style-type: none"> • Participants express an increased level of confidence and competence to utilise learning • Community are able to provide immediate support to people expressing suicidal thoughts or plans • Equal access to mental health and addictions services ie: Māori versus non-Māori 		
Activities	Measures	Timeframes
<ul style="list-style-type: none"> • Create and facilitate evidenced based community suicide prevention workshops led by Suicide Prevention Coordinator and MH&A Services • Evaluate workshops HBDHB workshops • Promote MOH funded suicide prevention training designed for community or professionals 	<ul style="list-style-type: none"> • 50 people complete community suicide prevention workshops 	Three workshops per year - MHAS
	<ul style="list-style-type: none"> • One evaluation report completed for community suicide prevention workshop 	One evaluation report with feedback from participants (at least 50) per/annum
	<ul style="list-style-type: none"> • 50 people attend MOH funded gatekeeper workshops 	Report annually
	<ul style="list-style-type: none"> • Mental Health Credentialing 10 Practice Nurses 	Report annually - MHAS
GOAL THREE: STRENGTHEN AND IMPROVE POST/PREVENTION PROCESSES Relationship and Individual level		
Supporting Evidence: Ensuring people bereaved by suicide have support addresses the high levels of stress, anxiety, depression experienced during this difficult time and can reduce the negative health impact for individuals (Spillane et al). Furthermore, Bean et al (2016) suggests approaches that are multifaceted, addressing the social, health, justice, education, peer aspects of a youths life can be successful at producing community-wide behaviour change		
Objective		
Improve approach by reviewing post/prevention processes and strive for consistent best practice		
Strategic Directions		
<ul style="list-style-type: none"> • Utilise best and safe practice guidelines to inform post and prevention processes • Promote multi-disciplinary/cross sector approach • Appropriate actions are taken to practice within the parameters of legislation • Acquire Mental Health and Addiction Services expertise to inform best practice 		
Outcomes		
<ul style="list-style-type: none"> • Those bereaved by suicide are offered support within 48hours of receiving notification • Best Practice process provides strong clinical guidance for LRT members • LRT members have a clear understanding of the role and responsibility at this network. 		
Activities	Measures	Timeframes

<ul style="list-style-type: none"> • Ensure people bereaved by suicide have access to appropriate support • Review terms of references for the suicide prevention network to align to best practice • Create best practice guidelines and processes for the Local Response Team • Review membership of the Suicide Prevention Network and be inclusive 	<ul style="list-style-type: none"> • Monitor and report on the number of notifications received 	Report Quarterly
	<ul style="list-style-type: none"> • 100% of those bereaved by suicide have been offered support within 48 hours of receiving a notification. 	Report Annually
	<ul style="list-style-type: none"> • Annual postvention reflective practice session held 	Review and report annually
	<ul style="list-style-type: none"> • Local Response Team Postvention/Prevention terms of reference and review completed 	Annually – MHAS Participation

GOAL FOUR: ADDRESS THE SUICIDE PREVENTION NEEDS OF TARGETED POPULATIONS

Individual Level

Supporting Evidence: SuRMC feasibility study found that both Rangatahi Māori and Working Aged Men had an overlapping number of people who represented in the Mental Health Service user group. Therefore suggesting that multiple target population approaches is needed to appropriately address the breadth of the population.

Objective

Ensure suicide prevention activities target young Maori youth aged 15 – 24 years, Mental health service users and men of working age, aged 25-64 years participate and lead suicide prevention activities

Strategic Directions

- Messages are tailored, consistent and align to regional and national messages
- Support communities to promote wellbeing
- Pursue and support policy issues that impact suicide rates (ie; alcohol harm reduction, mental health inquiry)
- Supporting workplaces to create a pro-social environment for asking for help

Outcomes

- Workplaces creating pro-social behaviour policies
- Reducing the stigma around mental health and suicide
- Work with local council to promote safer communities

Activities	Measures	Timeframes
<ul style="list-style-type: none"> • Promote services including e-therapies, online and face to face services • Ensure Suicide Prevention Network members reflect Māori youth, mental health service users and men of working age for 	<ul style="list-style-type: none"> • Number of wallet cards and posters distributed 	Report six monthly
	<ul style="list-style-type: none"> • Number of Māori youth, mental health service users and men of working aged members on the suicide prevention network 	Report six monthly

suicide prevention network • Support annual youth led workshop to define youth needs and adapt plan or approach as required • Consult with target populations • Support workplace based initiatives by providing suicide prevention and wellbeing workshops • Research Zero Suicides quality improvement framework	• One youth led workshop per year	Complete and report annually
	• Number of workplaces participating in wellbeing workshops <ul style="list-style-type: none"> ○ Workplace based training ○ Consistent key messaging 	Report six monthly
	• Complete consultation	Report annually
	• One outcome report investigating Zero Suicides quality improvement framework	Report in 2019 - MHAS

References

Bean, G., & Baber, K. M. (2011). Connect: An effective community-based youth suicide prevention program. *Journal of the American Association of Suicidology*, 41(1), 87-97.

Mokkenstorm, J. M., Kerkhof, A. J. F. M., Smit, J. H & Beekman, A. T. F. (2017). Is it rational to pursue zero suicides among patient in health care? *Suicide and Life-Threatening Behaviour*. 1-10. <https://onlinelibrary-wiley-com.helicon.vuw.ac.nz/doi/epdf/10.1111/sltb.12396>

Nationwide Service Framework Library. (2015). Amenable mortality SLM Data. Retrieved from <https://nsfl.health.govt.nz/dhb-planning-package/system-level-measures-framework/data-support-system-level-measures/amenable>

Spillane, A., Larkin, C., Corcoran, P., Matvienko-Sikar, K., Riordan, F., & Arensman, E. (2017). Physical and psychosomatic health outcomes in people bereaved by suicide compared to people bereaved by other modes of death: A systematic review. *Bio Med Central Public Health*. 17(1), 1-16.

Stone, D.M., Holland, K.M., Bartholow, B., Crosby, A.E., Davis, S., & Wilkins, N. (2017). *Preventing Suicide: A Technical Package of Policies, Programs, and Practices*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

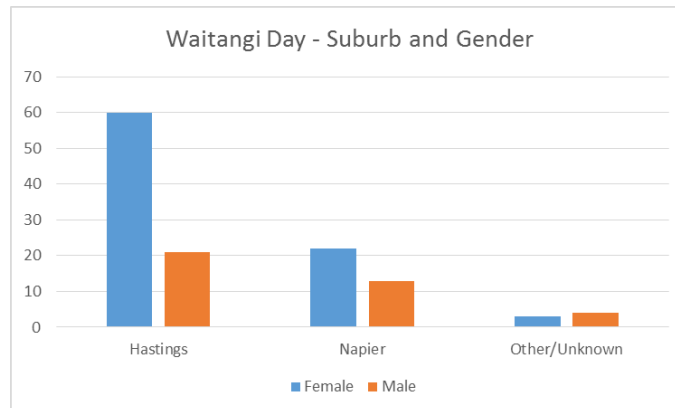
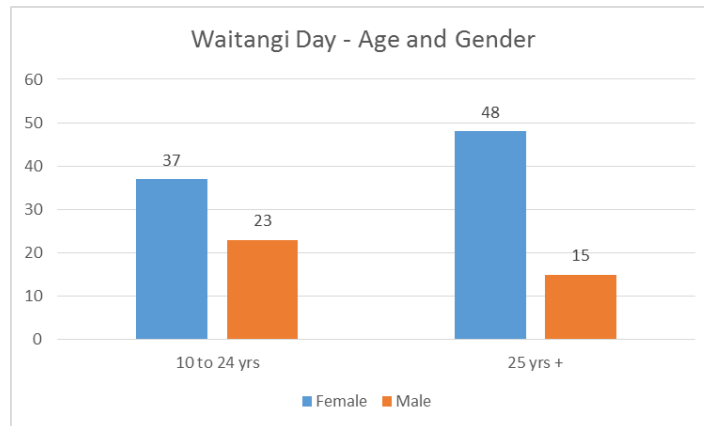
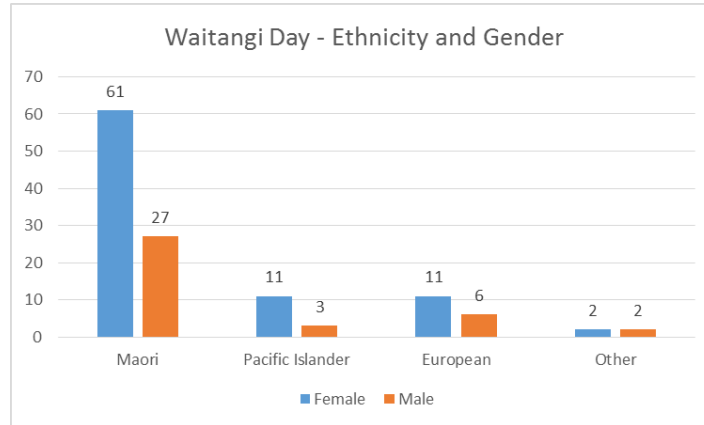
Suicide Mortality Review Committee. (2016). *Ngā Rāhui Hau Kura: Suicide mortality review committee feasibility study 2014-15*. Wellington: Suicide Mortality Review Committee.

APPENDIX ONE: CONSULTATION

Waitangi Day

Surveys were completed at the Waitangi Day event at the Hawke's Bay Regional park. The event is held by Ngati Kahungunu Iwi Incorporated where Providers are encouraged to set up stalls to engage with whanau. The next round of surveys were completed by Flaxmere College students facilitated by the College and led by their Principal. Lastly a workshop was held at Te Aranga Marae inviting the Suicide Prevention Network, local Māori Relationship Board, Te Puni Kokiri and community groups.

A total of 123 people completed the survey asking "Our end goal is to reduce the number of suicides in Hawke's Bay. How can we enable people to manage challenges in life"? Below is a summary of those who participated.

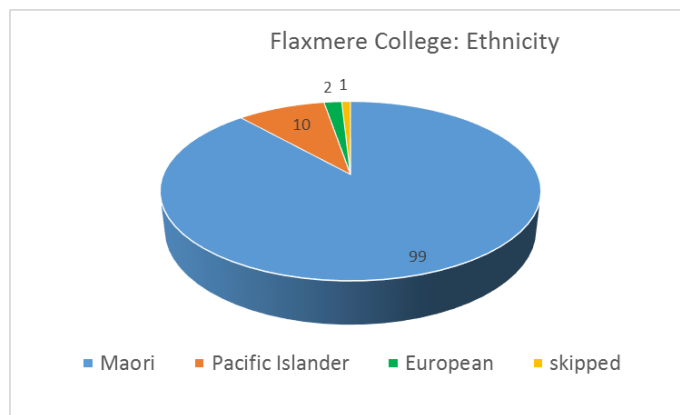


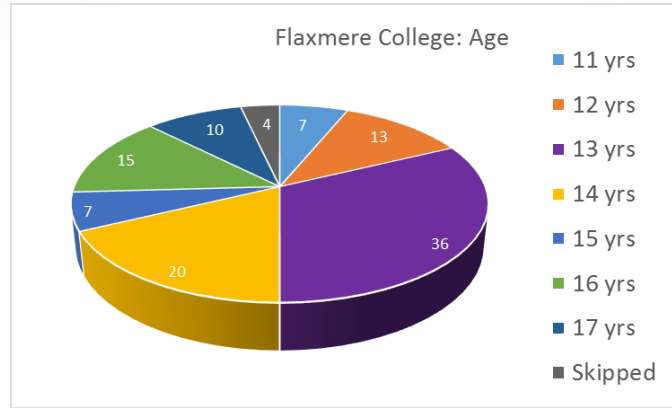
We asked them “Our end goal is to reduce the number of suicides in Hawke’s Bay. How can we enable people to manage challenges in life”? We analysed the information they gave us to identify the trends.

- More Support – for both survivors and whanau, and community worker/support people ie: key worker at Mental Health
- Community Events – builds more awareness, talk more about SUICIDE
- Youth Events – to raise awareness, build networks, youth involvement
- More availability for free mental health services – no-judgmental service, encouragement, build resilience/confidence, 1737 numbers/helplines and understanding
- Education – more information about suicide, go into education services (mainstream/alternative education), expos, budgeting advice
- Workplace activities – help reduce stress level, physical activities, relationship/team building
- Stop supply of drugs/alcohol
- TALK MORE

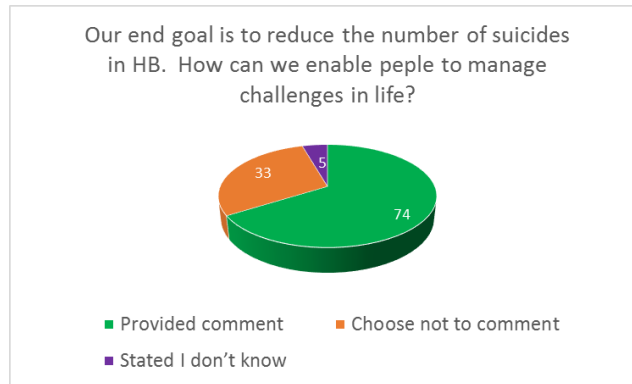
Flaxmere College

Thank you to the Principal of Flaxmere College for supporting 112 students to completed the survey. We value youth voice and hope that the below graphs accurately describes who participated and a summary of their thoughts.



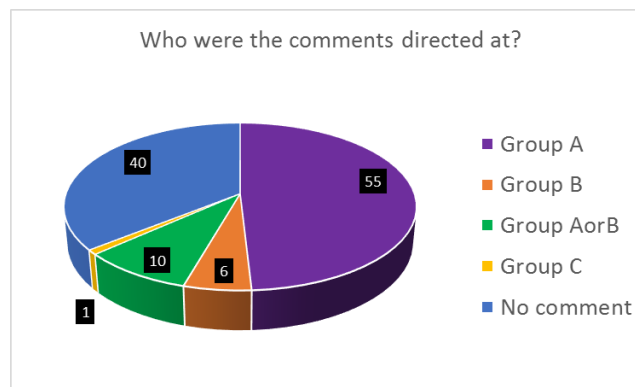


We asked them “Our end goal is to reduce the number of suicides in Hawke’s Bay. How can we enable people to manage challenges in life”?

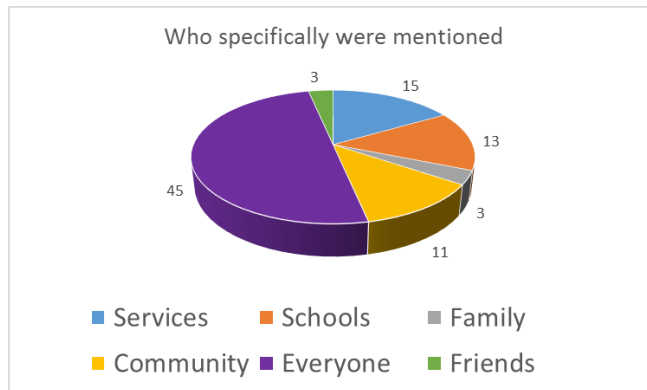


The comments provided were then categorised to determine who the comments were directed at.

Group A	Comments about what others can do (including community, friends, family, services, schools)
Group B	Comments about what an individual experiencing the low mood or suicidal can do
Group A or B	Comments that could be for individuals and others in general
Group C	Other



Group A consisted of services, schools, family, community, friends and everyone in general terms. The below pie graph shows the frequency in which one was mentioned.



Key theme's emerged from asking participants "Our end goal is to reduce the number of suicides in Hawke's Bay. How can we enable people to manage challenges in life"? The key themes were chosen depending on how often they were mentioned. In some cases one comment may have mentioned two or three themes and therefore each theme is counted once. The top three themes were talking, be helpful and lastly more support (specifically services) equally as prevalent as school based approaches. Below are examples of the comments made along with the complete list of themes in order of popularity.

Theme	Comments
1. Talking	"Talk to them" "help them or talk to them or tell them to try stay positive" "Talk About It"
2. Be Helpful	"Stop people from bullying and have more people trying to help others" "Be helpful to all people"
3. More Support	"Enable by group/communities support" "More support services, youth group activities"
4. School based approach	"Go to schools and talk to the students" "Teach in School"
5. Listen	"Take time to listen about their thoughts" "Listen to them if they talk to you don't turn a blind eye and walk away just listen to them"
6. Be Kind	"Give them comfort" "Treat people how you want it to be"
7. Stop Bullying	"Stop bullying, stop people on fb trying to put people in suicidal position and help them thought rough times" "You could ban bullying"

The remaining themes included removing social media access, have a place to go, suggestions on how to improve service process or pathways, keep everyone positive and more activities and events.

Suicide Prevention Workshop

**SUICIDE PREVENTION WORKSHOP
CREATING A VISION AND PURPOSE**

Suicide Prevention Workshop was held on Thursday 12th April 2018 at Te Aranga Marae. Twenty people attended and were representatives from Police, Health Hawke’s Bay, Te Taitimu Trust, Hastings District Council, Hawke’s Bay DHB, Directions Youth Services, Maori Relationship Board, Wharariki Trust, Family Works, Te Taiwhenua o Heretaunga, Talk to Me Community Group, Youth Council and community members. Pre-reading was provided to the suicide prevention network, however most of the community members were not part of the suicide prevention network and therefore did not receive the pre-reading prior to the workshop.

The discussion at the workshop was very robust highlighting simple solutions that with stand the length of time such as talk to me, listen to me and be kind to me. This “back to basics” solution supported what Flaxmere College youth told us when asked “what was needed to empower people to manage the challenges of life”. Strong thoughts on the impact of colonisation, ongoing oppression of mainstream systems and the lack of service/s capacity and ability to address the individual, whanau or community needs provided a great deal of robust discussions for participants as well the personal responsibility to step up. Furthermore, the group agreed that Iwi involvement and visibility was required.

Participants were clear that the intention of this workshop was to create a Vision and Purpose for Suicide Prevention in Hawke’s Bay. However, they were also clear that action is needed to reduce the number of suicides. In addition, community representatives also demanded the need for constant community engagement or representation. Therefore it was agreed to invite community participants to be part of the Suicide Prevention Network to share a community perspective and actively participate in the suicide prevention space for Hawke’s Bay.

Lastly, the adoption of the Matariki Hawke’s Bay Regional Social Inclusion Strategy and its vision was discussed. The development of the Matariki Hawke’s Bay Regional Social Inclusion Strategy was created based on community views from six different types of workshops, of which four were open invitation. It is because of those synergies and almost identical views between that strategy and this workshop the suggestion to adopt the Matariki Hawke’s Bay Regional Social Inclusion Strategy and the vision statement was made. Their vision statement is “Hawke’s Bay is a vibrant, cohesive, diverse and safe community, where every child is given the best start in life and everyone has opportunities that result in equity of outcomes”. Furthermore, it is important to mention that Ngati Kahungunu Iwi is a member of the Governance group responsible for the Matariki Hawke’s Bay Regional Social Inclusion strategy.

Given the robust discussion three activities were completed. The first was splitting the participants up into four groups. They were then asked to discuss and write down “What do we want the future to look like?”. The second activity required the four groups to then review other group’s thoughts and tick the words or phrases that best resonate with them. Finally, the top five words or phrases that had the most ticks were shared with the wider group. Below is the detail from that process.

It was agreed that the detail be collated and sent to you as participants to determine the vision and purpose statement. Please note the following:

- Vision = what future are we hoping to achieve. It should be aspirational, bold and strengths based
- Purpose = what is our (suicide prevention network, community) intention?

GROUP ONE	GROUP TWO
What does the future look like? <ul style="list-style-type: none"> • Healthy community • Drug Free Communities • Whanau Driven Services • Building Emotional Resilience within whanau and communities • Zero Suicides in our Communities 	What does the future look like? <ul style="list-style-type: none"> • Positive Parenting • Positive Whanau • Positive Community • People living to their potential • Crime Free

<ul style="list-style-type: none"> • Changing community Culture to empower each other and look after each other • Well- Educated communities know how to make good choices decision's • Awareness of peoples trial and tribulations • Understanding people and community – Get rid of prejudices • Whanau that are supported to be together and grow together • All Whanau have the basics for life – kai, clothing, housing, warm and dry • All whanau have access to safe and suitable housing • Compassionate communities that are free from physical and verbal violence or isolation • Active meaningful communities – the drive to make things happen “inclusive and safe” • All whanau have access to education that is safe and appropriate for their needs • Silos working together in partnership 	<ul style="list-style-type: none"> • Circle of your Peoples – your besties, your own, your whanau • Positive Talk – open ears, eyes. Shut the mouth, Listen. • Top Quality FREE education • Positive Parenting – budgeting and paying bill skills (rents), life skills • Permanent Employment, No Poverty, Housing, Open Marae • Colour Free • Being Courageous • Drink Free – Party Houses • Drugs Free • Technology Gaming, late nights – Parenting • Strengthening whanau and members • Teach at school, whanau budgeting • Growth, Te Reo connecting with identity • Mahi would be ideal instead of temporary or seasonal • Health Access – Cheaper Access. Healthy Whanau, whanau activities, oneness • Healthy homes • Colonized World – Decolonized
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GROUP THREE	GROUP FOUR
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<p>What does the future look like?</p> <ul style="list-style-type: none"> • Strengthening the Foundation • Healthy Homes/Gardens • Access to tools and resources • Whanau gatherings, events and markets • ZERO Suicides • Safe Zone/Place <ul style="list-style-type: none"> ○ Community – Home: 24 hour shifts ○ Tea and Coffee always there ○ Community members to be there to talk to those that walk in – just general conversations ○ Resources there so if it's a serious situation the person there know who best to contact • Whanau Champions • Empowered and Autonomous whanau • Fun • Individuals • ZERO – no child poverty 	<p>What does the future look like?</p> <ul style="list-style-type: none"> • Equal • Healthy Whanau • Right and Strong Leadership • Te Whare Tapa Wha • Happy, Safe, Contented Tamariki • AROHA • Mana within, mana without • Kapa Haka – (cultural involvement) • Need to go back to our Iwi, Hapu, Marae • 100% Good Parenting • Connected • Engaged • Thriving, Loving, Supportive, SAFE, Well Led, PRIDE • Community is Thriving all around
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<ul style="list-style-type: none"> • Happy Children • Engagement • Community involvement - Connectedness • Self-esteem rather than Resilience • Pride • Courage • Multi-systemic approach • Health Promotion • History not reality • Whanau Involvement • Bottom Up Approach • Zero Movie – 20years time 	<ul style="list-style-type: none"> • No Gang's – No need. Whanau and Parenting Support • Everyone reflects Pride • Community Colour – Gold (Champion colour)
<p>Each of the Groups Top Answers to “What does the future look like?”</p>	
<ol style="list-style-type: none"> 1. Strengthen the Foundation – Community, Whanau and Individual 2. Healthy Homes – Back to Basics, including the soil 3. Access to Resources – whanau ora, parenting 4. Whanau and Community Events 5. Zero Suicides 	<ol style="list-style-type: none"> 1. Health and Drug Free Communities 2. Whanau Driven Services that can build emotionally resilient whanau 3. Zero Suicides
<ol style="list-style-type: none"> 1. Positive Parenting which will create 2. Positive Whanau which will create 3. Positive Communities which will create violence free communities 	<ol style="list-style-type: none"> 1. Everybody in the community is Equal – Equality 2. Strong Leadership 3. Safe and Contented Tamariki 4. Te Whare Tapa Wha 5. Healthy Whanau – across everything