



# Growing Collective Wellbeing

Whanganui, Rangitikei, Ruapehu


## A whole of community

whole of systems approach to the prevention of suicide

2021–2024

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***Tangi wheoro te hau i waho rā,  
tangi momori te ngākau a tāngata,  
Pūtongatonga te ao, Pūwatawata te ao,  
Ngā mate ōku ake o mua rā e...***

**Winds howl outside my dwelling, as if to give voice to my heart's mournful regret,  
(That like my skin) the world outside is scarred, and pockmarked, (Etched) lessons  
of self-afflictions past...**

These words convey both despair and at the same time hope for a better future focused on self-responsibility. They are a composite of words expressed through pao – short, impromptu and topical songs sung by kuia one might hear at any given hui where emotions are stirred by a political proposition. Hence the observation of the composite kuia that the world's state corresponds with her life's experience. In so doing she accepts her place as both victim and perpetrator of the frail state of humankind. Her scars, both literal and figurative, serve as reminders of the folly we must avoid continually repeating.

The honesty and sense of self-responsibility is inspiring. As indigenous people, how easy would it be to place blame solely at the feet of the coloniser? Fault lies there, certainly. The message for us all is that change will only come about if we all accept our role and responsibility to bring about that change. If the victim is capable of such honesty, what does that say to us all?

**Gerrard Albert**

Chair, Ngā Tāngata Tiaki o Whanganui

# He mihi aroha

**Ka haumārō te mōteatea ake ki te ranga tupua ka rūpeke ki te waro hunanga.  
Tiraha ake i te mahora o Rangiātea ki runga.**

To the communities of Whanganui, Rangitikei, Ruapehu rohe we thank you for joining the conversation, sharing your thoughts, experiences and ideas. To those whānau, families with lived experience who shared your stories of loss and sorrow, confusion and pain – we hold your stories gently and respectfully. We are grateful to have shared this space so others can learn from you and be inspired to act differently.

To Iwi, Māori leaders, community champions, front-line professionals – thank you for being open to the conversation, being honest about the professional challenges and systemic issues overshadowing any good work being done at the coal-face. We appreciate your genuine concern and commitment to serve your communities.

To the Whanganui District Health Board CEO and Board – for your brave decision to shift the development of this approach into the community – to value the communities' experience and perspective so a new way of thinking and designing prevention could be found.

We were humbled by the consistent showing up of people to join this conversation, fuelled by a deep concern and compassion for their community.

# Hope

This approach to suicide prevention holds hope within it. It is not the plan of all plans that solves the wicked issue of suicide. It would be crude to think we could find all the answers to that in just 18 months. It is however, an approach that reflects a collective willingness to shift the dial, to do something different and to ensure we understand this is a call for real radical change. Radical change means changing our thinking, narrative, and practices – from welfare to wellbeing, from loss to love, from intervention to prevention. To that end, this plan is co-designed and coordinated through a social innovation lens.

To craft a truly community-led response we ensured funding was not the driver of anyone's commitment. Not yet anyway. Instead we focused on leveraging the existing willingness, strategies and movements of change. Woven together by the community voice and the lived realities of whānau, families.

There are a lot of moments in the design of this plan where the journey took a few detours and made some massive pivots. In our years of working with community champions, leaders, and changemakers the pivots end up becoming the biggest learning curves. COVID-19 has been one of them. We are grateful a whole of community – whole of systems approach requires agility and adaptability.

No such co-design process would exist without that type of mindset!

**Let us never under-estimate what it takes to create a movement for positive change.**

# Our Co-Design Challenge Questions

**How might we grow community and system capability for change?**

**Are we prepared to transform our current capacity to impact change?**

# Our Co-design Journey



# New Zealand's Reality

**The total number of suicides in NZ is unacceptable.**

- The total number of suicides in NZ is unacceptable.
- With a total of 654 deaths in 2019-20 the provisional suicide rate was 13.01.
- The suicide rate for men in 2019 -20 was 19.03 (471) while for women the rate was 7.18 (183).
- However, the attempted suicide rates for women were significantly higher, compared to attempts by men.
- Suicide rates amongst Māori are disproportionately high and increasing. At 20.4 (157) per 100,000 pop.
- European and other are at a rate of 12.08 (414) per 100,000 pop. significantly lower than that of māori.
- There appears to be a significant correlation between deprivation (social & economic) and suicide. Suicide rates amongst the lower socio-economic groups are substantially higher and increasing.
- Suicide rates are higher in rural areas of 16 per 100,000 pop, people compared with 11.2 in cities.
- **Youth suicide rates are increasing.**
- **Rates for serious self-harm are increasing.**

## Our Current Reality

This approach of co-designing this strategy signals a change in how we address suicide prevention. Suicide is known as a 'wicked' problem. It is complex. It requires numerous concurrent approaches that are nuanced and carefully calibrated, along with effort and focus that is highly coordinated and sustained.

As it stands, suicide rates in the Whanganui District are too high. The wellbeing of citizens and their whānau/families in the District is not where we want it to be. Despite good intentions, hard work and dedication, we are not achieving the results that we want to. We need to do better.



Over all context  
June 2019/June 2020  
provisional statistics by  
numbers and rates per  
100,000 population

- Whanganui **10/14.62.**
- Māori **3/16.06.**
- Māori men rate 25-29 was **highest.**
- Pasifika have **very low** rates of suicide in Whanganui.

Intentional self harm is a  
mal-adaptive coping mechanism  
indicating young people in  
distress and coping with the  
distress in an unhealthy way

The following statistics  
are serious self harm  
hospitalisation rates  
for youth 10-24,  
Whanganui Regional  
Health Network

- Self harm has been rising since 2018 amongst **15-19** with **42 incidents** in 2020.
- Females are **most prevalent** as they are in attempted suicides.
- Māori are most prevalent as they are in attempted suicides and suicides.
- Between the ages of **10-14** we had **3** in 2020, zero prior.
- **20-24 yrs** has been variant with **21** in 2020.

Source:

- National minimum Dataset (NMDS, Estimated N.Z resident population within statistics NZ projections, WHO Standard population ( Self harm hospitalisation rates).
- Annual Provisional suicide statistics for deaths reported to the coroner 2020.

# Key Insights at a Glance

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**1** | Young people are looking for positive role-models, experiences and environments where they feel loved, valued and free from judgement. They believe this will help them to become confident, well young adults.

**2** | Communities are seeking wellbeing solutions that connect to their culture. A Māori worldview supporting preventable approaches can help nurture identity, wellbeing and connectedness.

**3** | People struggle to reach out for help and share through fear of being judged, shamed, or bullied.

**4** | Health practitioners are aware they are not coping with the growing demand for mental health services. The sector feels overwhelmed.

**5** | Communities are not sure how to get support and where to go for support. People feel services are difficult to find then hard to relate to.

**6** | People find it almost impossible to express their thoughts and ask for help when they are feeling distressed and unwell. Often people are unable to articulate their needs.

**7** | People feel restoring community spirit, increasing connectivity and commitment to each other can help to increase collective well being.

**8** | Many people are living in an extreme state of stress and trying to cope on their own. Intergenerational trauma, financial burden, or violence are some of the common stressors communities are worried about.

**9** | Men are struggling to fit into a particular type of male narrative that has been historically prescribed. Engulfed in the shame of not fitting in amongst their peers is a contributing factor to harmful behaviours.

**10** | Families want support when navigating the grieving process. They need to share what they are going through.

# Our Strategic Approach

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## Our Vision and Outcomes

Our people are enjoying high levels of wellbeing. This is evidenced by the reduction in suicides and suicidal behaviours.

Our system of support for those at risk is joined up, responsive, accessible, and highly effective.

**Our approach and impact are sustainable.**

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## Outcome One



### More Wellbeing

Vulnerable people live in well communities. Communities have increased protective factors and the professional sectors have increased understanding of how to reduce the compounded weight of risk factors.

## Outcome Two



### Less Suicides

Through the strategy we are seeking to reduce suicide numbers in our region, the rate of suicide, the level of suicidal behaviour, and the level of serious intentional self-harm. In doing so we not only materially help those at risk, but we also ease the burden and negative impacts these behaviours can have on whānau/families and the broader community.

# Our Mission

**We are the wellbeing movement, courageous in our collective efforts to reduce suicides in our region.**

## Delivering Value Together

**This approach offers value in numerous ways**



It allows us to bring more resource to bear on this important challenge.



It allows us to leverage local knowledge and local lived experiences.



It allows us to leverage individuals and organisations who are better positioned to achieve influence and impact.



It allows us to leverage a greater number of networks and relationships. We get greater and richer contributions from a wider range and a deeper pool of people.



It allows us to share and distribute the workload.



It allows us to better align the different aspects of the system toward common goals.

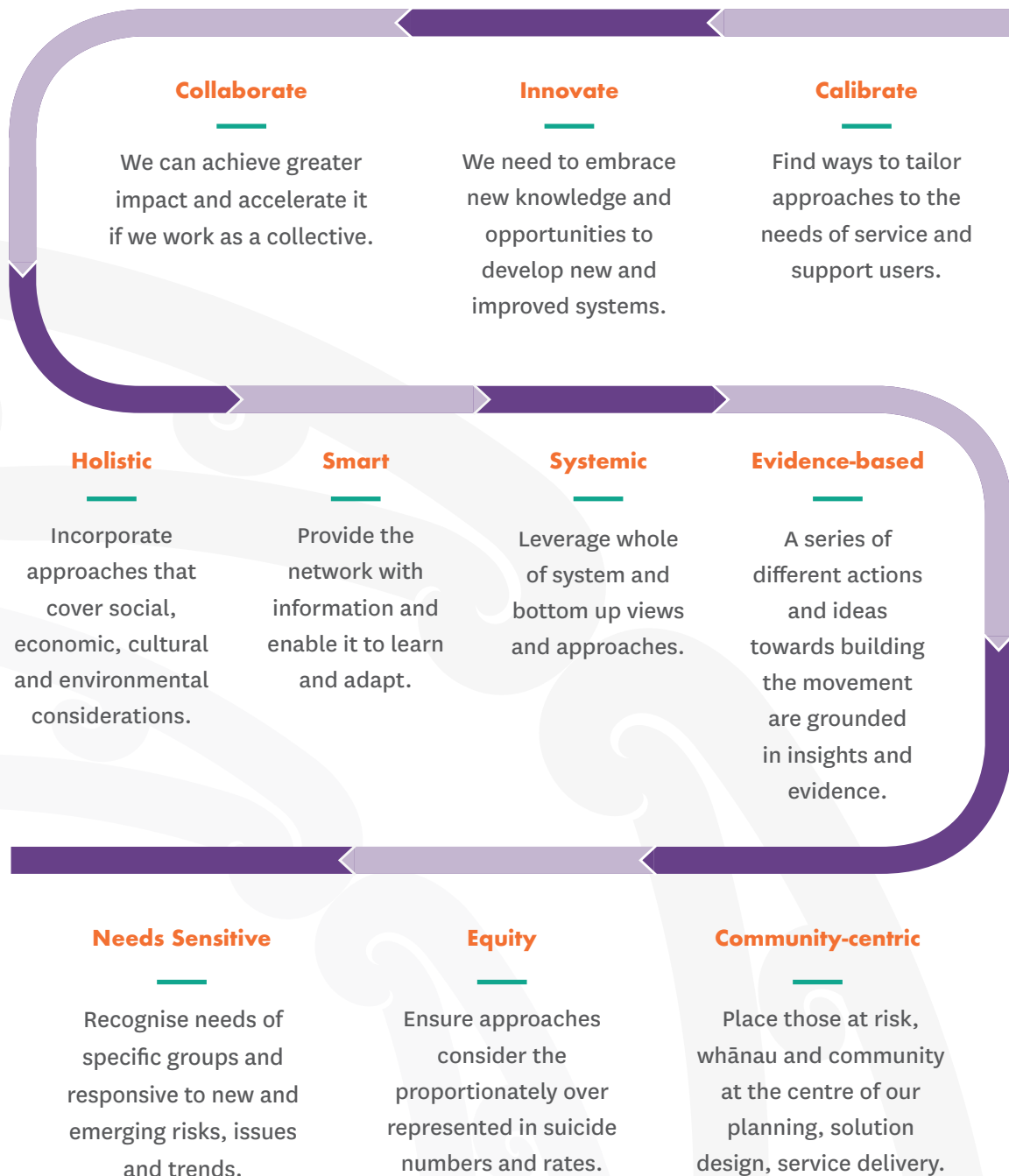


By considering the value we can create through each of the building blocks we can map the aggregated value to understand whether we are delivering to the vision.



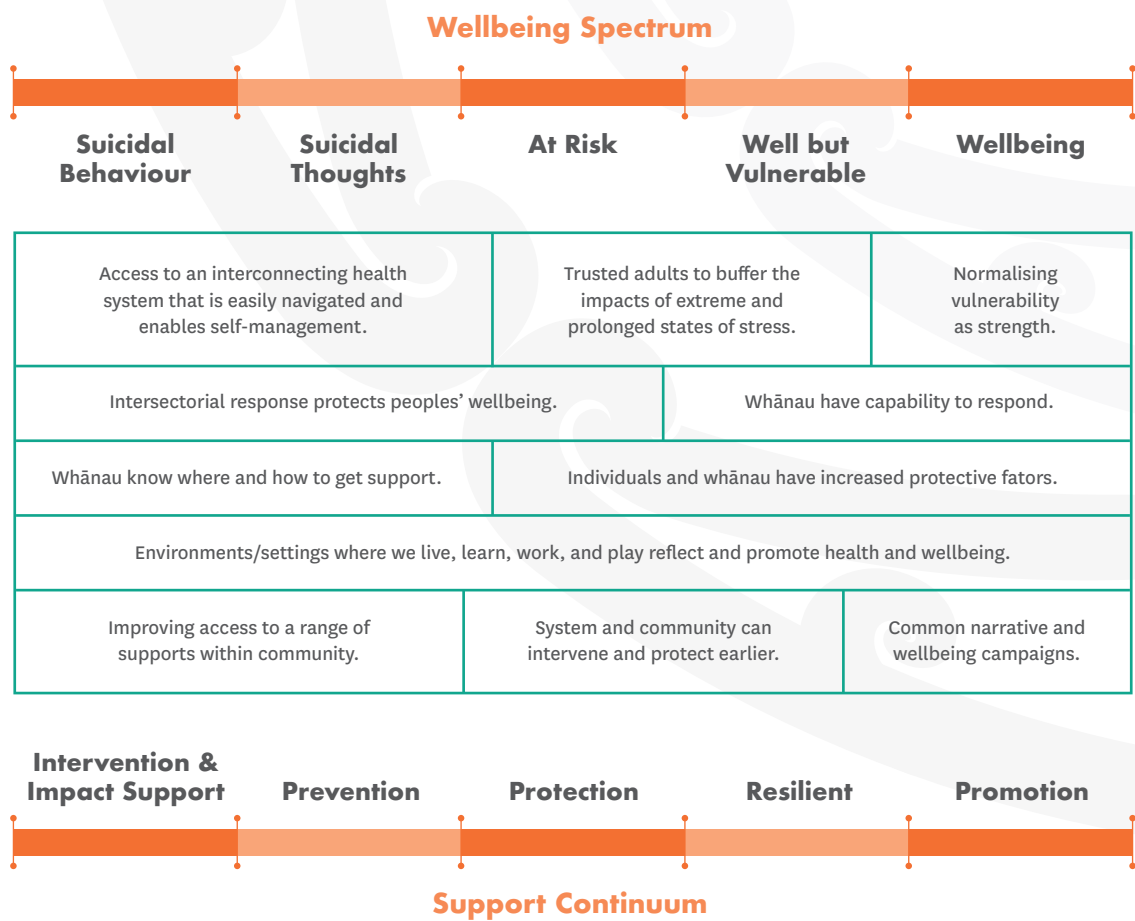
Allows different stakeholders to see where they contribute and their part in the movement.

# Our Shared Values



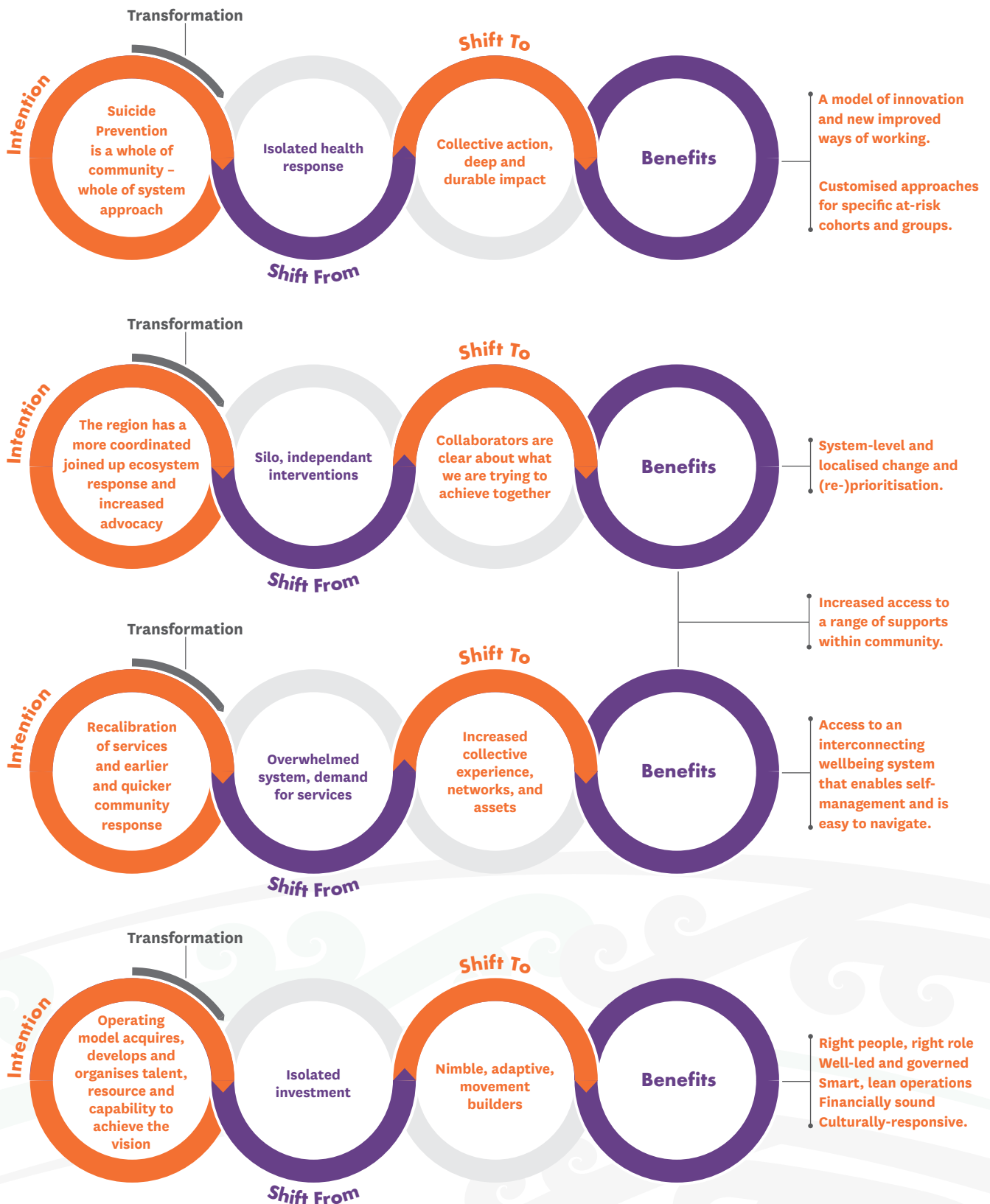
# Our Future Reality

We can amplify and accelerate our impact through stakeholders and community working together across the wellbeing spectrum and the continuum of support.



# Strategic Shifts

For a more coordinated response to occur a series of strategic shifts is described and prescribed.





# What will we do first?

## Phase One Traction Plan 2021–2024

Phase One initiatives can generate momentum and demonstrate how we grow the system and community capability and transform current capacity to impact change.

**Child Health & Wellbeing**, Reduce the compounded weight of toxic stress for whānau, families.

**Prevent Alcohol and Drug Related Harm Advocacy**, innovative service and community design.

**Māori Systems and Knowledge**, Māori-led design of preventions and narratives.

**Regenerative Placemaking**, to regenerate social inclusiveness and increased connectivity.

**Prevention of Family Harm**, leverage existing regional Family Violence networks to identify collective wellbeing solutions.

**Wellbeing Responders**, All front-line staff are trained as wellbeing responders.

**Regional Strategies**, Te Kōpuka Strategy, Safer Whanganui, Thriving Communities.

**The Art of a Great Referral**, Co-design of common narrative and referral pathway.

**Community-led Service Design**, Co-designing improved pathways to mental health and wellbeing services.

**Changing the Narrative**, Collective wellbeing campaigns and raising awareness of the protective factors.

**Real Time Data**, Improve data collation, analytics and dissemination of actionable intelligence.

# Create the Conditions for Change

The Traction Plan (Phase One) includes the enablers for launching and scaling the collective approach.



# Backboning movements for impact

Containers for Change	Community Aspiration	Authentic Engagement & Partnership	Leverage and Momentum	Strategic Learning & Reflective Practice
<ul style="list-style-type: none"> <li>Kaupapa-driven.</li> <li>Values diversity, creates brave space.</li> <li>Deeply cares about and works with those who have lived experience.</li> <li>Fails forward, learns by doing, disciplined in the chaos.</li> <li>Storytelling.</li> <li>Biodegradable.</li> </ul>	<ul style="list-style-type: none"> <li>"Nothing about us without us!"</li> <li>Based on community values and goals.</li> <li>Includes those not in traditional seats of power.</li> <li>So ambitious it cannot be mistaken for BAU.</li> <li>Creating new narrative to inspire positive change.</li> </ul>	<ul style="list-style-type: none"> <li>High trust, non-competitive principled.</li> <li>Negotiates the exchange of value rather than funding-only approaches.</li> <li>Enables power-sharing.</li> <li>Facilitates collective intelligence and collective action.</li> </ul>	<ul style="list-style-type: none"> <li>Removes bureaucracy so pace and depth become viable choice.</li> <li>Understands and works to address systems change.</li> <li>Prioritises actions that generate movement.</li> <li>Leans in to tension, positive disruption.</li> <li>Produces artefacts.</li> </ul>	<ul style="list-style-type: none"> <li>Has real time feedback loops.</li> <li>Maps the progressive wins.</li> <li>Acknowledges assumptions and mental models.</li> <li>Regular quality reflection to improve practice and wellbeing.</li> <li>Disseminates actionable intel.</li> </ul>

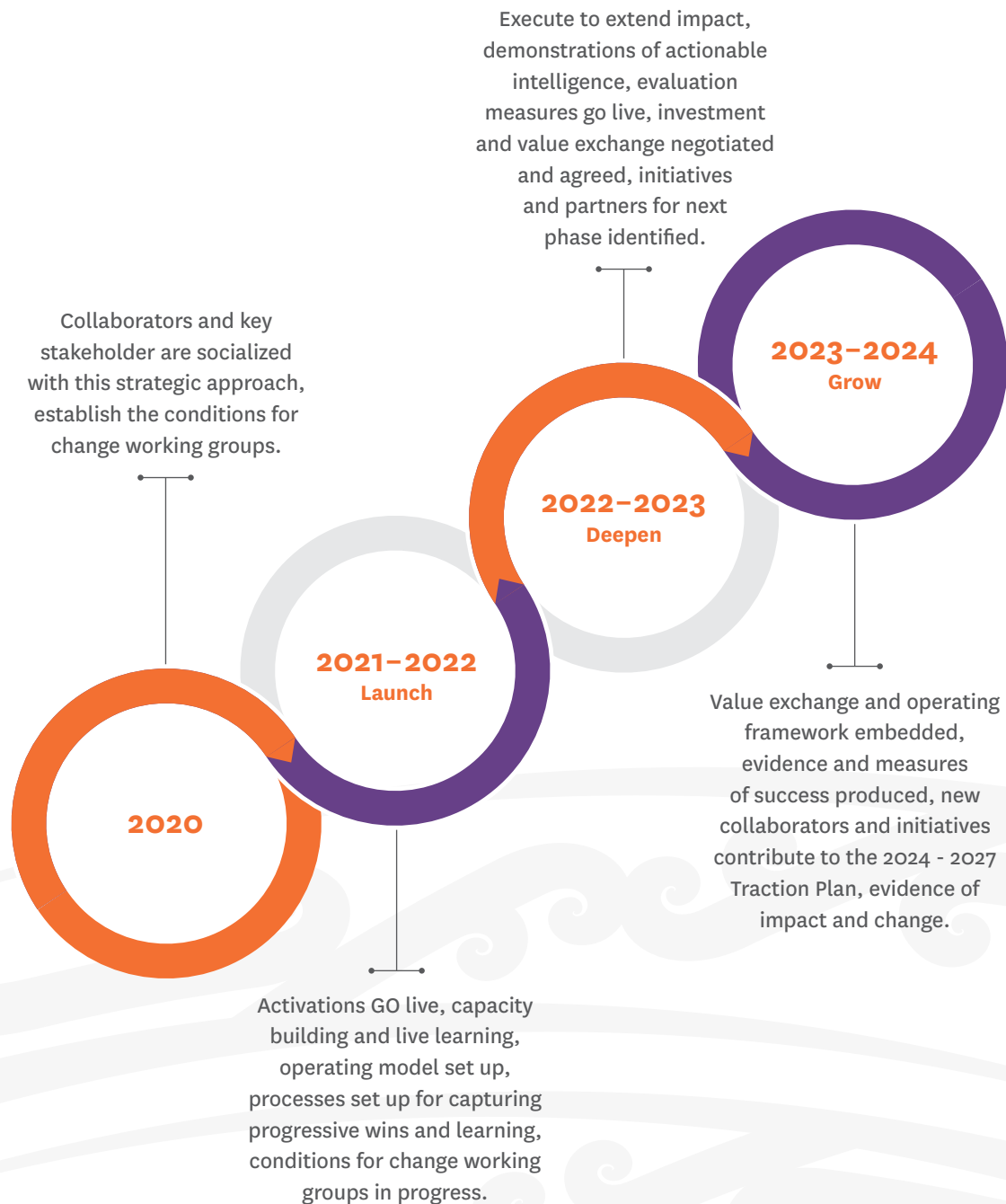


Collective Impact 3.0 adapted to Aotearoa New Zealand context by CALLED and CIA (The Change & Innovation Agency).  
Cabaj, M., & Weaver, L. (2016). Paper: Collective Impact 3.0. Tamarack Institute.

# Horizon Setting

For the Growing Collective Wellbeing strategy to scale beyond the short term an iterative approach is needed to build capability and capacity beyond the start up phase. To ensure momentum is maintained the horizons overlap, or run concurrently.

## Phase One





# Call to act

**Our value proposition is that we can amplify and accelerate our impact through stakeholders and community working together across the system.**

It will take a whole of community-whole of system approach to grow individual and collective wellbeing.

If you are interested in joining the movement then contact **Marguerite McGuckin**.

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# Growing Collective Wellbeing

Whanganui, Rangitikei, Ruapehu

**If you are interested in partnering  
and would like to find out more  
about this kaupapa please contact:**

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