

**Addressing the Challenges of Young Māori Women Who Smoke:
A developmental evaluation of the phase two demonstration
project**

Evaluation Report

September 2018

Report information

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Tuku mihi ki a koutou katoa.

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Executive summary

Smoking is the single leading preventable cause of early death in New Zealand and Māori smoking is significantly higher than smoking in the general population. The combined effect of tobacco control interventions has seen the daily smoking rate decrease from 18.3 percent in 2007 to 13.8 percent in 2017. However, the decrease has not been equally shared across all New Zealanders. Significant inequalities remain for Māori – particularly for young Māori women aged 18 to 24 years.

Addressing the problem of young Māori women who smoke is a major priority for the Ministry of Health (the Ministry). The Ministry began to unlock new insights into the complexities surrounding the lives of this group of women with phase one, *Exploring Why Young Māori Women Smoke*.¹ Since then, phase two – *Addressing the Challenge of Young Māori Women Who Smoke: A co-design*² demonstration project – has been conducted with the overall aim of helping the Ministry to identify new ideas and areas of opportunity that could positively impact on the rate of smoking among young Māori women, narrow the existing age and ethnicity disparities and halt the transference of smoking across generations.

Approach

The phase two study employed a co-design process and prototyping workshop with four kaupapa Māori health and social services providers, three of which had current contracts with the Ministry to deliver stop smoking services. Specifically, the project sought to design and test prototypes or testing a first example of a new approach to determine if, and how, stop smoking services can better reach and enable young Māori women to reduce harm, stop smoking and remain smokefree.

ThinkPlace provided coaching and mentoring in the design phase. The evaluators walked alongside providers, supporting reflection, learning and adaptation and facilitating real-time evaluative feedback over the duration of the project.

The four providers were supported over a period of eight months (November 2017 to June 2018) to design and test a smoking cessation prototype with 54 young women and to reflect on and adapt their prototype in response to the needs of the wāhine Māori (Māori women). The table lists the four providers, outlines their design responses to the phase one insights and summarises their prototype approaches.

¹ Ministry of Health with ThinkPlace. 2017. *Exploring Why Young Māori Women Smoke. Taking a new approach to understanding experiences of people in our communities*. Wellington: Ministry of Health.

² Co-design is about engaging stakeholders and end users in the design process, with the idea that this will ultimately lead to improvements and innovation.

Provider	Design response to the phase one insights	Prototype approach
<p>Ngā Kete Mātauranga Pounamu Charitable Trust Invercargill, Southland</p>	<ul style="list-style-type: none"> • Provide strategies to reduce stress during pregnancy and parenting with education and support when giving up • Provide positive rationale to give up smoking and stay connected to be there when wāhine are ready • Wāhine-led strategies for work, recreation and whānau contexts 	<p>Ngākau Manawa (1) Targeted hapū (pregnant) wāhine and those with small children. Initial concept marae-based noho, with weekly follow-up; adapted to tailored individual support over 12 weeks Murihiku Young Persons Learning Centre (MYPLC) (2) Working with wāhine at an established school for teenage parents, one hour per week for four weeks</p>
<p>Te Wakahuia Manawatu Trust Hauora Palmerston North, Manawatu</p>	<ul style="list-style-type: none"> • Support wāhine to give up smoking in supportive environments that include strengths-based and whānau-centred mātanga (coaches) and Whānau Ora navigators • Multiple strategies for engagement and flexible choice in programme activities 	<p>Kia Hauora te Wharetangata Te Ara Whānau Ora model involves a holistic whānau- and wāhine-led process of setting a vision and goals. Noho marae involving culturally relevant activities with experienced facilitators and follow-up group sessions</p>
<p>Tui Ora New Plymouth, Taranaki</p>	<ul style="list-style-type: none"> • Strategies to make quitting social and fun and to make non-smoking more social than smoking • Wāhine-led with a holistic, whānau focus 	<p>Lifestyle Disruption Led by a Whānau Ora team, working with wāhine individually and collectively through monthly group wānanga</p>
<p>Turuki Health Care Mangere, South Auckland</p>	<ul style="list-style-type: none"> • Focus on supporting the wāhine with their Whānau Ora aspirations • Provide a fun, positive, peer-supported and activity-based environment and remove emphasis on smoking as a medical problem 	<p>Te Ara Tika – HAU ORA Wāhine Wellness Programme 12-week group-based programme meeting twice per week. In three phases with a strong emphasis on holistic care to become smokefree. Initial concept was for one facilitator with support; this grew to four experienced facilitators</p>

Profile of participants

Of the 54 young women who participated in the prototypes:

- 47 were Māori and 7 were non-Māori
- 52 were aged between 17 and 24 years, and 2 were older than 24 years
- 33 had one to four children, 2 had five children and 19 had no children
- 9 were pregnant

- 18 were in full-time employment, 21 were full-time caregivers, 3 were not in paid employment, 4 were tertiary students and 8 were secondary students³
- all 54 young women had tried quitting at least once, and most had tried two or more times.

Wellbeing outcomes

Women and providers identified a range of emerging outcomes including:

- increased self-confidence, self-esteem and self-belief
- strengthened ability to develop plans and set goals
- greater awareness of personal and whānau options and opportunities
- new or strengthened connections to people, information and services
- reduced isolation
- fewer experiences of domestic violence and increased knowledge of strategies and support services
- lower stress and greater knowledge of strategies to manage and mitigate stress
- improved relationships with partners, children and whānau.

Some women reported outcomes of:

- decreased anxiety and depression
- reduced alcohol consumption and drug use
- more money to meet day-to-day expenses and to provide for their children and themselves
- improved parenting skills and improved relationships with children
- pride in providing smokefree environments for their children, being motivated to quit and successfully quitting.

From being homeless, two women and their children have been assisted into accommodation. Another woman was assisted to re-enrol her children in early childhood education, with a debt repayment plan developed to pay off outstanding fees to the early childhood centre.

Prototype elements that supported young Māori women to stop smoking

The key prototype elements that supported young Māori women to stop smoking were:

- ***a holistic wellbeing approach*** – looking to address whole-of-life issues facing young Māori women and addressing smoking cessation within this context
- ***reframing quitting in the context of living well*** – using goal-setting and planning processes to identify and prioritise personal and whānau wellbeing goals that are important to the women
- ***being responsive to the needs of women with priorities set by the women*** – employing a ‘whatever it takes’ mentality when responding to engagement issues and supporting women to lead their own development and set their own priorities
- ***making non-smoking more attractive than smoking*** – creating positive, social and supportive environments for the women by facilitating connections with their peers
- ***using culture as a connector and enabler*** – using tikanga (Māori cultural practices and principles) to connect women to each other and their cultural roots, and to affirm their identity as Māori.

³ Murihiku Young Persons Learning Centre (MYPLC) is a teen parent unit/school.

Successful ways of supporting young Māori women to stop smoking

The prototypes tested a highly relational and responsive approach with young Māori women. While providers' current stop smoking models or services differed significantly, the key prototype implementation and practice principles that were successful included:

- ***focusing on perseverance*** to identify and engage wāhine – investing significant time and effort to locate wāhine and invite them to participate
- ***extending a 'warm invitation'*** – making initial contact with someone known to the wāhine and ideally in person
- ***having conversations with wāhine*** – extending the conversation beyond smoking to get to know wāhine and show genuine interest in their needs and motivations, which helps to build trust
- ***being wāhine-focused, responsive to the needs and priorities of wāhine*** – starting with where wāhine are at, what they say they need and their priorities; taking small steps such as removing barriers, addressing challenges and reducing stress
- ***including te ao Māori (Māori world) components*** – after assessing which components resonate with the participants as young Māori women
- ***staying connected and maintaining an open-door policy*** – 'a light touch but warm enquiry', which means continuing to check in with wāhine and reassuring them that they can touch base at any time, on any need, when they are ready
- ***providing a social and supportive environment*** – providing opportunities and activities for wāhine to develop new friendships and positive support networks
- ***using aspirational goal-setting and planning processes*** – to address whole-of-life issues and to identify personal and whānau wellbeing goals that are important to the wāhine
- ***deliberately focusing on building the self-efficacy of wāhine*** – wāhine self-awareness, self-confidence and self-belief, and being connected to support, is vital to building readiness and enabling a sustainable approach to cessation
- ***providing flexible and responsive support*** – being able to adapt to the needs of wāhine throughout implementation and to respond to the changing needs and issues that arise for wāhine and their whānau
- ***using highly skilled facilitators*** – using some experts and staff with high levels of expertise to facilitate planning processes and activity-based learning and reflection with wāhine, and deliver core aspects of the prototypes
- ***having supportive leadership encouraging staff to be innovative*** – staff are influenced by 'best practice' models and contractual obligations that can stifle innovation. Provider leadership needs to encourage and support innovation by creating a permissive and safe environment for staff to 'give things a go' and to reflect openly on learning.

Considerations and areas of opportunity to have a positive impact

It is critical for any stop smoking intervention to address the complex issues and challenges facing young Māori women so that they are in a position to consider and act on smoking-related goals. Services need to engage with the whole person and their context, making smoking part of an overall wellbeing approach, rather than treating stopping smoking as the most important goal in an isolated, individual endeavour, divorced from the reality of their lives.

Services need to be responsive to the barriers wāhine face in both managing their daily lives and accessing and engaging with services and offer pragmatic solutions. They need to be wāhine-led, acknowledging that the women must determine their own pathways, goals and timeframes. Services

need to consider women’s readiness to stop smoking and, where a woman is not ready to engage or reconnect, stay connected so that they are in a position to respond when she is.

Because smoking is a highly social activity, it is necessary to replace it with positive support networks, fun activities and smokefree environments. The prototypes included group work, which provided a non-smoking group of peers and enabled wāhine to journey together. It supported the building of self-confidence, self-belief and connectedness and a sustainable approach to cessation.

Providers’ engagement processes and ways of working in the prototypes were significantly different to their current stop smoking services. The prototypes took more time and resource than providers’ current smoking cessation contracts or available funds allow.⁴ Having a greater resource is particularly important as the prototype experience shows that often support was required both during and outside of programme contact hours. Providers were enabled by the permissive and supportive environment created by the Ministry, as well as by the commitment of provider executive leadership to the prototype learning opportunity and to the wāhine Māori stop smoking objective.

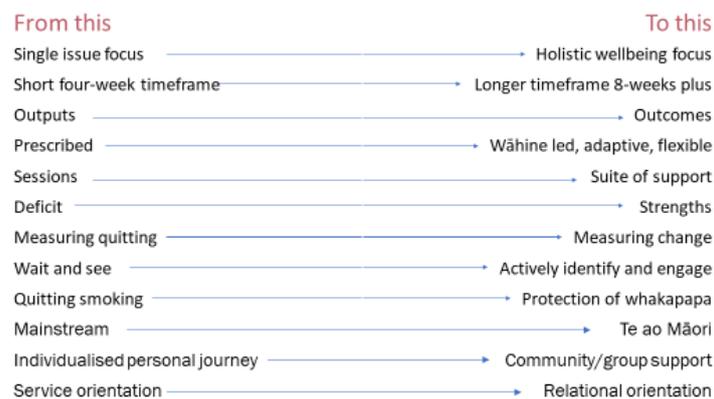
Providers have appreciated the opportunity to partner with the Ministry and be part of this project. They are proud of the outcomes they have supported wāhine to achieve but feel there is still more to learn about how to effectively support young Māori women.

Implications for the Ministry

Rethink how stop smoking services are conceptualised and designed

It is important for the Ministry, and providers, to shift their focus in relation to how stop smoking services are conceptualised, designed and delivered for young Māori women. Services need to move away from a single-issue, individualised, one-size-fits-all (standardised) approach to a holistic wellbeing approach that is responsive and wāhine-led (see the figure below).

Shifting the focus



Shifting the focus to rethink how stop smoking services are designed for and delivered to young Māori women

⁴ Three of the four providers that participated held current stop smoking contracts. The fourth, Turuki Health, had previously been a contracted provider but was not currently. The Ministry assisted Turuki to participate through alternative funding arrangements.

Consider how stop smoking services are commissioned

Contracts need to be sufficiently flexible to enable providers to be responsive to the needs and priorities of wāhine. The contract scope needs to encourage or facilitate innovation and learning. Contract values need to appropriately compensate providers for this more intensive and relational way of working.

Examine how success is defined

Contract performance measures and outcome indicators need to capture both meaningful service delivery milestones (the value of what providers do) and wāhine and whānau progress and outcomes (the impacts on wāhine and whānau).

If the key prototype elements (see above) are carried forward into the design of stop smoking services, then a more integrated measurement framework that reflects a holistic wellbeing approach would improve the evaluation and assessment of programme outcomes.

Continue the test, learn, refine and evaluate approach

This phase two demonstration project has supported one iteration of prototyping over approximately eight months. To increase our understanding about what works in different contexts, it would be valuable to further test the current prototypes either by continuing as they are or by using them with different groups of young Māori women aged 18 to 24 years. The option of increasing the number of providers and the timeframe of prototyping testing also warrants consideration.

Retain the co-design and developmental evaluation support

These aspects have supported implementation, the ongoing learning from and adaptation of prototypes, and the generation of programme insights.

1 | Introduction

The Ministry of Health (the Ministry) is taking a close look at how to address the problem of smoking among young Māori women.

An initial co-design project (phase one, Exploring Why Young Māori Women Smoke) focused on young Māori women, aged 18 to 24 years, who smoke. The project goal was to unlock new insights into the complexities surrounding their lives and gain a better understanding of what influences Māori women in this age group to start, continue and stop smoking. Analysis of the data generated a rich set of insights and potential areas of opportunity.⁵

To build on the insights from phase one, a phase two project – Addressing the Challenge of Young Māori Women who Smoke: A co-design⁶ demonstration project – was initiated. This project tested a collaborative programme of prototyping and evaluation. Its aim was to determine if, and how, smoking cessation services can better reach and enable young Māori women to reduce harm, stop smoking and remain smokefree.

Background

Smoking is the single leading preventable cause of early death in New Zealand. Māori smoking is significantly higher than smoking in the general population.⁷

In 2016/17, 13.8 percent of adults (about 529,000 people) were daily smokers, down from 14.2 percent in 2015/16 and 18.3 percent in 2006/07. Māori adults were 2.79 times more likely to smoke daily than non-Māori. In 2016/17, 32.5 percent of Māori adults were daily smokers, down from 35.5 percent in 2015/16 and 39.2 percent in 2006/07. Daily smoking prevalence changed from 36.5 percent in 2015/16 to 35.5 percent in 2016/17 for Māori women, and from 34.3 percent in 2015/16 to 29.1 percent in 2016/17 for Māori men. The comparable rates for women in other ethnic groups in 2016/17 were 18.4 percent for Pacific women, 2.1 percent for Asian women and 11.3 percent for women in European/other ethnicities.⁸

The combined effect of tobacco control interventions has seen a significant downward trend in smoking prevalence over time but too slowly to reach the Smokefree 2025 daily goal. Moreover, the decrease has not been equally shared across all New Zealanders and significant inequalities remain for Māori. As a result, it is unlikely the Ministry's goal of less than 5 percent smoking prevalence will be achieved by 2025 without a fresh approach.⁹

Project aims and objectives

The overall aim of this project is to help the Ministry identify new ideas and areas of opportunity that could positively impact on the rate of smoking among young Māori women, narrow the existing age

⁵ In summary, 54 young Māori women in Northland, Auckland and Wellington who were current or past smokers shared stories about their lives, the place smoking had in it, and the challenges they faced in quitting. Findings from phase one on the Māori women's project are outlined here: <https://www.health.govt.nz/our-work/preventative-health-wellness/tobacco-control/insights-maori-women-smoking>

⁶ Co-design is a collaborative design method that actively involves all stakeholders in a creative process to meet the customer, or end user, needs. The co-design process is about gaining a better understanding of people and learning how to support them to create their own solutions. One of the core values of co-design lies in giving customers an active voice, with an emphasis on participant input.

⁷ New Zealand Health Survey, 2016/17.

⁸ New Zealand Health Survey, 2016/17.

⁹ A recent study modelled the impact of business-as-usual trends in initiation and cessation rates. From this, it projected smoking prevalence would reduce to 8.1 percent for non-Māori and 20.5 percent for Māori by 2025.

and ethnicity disparities and halt the transference of smoking across generations. The project-specific aims were to:

- demonstrate innovative and collaborative approaches using insights from the first phase of the project to design and test the prototypes
- determine if, and how, smoking cessation services can better reach and enable young Māori women, aged 18–24 years, to reduce harm, stop and remain smokefree.

The phase two process: design, test, learn, adapt

The following is an overview of the broad approach taken to phase two design. For more detail on the design, testing and evolution of the prototypes, see sections 4 and 5.

Selection of providers

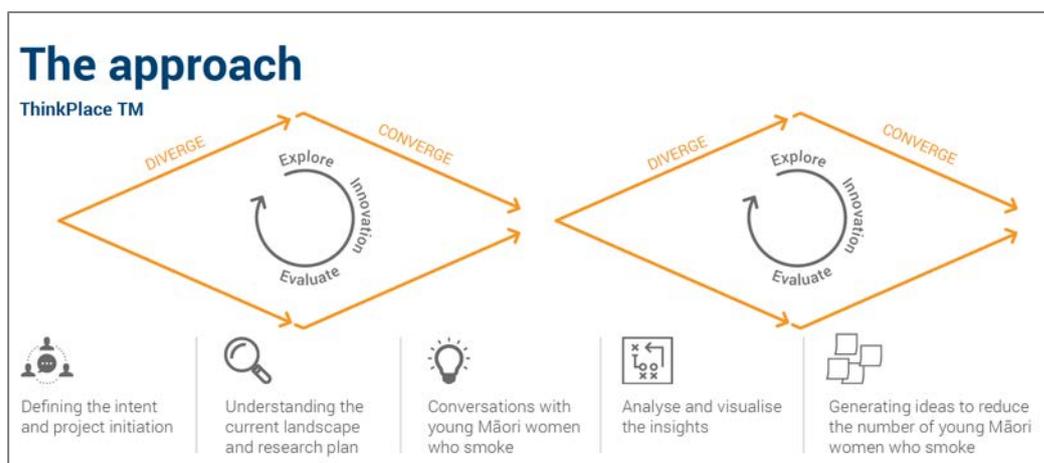
Four providers with a good reputation for delivering services to Māori were identified. The choice of providers considered a balance of coverage across the country and providers’ willingness to innovate. Another consideration was that providers had supportive and proactive executive leadership – which was particularly important as the opportunity to innovate is rare in a contracting environment that providers describe as prescriptive. Chief Executive leadership created the conditions for their organisations to participate and the authorising environment for their teams to ‘think outside the box’ and ‘to give things a go’. Direct contact was made with the Chief Executive of each provider to share these expectations.

Initial co-design approach

At a two-day workshop in November 2017, providers, evaluators and the Ministry worked together with ThinkPlace facilitators to identify how to undertake the design of prototype initiatives or the first example of new approaches.

Each provider was supported to develop and share an initial prototype concept with the group, drawing on the insights from the phase one project and their own knowledge and experience of smoking cessation and young Māori women.

Figure 1: The design approach



Source: Ministry of Health in collaboration with ThinkPlace, *Exploring Why Māori Women Smoke*.

Providers used the next month to refine and further develop their prototype concepts. Some providers involved young Māori women who smoked in this process, while others largely drew on

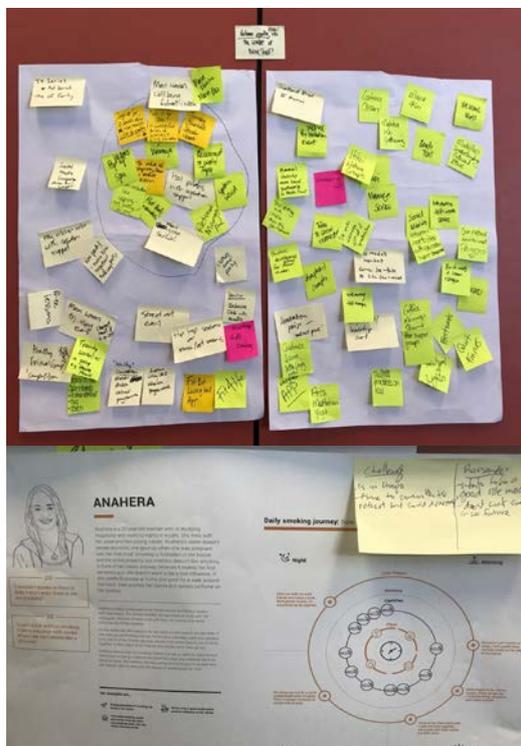
the collective knowledge, expertise and experience of their staff and networks. Figure 1 outlines the broad design approach.

The offer of coaching and mentoring from ThinkPlace was available to each provider. This involved one-on-one coaching sessions with individuals who would take on project leadership roles for their organisational prototype. ThinkPlace also provided an overview of co-design and prototyping for provider teams involved in development of their respective prototype. Some providers did not take up this offer either because they had co-design experience or because they could not find a date that worked for both parties.

The Ministry, ThinkPlace, providers and the evaluators reconvened for a second workshop in December 2017. Providers shared their prototype design and their process for developing it. Figure 2 outlines common prototype design elements.

January to June 2018 was the timeframe for testing and implementing the prototypes. It was envisaged that prototypes would be delivered for approximately 12 weeks between February and May 2018, leaving some time (May to June 2018) for evaluators to collect post-implementation data.

Figure 2: Workshop common prototype design elements



2 | Providers and their prototypes

Four providers from across the country developed five prototypes. The providers (in alphabetical order) were:

- [Ngā Kete Mātauranga Pounamu Charitable Trust, Invercargill, Southland](#)
- [Te Wakahuia Manawatu Trust Hauora, Palmerston North, Manawatu](#)
- [Tui Ora, New Plymouth, Taranaki](#)
- [Turuki Health Care, Mangere, South Auckland.](#)

This section briefly describes each provider organisation and how it responded to the phase one insights in designing its prototype(s). It then briefly describes each prototype and the emerging outcomes for wāhine (women).

Ngā Kete Mātauranga Pounamu Charitable Trust



Ngā Kete Mātauranga Pounamu Charitable Trust (Ngā Kete) is a not-for-profit health and social service provider with 16 years of delivery in Southland. With more than 60 staff, Ngā Kete delivers a wide range of health and social services. This includes counselling for addictions and problem gambling, community nursing and Māori cancer kaiarahi services, pregnancy and parenting programmes, He Puna Waiora Wellness Centre (a low-cost access doctor service) as well as rongoā (natural therapies). Ngā Kete is funded to provide stop smoking services.

Responding to phase one insights

The tikanga (principle) underlying Ngā Kete's prototype development was the protection of whakapapa. It recognises that smoking alters DNA and smoking during pregnancy increases risk. The Ngā Kete prototypes therefore targeted hapū (pregnant) wāhine, and wāhine with new pēpi (babies) or small children.

Figure 3: Ngākau Manawa – a prototype designed by Ngā Kete Mātauranga Pounamu Charitable Trust



Ngā Kete responded to the phase one insights by:

- providing strategies to reduce stress during pregnancy and parenting with education and support when giving up smoking
- providing a positive rationale to give up smoking and staying connected to be there when wāhine are ready
- encouraging and using wāhine-led strategies for work, recreation and whānau contexts.

The prototypes: Ngākau Manawa and Murihiku Young Persons Learning Centre (MYPLC)

Ngā Kete developed and tested two prototypes, Ngākau Manawa and MYPLC.¹⁰

Ngākau Manawa (figure 3) would focus on three core insights. First, take a holistic approach to wellbeing rather than focusing solely on smoking cessation. Second, be wāhine-led, with wāhine identifying their needs and priorities. Third, be responsive to wāhine – for example, by setting appointment times and locations that worked for wāhine.

The original design of the 12-week Ngākau Manawa prototype centred on a marae-based noho (stay), followed by weekly group or individual sessions. Before the noho began, wāhine would also have an initial assessment, involving personal goal planning and smoking cessation advice and support. Ngākau Manawa was adapted mid-way through to become a one-to-one, personalised support programme, due to difficulties of finding a time to hold a noho that worked for all of the women. The programme target was 10 to 12 participants and engaged a group of nine wāhine.

To further test the group-based concept, and to avoid the challenge of finding one or more meeting times that suited all participants, Ngā Kete approached Murihiku Young Persons Learning Centre, a school for teen parents. This additional prototype supported a group of eight young women, one hour a week, over a four-week period.

Key design features of both prototypes included:

- **providing access to alternative nicotine replacement therapy (NRT) options** – particularly for women motivated to go cold turkey – alongside having a solid plan for identifying and managing all potential triggers
- **being responsive to the needs of women** – meeting them at a time and place convenient to them, including outside of normal business hours; rescheduling appointments as often as necessary; and letting women determine the focus of engagement (Ngākau Manawa)
- **maintaining a light-touch contact and a welcome open-door policy** – women could come back into the programme if they dropped out and were ready to restart or try again, or seek other non-smoking related support or information
- **using incentives** – \$20 vouchers if women were smokefree at weeks four, eight and twelve.

Wāhine engagement and outcomes

In total, 17 women (13 of them Māori) participated in the Ngākau Manawa and MYPLC programmes. The prototypes met the goals of targeting young Māori women who were pregnant or parents with young children. Six validated quits were achieved and a further three women reduced their smoking (figure 4). Other outcomes included:

- increased wāhine confidence and self-esteem
- increased awareness of personal and whānau options and opportunities
- increased knowledge about NRT and vaping options
- better connections to pregnancy and parenting services, as well as to services more generally.

Figure 4: Ngā Kete wāhine engagement profile

17 wāhine engaged
13 were Māori
6 validated quits were achieved
3 reduced smoking related harm

¹⁰ A teen parents unit/school.

Te Wakahuia Manawatu Trust Hauora

Te Wakahuia Manawatu Trust Hauora (Te Wakahuia) is a Māori community health service based in the Palmerston North suburb of Highbury. Te Wakahuia is the lead provider for smoking cessation programmes in the Manawatu, coordinating services across several organisations for the MidCentral District Health Board region and the Ministry of Health. It employs 12 mātanga (smoking cessation coaches).



Responding to phase one insights

Te Wakahuia responded to the phase one insights by:

- providing supportive environments such as noho marae and support groups to get through the first 72 hours of quitting smoking and addressing the fear of withdrawal
- reframing quitting by placing it in the context of living well and downplaying the idea of quitting smoking as a purely medical intervention
- making quitting social, with flexible and fun choices in programme activities
- making non-smoking more social than smoking and fostering new social and supportive connections through group-based activities
- taking a strengths-based approach and building on wāhine strengths to improve the wider aspects, conditions and circumstances of their lives and connecting them to wider support and services.

The prototype: Kia Hauora te Wharetangata

Te Wakahuia developed and tested an initial prototype concept, *Kia Hauora te Wharetangata*.

The approach was a noho marae programme to provide supportive environments for wāhine to give up smoking. In addition, it would include a range of creative, culturally relevant and social activities, delivered with the support of mātanga and Whānau Ora navigators.

As part of the testing process, the team reflected on and adapted the approach, which resulted in an extension to the original programme timeframe. This change was intended to allow engagement with the wāhine who had not yet been able to participate due to a range of barriers including work and whānau commitments, childcare and other events such as tangi. The adapted approach included fortnightly sessions at which a team of experienced and skilled staff members facilitated wāhine-led activities.

A key feature of the programme is *Te Ara Whānau Ora* model, which is a self-led process where wāhine and their whānau set their vision and goals. This model has a holistic perspective and takes a non-judgemental, strengths-based and whānau-centred approach with wāhine. Combined with noho marae and follow-up group sessions, this programme has potential to engage and support wāhine to make changes in their environments and build their confidence and aspirations to lead healthier lives for themselves, their children and other whānau.

Wāhine engagement and outcomes

Eighteen women attended an initial session, and 11 women were engaged. The prototype met its primary objective of engaging young Māori wāhine in a whānau-centred way, and six wāhine are now engaging with a Whānau Ora navigator. Seven wāhine (of the 18) have stopped smoking and four are highly motivated to quit (figure 5).

Figure 5: Te Wakahuia wāhine engagement profile

18 wāhine attended an initial session
11 wāhine have engaged
7 wāhine have quit smoking overall
4 wāhine want to quit
6 wāhine are engaging with a Whānau Ora navigator

The participating wāhine and their whānau have experienced positive change in a range of ways:

- increased confidence, self-esteem, positive mindsets
- engaging with Whānau Ora navigators and mātanga to plan and set goals toward their aspirations
- stopped smoking
- providing better environments for their children
- motivated to, and working towards, stopping smoking
- moved into own accommodation from being homeless
- increased social connections.

Tui Ora

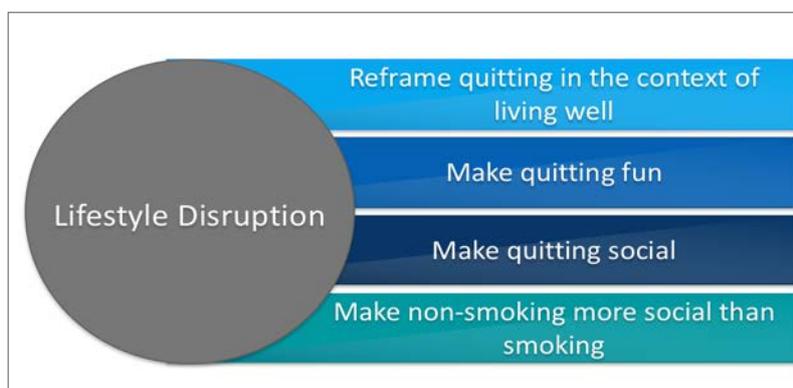
Tui Ora is the largest community-based health and social services provider in Taranaki. Its vision is enhancing whānau health and wellbeing. Established in 1998, Tui Ora incorporates more than 35 services and programmes, which are available to everyone within its geographical boundaries, and is a funded stop smoking provider.



Responding to phase one insights

The Tui Ora prototype was developed in response to four phase one insights, as figure 6 illustrates.

Figure 6: Tui Ora prototype responses to the phase one insights



Overall, its prototype aimed to 'reframe quitting in the context of living well.'

The prototype: Lifestyle Disruption

Tui Ora tested a holistic, Whānau Ora approach to engaging and working alongside wāhine to address their smoking as part of their broader oranga (wellbeing) journey. It was originally based on its New Year/New You programme. With cycles of learning to test and adapt the programme's approach with wāhine and staff, the design went through several iterations.

Lifestyle Disruption was led by a Whānau Ora team. The team works with wāhine individually and collectively through monthly group wānanga, to develop the building blocks for wāhine to sustain a

smokefree life, alongside stop smoking and other critical support services. The wāhine were receptive to the Whānau Ora approach as it was 'different' to previous cessation approaches.

With Whānau Ora as the starting point, the team worked with wāhine to address issues of importance to them. Such issues included reducing social isolation, addressing self-healing, nutrition and activity, exploring further education and employment, and supporting their tamariki – as well as smoking cessation.

Wāhine engagement and outcomes

Figure 7 summarises the engagement profile of the participants in this prototype. The participating wāhine and their whānau have experienced positive change in a range of ways including:

- increased confidence and self-esteem
- reduced isolation and increased connections to people, information and services
- having personal plans, goals and a stronger sense of options and opportunities.

Figure 7: Tui Ora wāhine engagement profile

11 wāhine engaged
11 aged from 17–24 years
11 wāhine working with Whānau Ora navigators
9 wāhine referred to stop smoking services
1 wāhine is vaping
8 wāhine have cut back on their smoking
1 wāhine is not ready to quit

Turuki Health Care

Turuki Health Care (Turuki) is based in Mangere, South Auckland and provides services to the wider Counties Manukau area. Established initially as a Māori midwifery service in 1995, Turuki now provides a comprehensive range of primary health and social services specifically targeting women, children and their whānau. Its ultimate aim is achieving wāhine oranga, whānau oranga (wellbeing for women and their families).



Turuki provides a general practice clinic, a school-based health team, housing, Whānau Ora, parenting, early childhood education, Te Ira (support to prisoners or ex-offenders and their whānau), primary mental health and addictions services, and oral health. Turuki has previously been but is not currently a funded stop smoking provider.

Responding to phase one insights

The programme aimed to address four insights, which aligned well with Turuki's context as a health and social services provider and its aspirations for the realisation of Whānau Ora.

The insights were to:

- provide positive environments, people, affirmation
- reframe quitting by placing it in the context of living well
- decrease judgement towards young Māori women who smoke
- remove the emphasis on quitting as a medical problem.

The prototype: Te Ara Tika – HAU ORA Wāhine Wellness Programme

Turuki developed and tested *Te Ara Tika* – a pathway of women's own truth. The Programme was a 12-week, group-based programme conducted in three phases with a strong emphasis on hauora-

wellness and holistic care to become smokefree. The three phases together incorporated whanaungatanga (building relationships), individual and group PATH planning, navigational support to deal with issues, ongoing support to implement their plans, provision of information and people that could help them move toward their ideal smokefree lifestyle, and celebration of their achievements.

Figure 8 summarises the engagement profile of the participants in this prototype. Wāhine and their whānau are experiencing positive change in a range of ways:

- increased confidence and self-esteem
- being able to talk with and be comfortable around others
- reduced anxiety and depression
- reduced alcohol and drug use
- improved money management and having savings
- improved parenting and whānau relationships
- whānau vaping champion (one wāhine)
- reduced isolation and having a group of supportive friends
- reduced experience of domestic violence, and increased knowledge of strategies and support services to deal with it
- motivated to study and find work, including to become a facilitator of this programme.

Figure 8: Turuki wāhine engagement profile

15 wāhine completed the initial assessment
8 wāhine formed the core group
- All 8 wāhine quit smoking and took up vaping
- All 8 wāhine continue to engage with Turuki
6 non-participants:
- 2 not ready to quit and left after week 3
- 2 found employment and left after week 4
- 2 put off by whānau influence

3 | Evaluation

The Ministry commissioned a developmental evaluation to support and facilitate provider reflection on the design and implementation of prototypes and to consider changes and adaptations where necessary.

Key areas of interest

The evaluation contributes to the aims of the project to document emerging outcomes in relation to the project's objectives of:

- improved awareness, evidence and knowledge across providers and stakeholders about what matters in designing services that are more likely to reach and enable young Māori women to take more control of their lives and make better decisions related to their health and wellbeing
- increased provider capacity to be reflective and adaptive practitioners to address smoking cessation among young Māori women
- better stakeholder relationships across the network of service provision and inter-connected ways of working.

Evaluation as an integral part of the co-design and prototyping journey

From the outset, the evaluation has been positioned as an integral part of the co-design processes for this phase two demonstration project. The evaluation began with an invitation from the Ministry to attend the initial co-design workshop in November 2017. This allowed the evaluators to establish relationships with the Ministry, providers and ThinkPlace co-design facilitators at the beginning of the project.

After the November workshop, ThinkPlace supported the providers to further develop their prototypes with coaching and mentoring sessions. The evaluators also conducted a follow-up survey, with the aim of gathering feedback to inform the December workshop and ongoing engagement with providers.

A developmental evaluation places the evaluator as part of the initiative supporting reflection, action learning and adaptation and facilitating real-time evaluative feedback over the lifetime of the project. Their involvement ranged from weekly to fortnightly one-day visits, as well as some two-day site visits talking to providers, staff and wāhine.

Kaupapa Māori evaluative lens

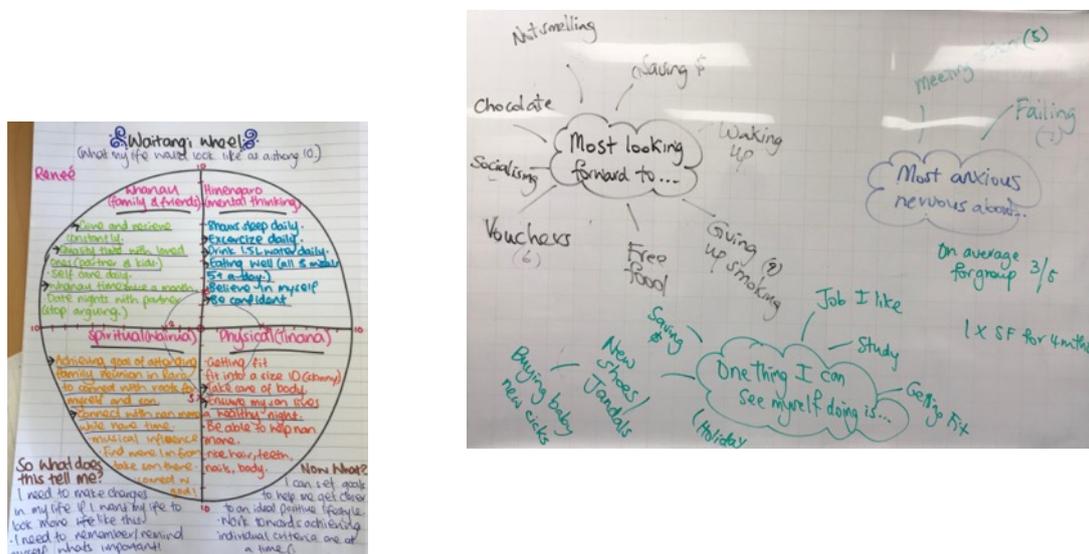
Kaupapa Māori provided the lens for the evaluation. Māori evaluators worked alongside each of the Māori provider organisations participating in the project.

A kaupapa Māori approach values the connections and relationships first and foremost. It seeks to establish a strengths-based approach to evaluation and learning through reflection from the perspective of manuhiri (visitors) entering the space of others. It is cognisant of the cultural context and location of each provider, the collective nature of the work and the evaluation, and having a critical lens on any approach that impacts Māori. The evaluation used tikanga (Māori cultural practices and principles) such as pōwhiri (formal welcome), mihi whakatau (speeches of welcome when not on a marae), noho marae (marae visits) and poroporoaki (farewell).

Methods, tools and facilitation techniques

The range of evaluation methods used included: visits to organisations, observing and participating in the programme, reflective feedback processes with staff and wāhine (face to face, zoom or by phone), and use of video and photos.

Figure 9: Sample of evaluation strategies – Waitangi Wheel and Self-Review Workshop



In addition, strategies included the use of planning and evaluative methods such as PATH,¹¹ Waitangi Wheel (clear indicators of what success looks like – see figure 9), then and now stories, discussions about what success looks like (criteria development), individual interviews, focus group hui, collection of participant data and short surveys.

This combination of approaches provided rich data on the nature of the prototypes and how they were being implemented and adapted over time. Feedback reports on the provider journey through this project were developed for the providers.

Over several team hui, the evaluation team developed cross-site analysis by comparing data from across providers and their prototypes. Sense-making sessions and discussions about key themes, as well as differing experiences, were noted in relation to the overarching key evaluation questions. Key areas considered included prototype development, implementation, adaptation, management, wāhine engagement, wāhine outcomes (behaviour, actions, attitudes, knowledge), co-design approach used, and value of the prototypes.

¹¹ PATH is an acronym for Planning Alternative Tomorrows with Hope, a visual planning tool used to support the wāhine exploring a smokefree vision and plan for themselves. See www.pathplanningtool.co.nz

4 | Designing and testing smoking cessation prototypes with young Māori women

This section synthesises findings across the four prototype sites. It starts by providing a brief profile of the wāhine who participated in the prototypes. It then sets out each phase one insight, followed by a description of how the providers responded to it in the design of their prototypes in relation to two contexts: first, the lives of the young Māori women themselves and, second, their whānau and environment. (See table 2 in section 5 for a summary of how providers applied the prototyping design principles.)

Profile of participants

Of the 54 young women who participated in the prototypes:

- 47 were Māori and 7 were non-Māori
- 52 were aged between 17 and 24 years, and 2 were older than 24 years
- 33 had one to four children, 2 had five children and 19 had no children
- 9 were pregnant
- 18 were in full-time employment, 21 were full-time caregivers, 3 were not in paid employment, 4 were tertiary students and 8 were secondary students¹²
- all 54 young women had tried quitting at least once and most had tried two or more times.

The context of young Māori women who smoke

Phase one insight: The lives of these young women are complex and challenging. They tend to live in environments where they are grappling with multiple issues including limited opportunities and choices, cumulative disadvantage, low levels of education, young parenthood and low income. They are generally not accessing social services, or well-connected in their communities.

The context: There was evidence of multiple and competing priorities in the women's lives. Many are grappling with or managing a range of significant life and health issues, where smoking itself is identified as an issue of lower priority. These issues included the day-to-day realities of survival, making money stretch to cover basic needs, living in emergency accommodation, lack of transport, and the care and educational needs of their children, including cost. They prioritise their children, whānau and work over themselves, and are therefore time-poor. Over time, some women disclosed more deeply personal experiences of abuse and violence, which were often unaddressed.

“So yes, I’ve tried to stop smoking about four or five times before coming on the programme; but something always seemed to get in the way. Well, when I think about all the things going on in my life now: I’m a sole parent, I’m hapū and I’ve been dealing with violence and an abusive ex-partner ... and with CYFS [Child, Youth and Family]. Oh, and we’re homeless. When things are ‘normal’ then I’m busy supporting the kōhanga, the school and sometimes I pick up casual work. So it’s (stopping smoking plans) never really worked out, nothing works for me.” (Wāhine)

¹² Murihiku Young Persons Learning Centre (MYPLC) is a teen parent unit/school.

Prototype response: Taking a holistic wellbeing approach

Providers are largely aware of the complexity and challenges these women experience. In this context, stopping smoking is one of a number of competing priorities, and often not **the** priority. The prototypes therefore took a holistic wellbeing approach, reframing quitting by placing it in the context of living well. They worked to address immediate wellbeing needs and then put in place support that responds to wāhine concerns and issues, including smoking.

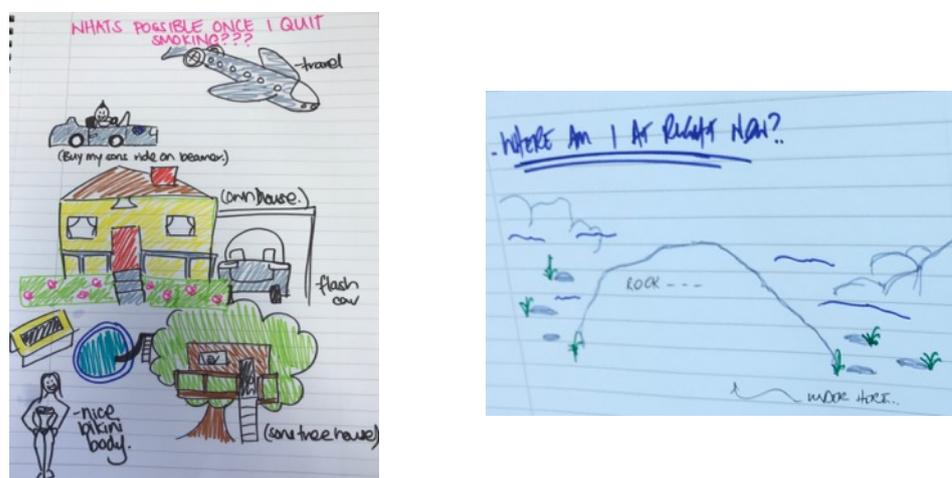
“It shouldn’t be called a quit smoking programme, it’s a ‘bettering yourself’, a ‘change your life’ programme.” (Wāhine)

“We’re not just here for quit smoking, we’re here to look at you as a whole and to help you in any way that we can. We’ve got connections, so whatever hits us we will find something to help you out. We gotta heal from lots of this stuff before we can move on and move forward with ourselves.” (Facilitator)

Prototype response: Using personal goal setting to reframe quitting in the context of living well

All of the prototypes included some form of personal and/or whānau goal-setting and planning as a key mechanism to reframe quitting in the context of living well. They typically asked women to envision ‘a good life’ and aspirations for themselves and their whānau. Some of the prototypes were explicit in asking wāhine to consider wellbeing within a context of being smokefree; and to identify the individual and whānau benefits from being smokefree (figure 10). Other prototypes emphasised aspirations and wellbeing without specifically referring to being smokefree. Removing practical barriers, de-escalating stress and helping women to manage the issues in their lives were seen as important for women to engage effectively in the programme both at the outset and for its duration.

Figure 10: “What’s possible once I quit smoking?” – envisioning ‘a good life’; and “Where am I at right now?” – a wāhine illustrates her response



Prototype response: Providing practical support to manage stress and lack of time

Women were often stressed, time-poor and just getting by. Providers responded to these issues with a range of practical support. For example, they got children re-enrolled in early childhood education by setting up a payment plan to cover outstanding fees, supported whānau to move into emergency accommodation, advocated with Oranga Tamariki over safety of children and referred women to counselling for depression, anxiety and suicide. This type of assistance reduced the stress levels and provided the time and space for women to think beyond the immediacy of presenting needs.

Prototype response: Using whakapapa (kinship) and kaupapa (common interests) connections to build trusting relationships

Social and physical isolation was evident for some of the wāhine Māori. Many were not engaging with health and social services due to barriers such as negative past experiences (for example, judgemental attitudes and being blamed for their situation), feelings of whakamā (shame) for needing to seek help, caring for children, and lack of transport. Some had limited opportunities for social engagement because they lacked resource to engage more widely. Some wāhine had isolated themselves from their neighbours and community by choice. For this group of women, participating in a programme was a big step, as they were fearful about engaging with others, particularly in a group setting.

Providers responded to the issue of isolation in a number of ways. They sought to engage in person following an initial phone call. Typically, they visited wāhine in the 'safety' of their homes. Where possible, the visiting staff had an existing or past relationship with the wāhine, and they used whakapapa (kinship) and kaupapa (activities or interests in common) to 'break the ice'. From the first point of contact, and throughout the programme, providers worked to build trusting relationships. For providers employing a group-based approach, they also maintained contact with wāhine in the lead-up to the programme.

Providers also provided transport and childcare to support participation.

Prototype response: Making a commitment to secure wāhine engagement

It was challenging for most providers to identify and invite wāhine and to secure their participation in the programme. Reasons for this challenge were that many women were difficult to locate; some women were distrustful, based on past negative experiences; and others needed to overcome their fear of engaging with others. Along with using whakapapa and kaupapa connections, providers responded by making multiple contacts and visits, which was time and resource intensive. Even when wāhine declined or said, "Not for me at this time", providers sought permission to 'check in' with them in the future. They also left an open invitation to be contacted about the programme, or for any other reason. Providers' commitment to persevere opens up the potential for a new relationship experience for wāhine Māori, where they are encouraged to participate and to access support and services beyond the programme of interest.

Prototype response: Using incentives to encourage initial engagement

Some providers used incentives (for example, grocery vouchers or food) to encourage initial participation. Wāhine greatly appreciated the incentives due to their often-limited financial means. Most providers carefully managed their use of incentives. They set clear participation and engagement expectations and, when these were not met, wāhine were not given the incentive. Over time, the activities, monthly wānanga and opportunity to meet new people were incentive enough for wāhine to attend the programme. Incentives were then used within programmes.

After the initial engagement, providers sometimes used incentives as prizes or rewards for achieving a particular personal or smoking-related goal. Some prototypes used incentives as a part of a competitive approach, whereas other prototypes used them as part of an overall programme delivery model. Generally, incentives were used at different time points across the prototypes (for example, at weeks one, four, eight and twelve).

Prototype response: Providing care and support outside of the prototype and normal business hours

"Call me if you need to" and "doing whatever it takes" summarise the philosophy of one provider, which effectively provided 24-hour, 7-day access to support if needed. One example involved organising weekend childcare for five children to enable the mother to attend a whānau emergency

out of the area. The facilitator worked with the women on the programme to collectively provide childcare (figure 12) and sought permission from the Chief Executive to assist with the cost of kai and travel. Similarly, on more than one occasion support included responding to calls from the women about domestic violence incidents. These calls were all outside of work hours, sometimes on the weekend. The facilitator worked to ensure the immediate safety of the wāhine and her children, as well as referral and ongoing support to engage with other family violence services (both internal and external to the provider).

Figure 11: Organising childcare as part of the provider response



Other providers also provide care, support and referral to address issues and challenges facing the women, as an integral part of their prototype. However, these forms of support are generally planned, non-emergency interventions.

Phase one insight: Women who smoke are aware of the personal and social costs of smoking. Some are conflicted about this and may not be ready, or able, to give up.

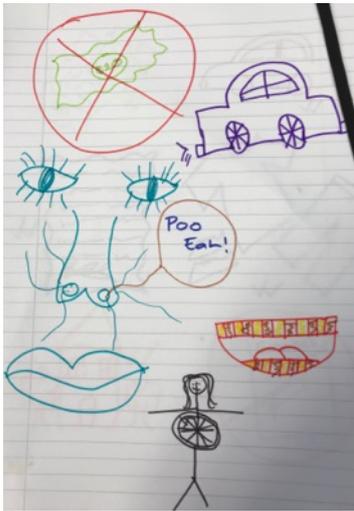
The context: Wāhine Māori who participated in the prototypes were highly aware of the personal and social costs of smoking (figure 13). At a personal level they identified:

- financial impact, including lost opportunities and what they couldn't afford to do as a result of their spending on cigarettes
- the impact on their health and the health of their children and unborn babies – for example, their unborn baby's carbon monoxide reading, bronchial conditions such as asthma and the link of smoking to diseases such as cancer.

At a social level they identified the negative stigma attached to smoking and not liking the smell of, for example, smoking breath, smoking hair and smoke impregnated clothes and furnishings.

Despite knowing about the negative effects or impact of smoking, some women were not ready or sufficiently motivated to participate in the programme or, where they participated, to stop smoking.

Figure 12: Wāhine recognise the personal and social costs of smoking

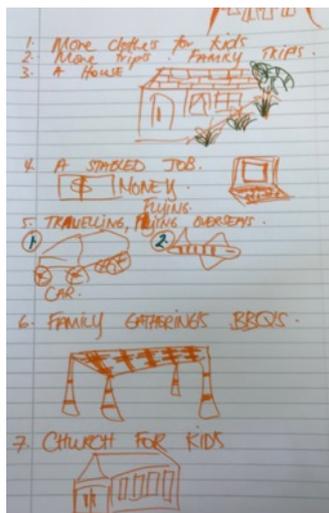


Prototype response: Making the rewards of being smokefree tangible

Providers recognised that for some women, the pathway to becoming smokefree involves personal readiness and self-belief. Wāhine have to want to give up smoking and believe they can do so – with or without support.

Providers responded by using some form of personal planning and goal setting, and asking women to envision a smokefree future for themselves and for their children and whānau, often as part of a holistic plan. Women were happy to participate in holistic goal setting and had the opportunity to include smokefree goals within that.

Figure 13: A holistic plan for a smokefree future



As part of this process, providers supported wāhine to identify and make tangible the specific benefits of being smokefree, such as being able to pay bills, save to get into their own home (rental property), take holidays, fix their car and do more things with their children (figure 14). They then typically quantified the weekly, monthly or annual cost of smoking, converting that into a savings formula to calculate the timeframe to obtain one or more specific goals.

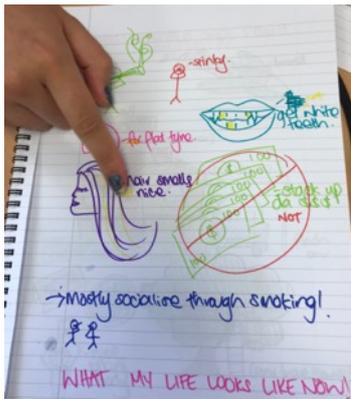
Often some of the smaller goals, such as getting new shoes or some clothes for their children, could be achieved in a couple of weeks. Achieving such rewards so quickly was highly motivating for some wāhine. It also set a firm timeframe for what it would take to achieve more substantive goals requiring larger sums of money, such as an overseas holiday.

Whānau context and environmental factors

Phase one insights: (1) The environment where young Māori wāhine live, learn, socialise, work and belong is also the environment in which they learn to smoke, continue to smoke and try to quit smoking. Whānau and environments can positively or negatively influence decisions, behaviours and strategies to stop smoking. **(2)** Smoking is a coping mechanism for stress and many wāhine are reluctant to stop. **(3)** Some wāhine fear quitting because they have nothing to replace smoking with or are fearful of withdrawal. **(4)** On the other hand, many of the wāhine were insightful, open and adaptive.

The context: For many of the wāhine, and some of their partners, whānau and friends, smoking is a very social activity (figure 15). It is a time-out break from their children, helps to pass the time and is a break from boredom. To them, not smoking means missing out on the latest news or gossip, and the humour and fun that come with being part of a smokers' group.

Figure 14: A wāhine recognises that most of her socialising comes through smoking



Evidence showed some whānau encouraged wāhine to stop smoking and to give the programme a go, while others downplayed the need to stop smoking and undermined the confidence of wāhine with negative and disparaging comments.

Sometimes whānau thought they were being helpful with suggestions like “If you share mine, you’re only having half a smoke” or “If you don’t inhale it all the way, you’re not really smoking”. Some whānau tried to sabotage wāhine attempts to quit smoking with taunts like “Just have a puff, you know you want to”. Others told the wāhine they were missing out on conversations and laughs or being stuck up by not coming out to smoke or ‘hanging’ with the whānau and friends who were smoking.

Prototype response: Making non-smoking more social than smoking by facilitating a fun environment and supportive connections

In the main, providers responded to this insight by creating a positive, social and supportive environment – usually by establishing a group-based programme (often with individual or personalised sessions) or having an initial group-based event such as a noho marae (followed by weekly or fortnightly group sessions) to build group connectivity and start to build relationships of trust between the wāhine and with the facilitators. This approach:

- created a safe, supportive environment for wāhine to come together and to connect with peers
- created opportunities for wāhine to make new connections and friendships
- gave providers the opportunity to work collectively (and individually) with the wāhine to develop goals, explore education and employment options, and work to address issues and challenges facing them – as well as providing education and support to stop smoking.

“Really enjoy, being and working with everyone, it’s social – not doing it alone so much, motivating my mind to always want to do [things].” (Wāhine)

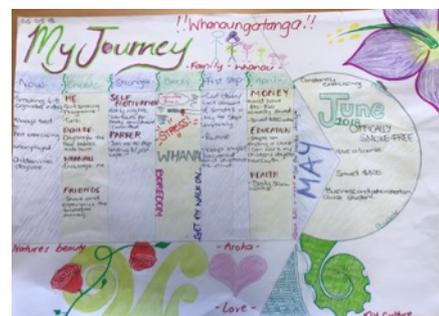
“I like it, keeps me motivated and gets me out of the house. Wasn’t planning on giving up smoking but changed my mind and it might be good.” (Wāhine)

“This is the highlight of my day, doing the book (journal) with my baby.” (Wāhine)

A key aspect of all engagement, but particularly the group-based approaches, was to make non-smoking more social (and fun) than smoking and to create environments for wāhine that were alcohol-free and smokefree. Providers responded with various art, physical activity and community engagement projects and events such as:

- making a creative journal, which wāhine completed over four weeks with an experienced art therapist facilitating
- using visual planning tool – PATH
- participating in drawing and craft projects as a way of exploring ideas and facilitating conversation as well as having fun (figure 16)
- participating in no-cost physical activity – amazing race (walking competition) and the use of local swimming pools, which are free in some communities
- joining other ‘fun’ provider services such as a physical activity programme for children
- community gardening and volunteering (external community-based organisation).

Figure 15: Fun and social smokefree drawing and craft projects



Prototype response: Providing education and support to manage withdrawal

Providers supplied information about the different NRT options, predominantly patches and gum, and prompted wāhine to stay in touch, or to contact facilitators if these options weren’t working well, so they could check usage, dosage or explore alternative options. At the same time, providers proactively reached out and contacted wāhine, both as a follow-up mechanism and to encourage wāhine to contact them.

Some women were motivated by education that showed them the statistics for Māori women smoking were much worse than for all other populations and ages.

There were also examples of providers going the extra mile to source items, free of charge, for wāhine to try out, such as QuickMist spray, which is not available as part of the core smoking cessation products. Providers took these steps so that wāhine had an alternative option to gum and

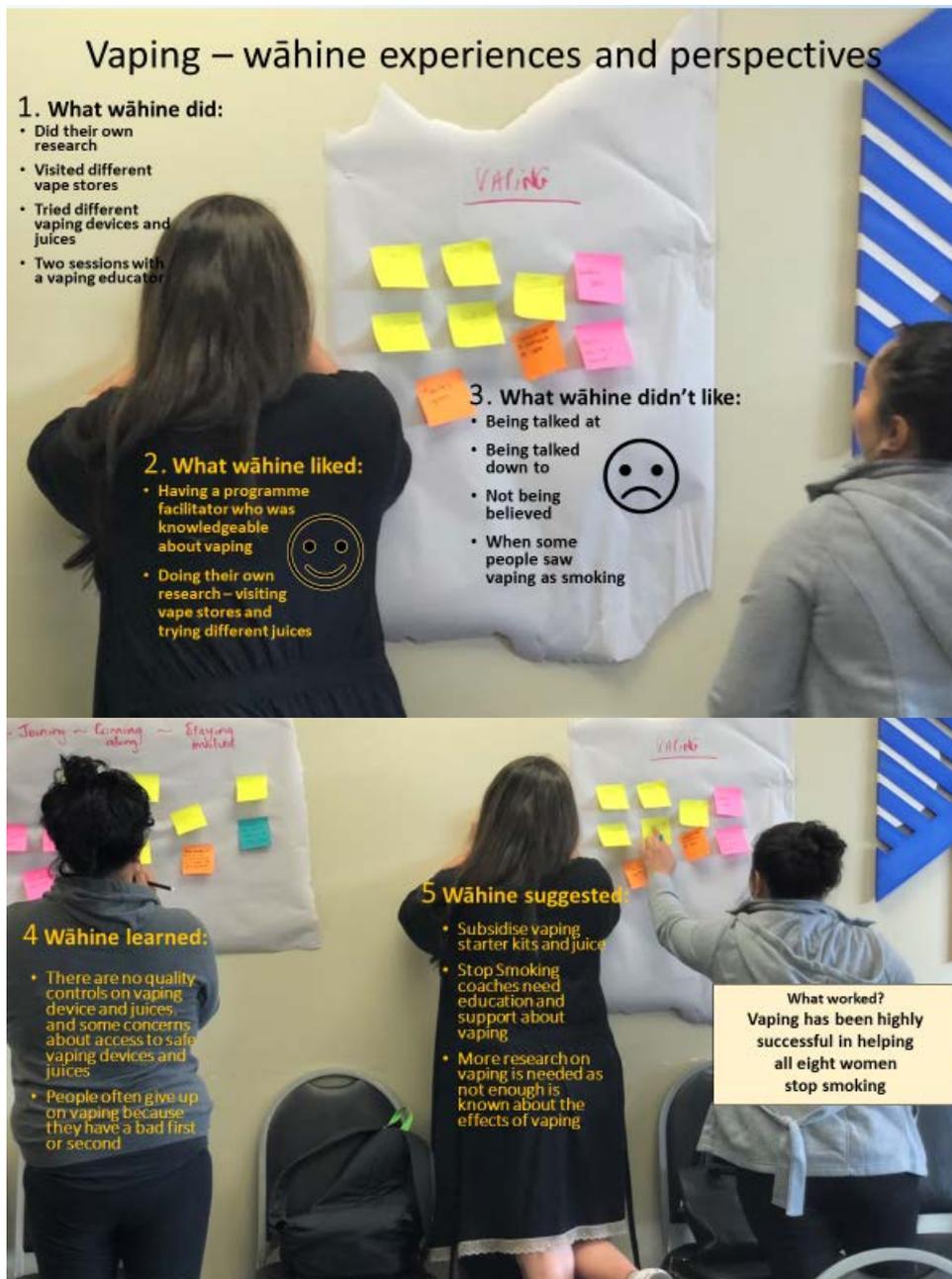
patches, particularly if wāhine had given these standard products a good go and still were not finding them to be effective.

Where wāhine were motivated to go 'cold-turkey', providers worked with them to develop a solid plan for identifying and managing potential triggers as well as ensuring they had a good knowledge of NRT options.

Prototype response: Providing information about vaping

Three prototypes used an external educator to provide information about vaping. Turuki supported women to do their own research on vaping by getting them to visit a range of vape stores and to try different devices and juices. Because Ministry-funded services do not cover vaping devices and juice, wāhine need to self-fund this trial. Eight of 15 wāhine switched to vaping (and were still vaping when the prototype officially concluded). Figure 17 illustrates some of their vaping experience and perspectives.

Figure 16: Wāhine experiences and perspectives on vaping



Prototype response: Using culture as a connector and enabler

Of particular note is that, while living in often challenging contexts, many wāhine shared a connection to te ao Māori (the Māori world) on some level. Providers saw this as a strength to use in their programme delivery and designed or adapted their prototypes to respond to it. For example, they all drew on Māori ways of knowing and being, tikanga Māori, and te reo Māori (Māori language) in ways that were relevant to the wāhine, such as by using:

- Te reo Māori in the names of three prototypes (Ngākau Manawa, Kia Hauora te Wharetanga and Te Ara Tika Hauora Wāhine)
- Māori terms, where relevant, such as hapū (pregnant), harakeke (flax), tapu (sacred or precious) and hauora (wellbeing)
- Māori themes and images in information and promotional material
- Marae to run the programmes or aspects of them
- Tikanga practices such as karakia (prayers) and mihimihi (introductory speeches).

Figure 17: Weaving activity incorporating te ao Māori



The noho marae provided a culturally relevant environment for one programme, which grounded the wāhine in te ao Māori and provided a safe and whānau-oriented space for wāhine to meet, learn and connect with each other and staff. Activities such as making clay puoro (musical instruments) and harakeke putiputi (flax flowers) connected wāhine to things Māori as well as providing them with activities that engaged them on a number of levels (figure 18).

Some wāhine were able to support tikanga practices such as karakia and felt positive about their contribution to the group. Others followed as they gained more confidence and learned the karakia or waiata (songs).

Prototype response: Supporting wāhine to lead and determine their own pathways

Recognising that many wāhine were insightful, open and adaptive, all prototypes included the core concept of being 'wāhine-led'.

As part of their goal-setting and planning process, providers would look to support the priorities that wāhine identified at a programme level in group planning and at a personal level in individual planning. In practice, wāhine Māori directed group work themselves; they were able to have input into how the programme was implemented, providing feedback on some activities and suggesting others. Providers listened to their feedback and responded accordingly.

*"I wanted to get my learner licence ... not only me, so they found someone to talk to us."
(Wāhine)*

In one prototype, the wāhine felt listened to and respected when the provider decided not to continue to use an external speaker.

"She [external presenter] was demeaning ... and I didn't like her humour ... It was good that they didn't invite her back." (Wāhine)

The group-based approach also generated peer support among wāhine Māori. For example, they shared general information and personal life experiences as well as smoking-related experiences, provided support and motivation to complete smokefree and other goals, and helped in times of crisis. Some wāhine have expressed a desire to lead other group-based activities to support other young wāhine Māori embarking on or continuing their journeys. Some wāhine have invited others to join their group.

Emerging outcomes

A range of emerging outcomes across the prototypes for wāhine is evident. This includes improved or positive outcomes in relation to health, housing, finance, education, self-efficacy and whānau functioning and relationships. For example, wāhine had:

- greater confidence and self-esteem and a positive mindset
- the ability to develop plans and set goals and an increased awareness of personal and whānau options and opportunities
- more knowledge about NRT and vaping and more strategies to reduce or stop smoking
- new or strengthened connections to people, including peers, information and services
- reduced isolation
- fewer experiences of domestic violence and more knowledge of strategies and support services to deal with them.

Other outcomes wāhine and providers reported included:

- a decrease in anxiety and depression
- a reduction in alcohol consumption and drug use
- more money to meet day-to-day expenses and having savings
- improved parenting skills and relationships with whānau.

Further, women are taking pride in providing smokefree environments for their children, being motivated to quit and successfully quitting. Women have valued the driver licence education, being able to take the driver licence test and, for some, getting their learner licence.

From being homeless, two women with children and one woman without children were assisted into accommodation.

“We were living with whānau and the house was really crowded ... Sometimes the kids had to go and stay with another cousin because it got too crowded ... that was tough having to split up the kids ... We’ve now got a house, our own place ... I’ve got more money, some savings even, thanks to giving up smoking and help getting a job ... The best thing that has helped me stop smoking is not being around other smokers; and having new mates and things to do that don’t involve smoking.” (Wahine¹³)

Of the 54 women:

- 16 stopped smoking – 8 took up vaping and there were 8 validated quits
- 27 cut back their smoking – variously evidenced through a reduction in carbon monoxide levels
- 4 stayed engaged in the programme but were not ready to quit
- 2 were smokefree at the outset and remained smokefree
- 5 opted out of or discontinued their engagement – with the invitation to re-engage or recontact providers at any time.

¹³ Mere is not her real name. This vignette has been developed from conversations with Mere. It is a mix of her own words and events with text edits for brevity and clarity.

Figure 18: Graduation certificate – Turuki: He Ara Tika programme



Figure 19: Graduate celebration – Turuki: He Ara Tika programme



Summary of key prototype design elements

Looking across all four providers, the following were the key prototype design elements that supported young Māori women to stop smoking.

Taking a holistic wellbeing approach

Looking to address whole-of-life issues facing young Māori women and addressing smoking cessation within this context. This design feature recognised that young Māori women face a complex mix of personal and whānau challenges, one of which is smoking. It acknowledges that stopping smoking is typically not the most pressing need facing young Māori women; and places smoking cessation education and support within an overall wellbeing journey. It also involves identifying blocks and barriers to a smokefree life and identifying strategies to address them.

Reframing quitting in the context of living well

Using goal-setting and planning processes to identify and prioritise personal and whānau wellbeing goals that are important to the women. This design feature supported women to envision a future free of smoking and to identify the individual and whānau benefits of being smokefree. These benefits motivated the women to embark on a wellbeing journey. This approach downplays smoking cessation as a medical problem and reframes quitting as an aspirational journey in the context of living well.

Making non-smoking more attractive than smoking

Creating positive, social and supportive environments for the women by facilitating connections with their peers and providing fun and engaging activities. This design feature used group-based programmes and activities and supported women to connect with their peers, make new friendships and build trusting relationships with each other and with programme facilitators. A key aspect was to

make smoking cessation social and fun through participating in positive social time with peers, art and craft projects, physical activity and community events.

Being responsive to the needs of women with priorities set by the women

Employing a 'whatever it takes' approach in responding to engagement issues and supporting women to lead their own development and set their own priorities. This design feature put wāhine needs at the heart of service design. This included facilitating access to the provider by making appointments at times and places convenient for the women, including after hours and in the weekend. A key aspect was being guided by wāhine and supporting them to lead and determine their own pathways and priorities.

Using culture as a connector and enabler

Using cultural practices to connect women to each other and to their cultural roots and to positively affirm their identity as Māori. This design feature recognised that as Māori, the women shared a connection to te ao Māori to some degree. Providers used this connection as a strength throughout their prototypes, incorporating aspects such as te reo Māori, waiata Māori, tikanga such as karakia and rituals of welcome (pōwhiri) and farewell (poroporoaki), programme activities or components based on marae, Māori craft activities and, in one situation, using Māori role models on the programme to inspire and motivate change.

5 | Prototype co-design and implementation: providers' perspectives

This section discusses providers' perspectives on the co-design of the initial prototypes and their implementation. It briefly recaps the prototype co-design phase and providers' reflections on it. For each provider, it describes the implementation of their prototype using a framework of test, learn and refine, their reflections on implementation of co-design, and future considerations. Looking across all four providers, the section concludes with a summary of key learning from the implementation and future co-design considerations.

The co-design phase

As section 1 has summarised, the first part of the co-design process involved a two-day co-design workshop with providers, Ministry officials and the evaluation and design teams. The workshop provided an overview of the co-design process and saw each provider begin to develop an initial prototype design. Providers then shared the prototypes with their staff and refined them with the support of the co-design coaches and developmental evaluators. One provider included wāhine in the design of prototypes at this stage.

Drawing on the phase one insights and providers' own expertise, the process encouraged providers to 'think big' and test small. This was about developing a prototype that was 'good enough', could be implemented with a small group of users relatively quickly and had sufficient service design shape without being highly prescribed.

"Not so big it wasn't do-able, but sufficiently well-developed that it made sense to people quickly; and people would get behind it." (Co-design coach)

Planning and preparation were to take place between mid-December 2017 and the end of March 2018. It was envisaged that a 12-week implementation phase would follow between February and May 2018, when providers would seek to engage six to twelve wāhine.

Each provider was to test, refine and deliver prototypes within the existing resource that was contracted to its service and to assign one or more key members to lead and support the project from within its existing workforce. In turn, the Ministry agreed to reduce the stop smoking service output requirements during this period; and to provide design support and coaching (through ThinkPlace) and developmental evaluators as reflective coaches to support testing, learning and refining of the prototypes.

Turuki did not have an existing stop smoking contract. Through its own efforts and with the support of the Ministry, Turuki was able to second a former smoking cessation worker as the lead facilitator from ProCare, a co-facilitator through community networks, project funding from Pharmac and whānau support funding through Whānau Direct.

Provider reflections on the co-design phase

Overall, providers valued the co-design phase (with some concerns noted in the following paragraphs). For providers, the value of the co-design workshops and coaching sessions has included:

- Gaining access to new knowledge and learning. Providers generally described the ThinkPlace workshop as engaging and well received, with staff becoming excited and motivated to be involved in the project.

“A coaching session and site visit was valuable to ensure Turuki staff had clarity about the purpose, focus and techniques that may assist in the development and design of the group.” (Provider Chief Executive)

- Having the opportunity to share with and learn from other providers.

“It was a good opportunity to hear from other providers and see similarities with what others were doing.” (Provider Chief Executive)

- Receiving affirmation of the expertise that providers brought to the co-design process and the demonstration project.

“It empowered us with the knowledge that we bring, reading through the research reconfirmed that what we do works.” (Provider Chief Executive)

- Gaining support to think outside the box and think more freely, with fewer constraints. This thinking continues to benefit providers.

“So what was good about it was that it was a really freeing experience... and now we put ideas on the table and say ‘Let’s have a look at it’. In the past that would have been out the window so it’s been a validating and freeing experience.” (Provider Chief Executive).

Concern was expressed about the absence of tikanga or a kaupapa Māori perspective in the initial co-design workshop. This negatively impacted on whanaungatanga and meant that some providers took longer to buy into and fully commit to the co-design workshop processes.

“... I think if there was a Māori facilitator, even one person, it would give confidence that there was an understanding of the Māori context.” (Provider Chief Executive).

Because it was expected that each provider would develop an initial prototype by the end of the two-day workshop, the co-design facilitators had to move very quickly through the prototype design processes. Some providers were frustrated by the lack of time to think through aspects of their prototype in a more considered way. Some felt strongly that they needed to co-design with input from local wāhine given the importance of the kaupapa.

“... the facilitation style was a bit pushy at times. We needed more time to think about things and there was tension for us to come to a conclusion whereas there was lots to think about and consider.” (Provider Chief Executive).

Providers also suggest if regional Ministry cessation contract managers had attended the co-design hui, they could have facilitated better understanding of this project. That in turn could have seen stronger support provided to access and reorient resources locally with each provider’s district health board.

The implementation (prototyping testing) phase

Prototypes are a useful method to quickly test an idea, programme or service with intended users and to gather early feedback from users, service providers and stakeholders. By its very nature, prototyping is iterative. It is expected that prototypes will be adapted, perhaps multiple times and sometimes continuously over time, as a result of learning facilitated by reflection and evaluative thinking throughout implementation. Prototypes therefore are not pilot or fully formed programmes; given the iterative and developmental nature of prototypes, the assumption is that they need only be ‘good enough’ to test with intended users.

Using the design principles of test, learn and refine (table 1 and figure 21),¹⁴ this section discusses provider learning from implementing the prototypes. This approach focuses on testing of prototypes in ‘live’ contexts rather than testing in ‘simulated’ or ‘mocked up’ contexts that designers often use.

Table 1: Prototyping design principles

<p>Test ...</p> <p>is about applying the concept of think big, test small to try things out and see how the prototype works in context. Testing is also done at pace, applying the concept ‘move fast’</p>
<p>Learn ...</p> <p>is about applying at pace evaluative thinking and activities to understand how well the prototype is working in line with your design challenge, applying the concept ‘safe to fail’</p>
<p>Refine ...</p> <p>is about continuing the experimental mindset, using learnings to adjust or refine the prototype – and then to test again</p>

Figure 20: Prototyping design principles

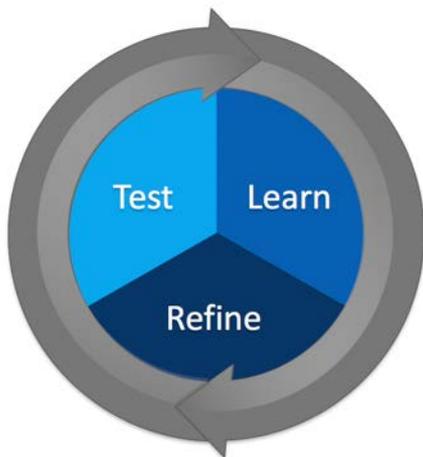


Table 2 provides an overview of how each provider applied the test, learn and refine prototyping principles.

Table 2: How providers applied prototyping design principles

	Tui Ora	Turuki	Te Waka Huia	Ngā Kete Mātauranga
Test	Continuous testing of prototype and ideas with wāhine and staff	Continuous testing of new ideas – fast paced and immediately applied	Several rounds of testing the prototype and adaptation	Continuous testing of ideas with wāhine and staff

¹⁴ Other design principles frameworks include explore, innovation, evaluation (ThinkPlace).

	Tui Ora	Turuki	Te Waka Huia	Ngā Kete Mātauranga
Learn	Frequent rapid cycles of evaluative thinking and reflection	Regular weekly cycles of reflection and evaluative thinking, applying the concept 'safe to fail'	Several reflection activities and fortnightly evaluative thinking cycles after implementation of initial prototype design	Regular weekly and fortnightly reflection and evaluative thinking
Refine	Multiple phases of adjustment and refinements to ensure the prototype is as responsive as possible to wāhine	Ongoing and iterative adaptation in response to the needs of individuals and the group	One main adaptation: a change to fortnightly workshops to respond to wāhine needs	One main adaptation: the addition of a second prototype; also ongoing and iterative adaptation in response to the needs of wāhine (and their whānau)

Tui Ora prototype implementation

The initial Tui Ora prototype was developed at the first two-day hui. The Lifestyle Disruption prototype went through a number of cycles of test, learn and adapt. The initial design was shared with staff and further adapted before being tested with wāhine. Further adaptations were made before initial implementation and delivery.

The Tui Ora team's frequent use of rapid cycles of evaluative thinking and reflection to pivot the prototype to be responsive was evident throughout the implementation phase. The prototype moved from the initial design based on a two-day retreat format to a seven-week quit programme with each weekly wānanga linked into the key messages to support their quitting and wellbeing journey. This initial prototype tied in with the quit model: the Stop Smoking team was to lead with support from the Whānau Ora team. However, it was recognised that the level and intensity of engagement, and the oranga focus would be best supported through a dedicated Whānau Ora approach, with support from the Stop Smoking and Health Promotion services. Again, after discussion with their wāhine and reflection on the prototype, the provider determined weekly or evening wānanga weren't working well for wāhine. So the group moved to a monthly half-day wānanga with weekly individual support. This approach helped to build buy-in with the wāhine, who also helped to set the focus for the following wānanga. The group setting has supported the introduction and sharing of information and generated conversations among the wāhine, and informed the individual engagement.

As an organisation, Tui Ora values co-design, and readily draws on the principles and tools to support its work as a practitioner of Whānau Ora.

Tui Ora reflections on implementation

Tui Ora has appreciated the opportunity to be part of the phase two demonstration project. Its involvement has contributed to its co-design capability and has allowed the provider to develop and test a new approach to engage and support young Māori women – with a focus on smoking cessation in the context of wellbeing. As a consequence, Tui Ora reports an increased understanding about what is required to successfully invite women to participate in the programme, the value of locating the programme with the Whānau Ora team and the importance of closer relationships between internal teams. For Tui Ora, these are valuable insights to guide future implementation.

However, participation has not been without its challenges. It took more time than expected to get up and running. Adapting the prototype and being responsive to wāhine-led needs have been intensive tasks and have had to be managed within the constraints of available people and financial resource.

Tui Ora future co-design considerations

For Tui Ora, the following are considerations for the future use of co-design:

- Co-designing with wāhine from initial concept to further adaptations is critical. One common aspect of prototype design is that user perspectives are often reflected second-hand through, for example, prior research and persona¹⁵. For this project, the views and experiences of young Māori women who smoke were reflected through the phase one insights, individual experience and a range of smoking-related research and statistics. Tui Ora's preference is for wāhine to be involved through all steps of the process.
- New funding is needed to support the co-design and prototype implementation. 'Think big, test small' was encouraged in the prototyping environment, operating largely within existing resources. However, there was a mismatch in the length of time available to test, learn and adapt and to reorient resources given current caseloads and projects in train.
- There is a need to critically assess the impact of co-designing in Māori contexts when rapid testing to 'design a better experience' may be too brief, recognising that building trusted relationships is at the heart of engaging wāhine who are not connected with supportive systems.

Te Wakahuia prototype implementation

The initial Kia Hauora te Wharetangata prototype was developed at the first two-day hui. A noho marae to support the first 72 hours of not smoking was the main driver. Another core feature was to have wāhine-led planning with a Whānau Ora coach and access to a smoking cessation coach.

The prototype was tested with the staff and a group of wāhine invited to hear about the idea. A good number among the 16 wāhine who registered to attend supported the prototype. A group of staff from the smoking cessation service came together to plan the noho. Testing of the prototype meant delivering a one-off event of a two-day noho marae, which involved significant planning, resource and input from staff as well as from other programme facilitators who undertook sessions at the noho. Based on critical reflections directly before, during and after the noho by staff and the Chief Executive, and with support from the evaluator, Te Wakahuia adapted the prototype in response to rapid changes occurring before and during the noho. For example, because some wāhine were unable to attend, other wāhine were then invited. The programme itself was adapted in several ways to meet the needs of the wāhine. For example, during the noho most wāhine wanted to go home overnight and return the next day. Staff were able to adapt to this need by supporting the wāhine with their needs and providing transport to and from the noho.

Reflection activities occurred through staff debriefs during and at the end of the noho, as part of a staff survey set up by the project manager. They also occurred afterwards during fortnightly teleconference sessions between the evaluator and the project manager.

The second adaptation and testing of the prototype involved undertaking fortnightly workshops during a week morning, including activities discussed and agreed by the wāhine at the first session. As a result, more staff and resources needed to be allocated to these activities including an art therapist/counsellor to facilitate the sessions, provision of kai, and transport pick-ups and drop-offs. This approach gained momentum over the following two months as wāhine became more enthusiastic and attendance improved with word of mouth spreading this enthusiasm. Throughout

¹⁵ The purpose of personals is to create reliable and realistic representations of your key audience

this time, the Whānau Ora coach and smoking cessation coaches were available to engage with wāhine and a number of wāhine-led plans were developed including stop smoking goals.

The key learning by Te Wakahuia included a range of elements about wāhine engagement and delivery of prototypes. First, staff need to make significant effort to motivate and support wāhine to attend; second, they need to continually engage with wāhine between the introduction of the new idea and the delivery of it, as well as during fortnightly sessions; and third, it is critical to involve the wāhine to drive the ideas behind the sessions. The noho was still seen as a possible option for future programming with some adaptations, as both staff and wāhine who attended continue to support the value of the noho. The group sessions that occurred after the noho were also seen as a good strategy for providing ongoing support to wāhine through their journey toward stopping smoking, in particular motivating them to think about stopping, or starting the stop smoking journey.

Te Wakahuia, as an organisation, and its smoking cessation staff were generally new to co-design.

Te Wakahuia reflections on implementation

Te Wakahuia was excited to be invited to be a part of the phase two demonstration project and has appreciated the learnings that have come from participating in a design process, and the tools and methods that were used at the workshops. The process has allowed Te Wakahuia, as lead provider for smoking cessation in the region, to engage the whole smoking cessation coach team (across several providers) in a culturally grounded programme that was delivered in a culturally appropriate way. As a result of testing the prototype, staff gained a better understanding of what it takes to engage and support young Māori women, including the need to take a consistent approach to maintaining contact, building relationships and ensuring wāhine have a say in the activities that are provided.

One of the key challenges for Te Wakahuia was that implementing the prototype and being responsive to ongoing programme learning and insights took significant time from business-as-usual services, particularly after the noho.

Te Wakahuia future co-design considerations

For Te Wakahuia, considerations for the future use of co-design include:

- Tailoring co-design and developmental evaluation support to the provider's context and capability
- Where co-design is new to an organisation, conducting a more in-depth assessment of provider design and evaluation capability as a way of supporting more appropriate allocation of the co-design and developmental evaluation coaching and mentoring resource. For example, allocation might involve giving greater support to test and iterate a prototype that is a one-off event before implementing it 'live'.

Turuki prototype implementation

Two senior staff members of Turuki began to develop the initial prototype of Te Ara Tika wellness programme at the first two-day hui. Once the key facilitator (with her smoking cessation experience and expertise) came on board, a 12-week programme with a phased approach was discussed with the wāhine. The twice-weekly programme emerged at the request of the wāhine.

Turuki tested the prototype through regular debriefing due to the intense nature of the programme. The facilitators were constantly testing new ideas and the pace had to be fast and immediate as the wāhine were highly engaged and encouraged to share their ideas.

The facilitators felt that they were tested at every session as they never quite knew who would turn up and what the participants would come with. The programme was determined with and alongside

the wāhine every step of the way and they enjoyed being part of the design. A set of criteria emerged over time as to whether something new would fly or not. Specifically these criteria included that the idea had to:

- benefit the majority, if not all, of the group
- be able to be resourced
- be able to be implemented immediately
- fit with Te Ara Tika – that is, it was the ‘right thing’ to do for the women both individually and collectively.

Critical to the learning component were the regular reflections following each session, incident or event. Although there were two contact days, facilitators were also in contact with the wāhine outside of these sessions, providing support, a listening ear and coaching via the Facebook page, phone calls and text messages. The learning included a focus on the wāhine and their needs, the programme content, assumptions made, the best facilitation approach and what was working or not working in terms of maintaining a smokefree lifestyle after the quit date.

Regular reflection sessions with the facilitators, the Chief Executive and the evaluator brought collective wisdom to the fore. These sessions were opportunities to reflect on whether the right things had been done, what assumptions were tested, and what risks were apparent, if any. In other service delivery scenarios, if Turuki had any doubts, it would be guided by contract specifications. Without a contract to set parameters, risk was assessed in a different way and was often determined by the safety of the women, the facilitators and the organisation.

Some situations required quick decisions to be made. For example, it was necessary to make a decision to provide resourcing for one of the women in a crisis situation that required childcare and transport. That decision worked out well, and the learning was that, with the right participation and the right support, sometimes the win for the whānau is greater than what the cost might have been without the intervention.

The implementation phase required a continued experimental mindset, particularly with the cohort of young Māori mums who face a myriad of challenges daily. The facilitators were at times unprepared for some of the issues that arose and were challenged by the follow-through required in some instances. It was not uncommon to have to adapt five times a day as they did not necessarily know when an issue was coming. Some of the wāhine had put themselves in some uncomfortable situations, which required them to be honest with where they were at. It also required trust to be in place so that appropriate support could be provided.

If the actions of an individual impacted on the group or if they did not take responsibility for their actions, these issues were raised and discussed in the group. The facilitators were actively adapting every step of the way, being responsive to the needs of individuals and to the group as a whole.

New elements of co-design to Turuki were the structured framework and process, and the developmental evaluation support for ongoing weekly reflection, learning and adaptation. Relationships were key and knowing that there were others with a vested interest in the success of the project was important.

Turuki reflections on implementation

Turuki has valued the opportunity to be part of the phase two demonstration project. The project provided continuity and the opportunity to respond to the issues highlighted by its wāhine clients who participated in the phase one research.

Turuki has also appreciated the training, coaching and mentoring that has accompanied the co-design process, along with the developmental evaluation to support real-time reflection, learning and adaptation.

“We had space to brainstorm and create in a way we haven’t been able to do before ... and it was an agile developmental process – fail fast/learn/adapt quickly.” (Te Paea Winiata, Chief Executive)

Having the support of a Māori developmental evaluator and evaluation team has also supported the inclusion of, and reflection on, Māori cultural dimensions of service design and delivery. It has been so helpful that the co-design and prototyping approach with developmental evaluation support has emerged as Turuki’s preferred approach for programme and innovation testing, and it is now applying this approach to new programme ideas.

“Having the regular debriefs and learnings with the evaluator contributed hugely to the sustainability of the group and in a sense continued the co-design process from week to week.” (Te Paea Winiata, Chief Executive)

The provider has valued the Ministry’s strong partnering approach. This has strengthened relationships with the Ministry and its support in securing grant funding from Pharmac was much appreciated.

Turuki future co-design considerations

For Turuki, considerations for the future use of co-design include:

- Recognising that a can-do attitude, a willingness to get stuck-in and the active and engaged support of the Chief Executive are critical enablers
- Staying open to future projects to be part of ongoing learning opportunities
- Identifying sustainable pathways to support Turuki and whānau participation
- Looking across other Turuki services to identify where additional capacity and potential gains can be made from cross service collaboration (as occurred with the Fit Kids programme)
- At design and implementation stage, unbundling the level of time, resource and capacity required, which is essential for providing the optimum environment and set of circumstances.

Ngā Kete prototype implementation

Like other providers, Ngā Kete developed the initial prototype at the first two-day hui. The initial design was shared with staff and subsequently refined following a coaching session with a ThinkPlace coach. A kaimahi (key worker) was appointed and they took on the day-to-day implementation of Ngākau Manawa with the support of a senior staff member who had extensive smoking cessation experience but was working in another part of the service.

Ngā Kete employed a ‘learn-as-you-go’ approach through weekly reflection sessions with the developmental evaluator. These sessions explored the progress and challenges of implementing the prototype, and supported kaimahi to work through and evaluate the proposed tactics and strategies to be trialled.

Being wāhine-led and responsive to their needs was at the heart of Ngākau Manawa and underpinned the key prototype adaptations. For example, all except one of the wāhine liked the idea of group sessions in principle, as well as the invitation to be part of something bigger than themselves. However, finding a time that worked for all of the wāhine was not possible due to their whānau and work commitments, which they typically prioritised over their own needs.

To respond to this challenge, two main adaptations were made. First, Ngākau Manawa was changed to a personalised, one-on-one support programme, for the initial intake of women. The kaimahi set up appointments at a time and place convenient for wāhine, such as at their workplace or at a local café (with the kaimahi paying for the coffee), outside of normal business hours. They also

rescheduled appointments as often as necessary – without judgement or negativity. When needed, wāhine were supported to access other support and services as needed (internal and external).

Second, another prototype was added, focused on a pre-established group of young women at a school for young parents. The programme ran for four weeks, with a one-hour session each week. Given that these wāhine were attending their education programme daily, finding a time that worked for everyone was not an issue. On the other hand, as an established group, some existing group dynamics came into play – for example, not everyone was ready, or wanting, to embark on a smoking cessation journey and some women were not comfortable sharing in the group.

Ngā Kete reflections on implementation

Ngā Kete has valued the opportunity to partner with the Ministry to develop and test Ngākau Manawa. The provider describes the high-trust, partnering relationship with the Ministry as a particularly important aspect of the project approach. From its perspective, being involved in the project has been a valuable investment of time and energy.

“A very valued experience. It validated what we did overall as a provider and in the stop smoking space worked ... And it was validating: one, being asked and, two, being treated as an absolute partner in the process.” (Tracey Wright-Tawha, Chief Executive)

As Ngā Kete sees it, while it would have been helpful if the project had come with some additional resource, sometimes you have to go with the opportunity and make it work irrespective of funding.

“If we waited for resource all the time, ideas would be stymied or put on the back burner. Sometimes you’ve just got to do what’s right because it’s the right thing to do and trial something and go with the learning that that opportunity presents.” (Tracey Wright-Tawha, Chief Executive)

Ngā Kete has appreciated the co-design coaching and developmental evaluation support it has received as part of the project. One of the benefits of this support, in addition to developing the prototype, is that it has built staff capability in reflection and problem solving.

“I think when I sit down and talk with the staff that have been involved in the prototype process, we talk in a different way now; our problem-solving approach is quite different, we get down to it far more quickly and we’re not afraid to put ideas on the table. That’s very freeing.” (Tracey Wright-Tawha, Chief Executive)

Ngā Kete is proud of the outcomes it has supported wāhine to achieve. In its view, however, there is still much to learn about the emerging Ngākau Manawa ‘model’ and how to effectively support young Māori women to stop smoking. It would welcome the opportunity to build on the insights gained to date, by further trialling Ngākau Manawa, ideally with some financial support.

Ngā Kete future co-design considerations

For Ngā Kete, considerations for the future use of co-design include:

- Continuing to build on and tap into the organisational co-design and evaluating thinking capability that has been developed through the project
- Retaining the Ministry partnership approach
- Having project-specific funding for future roll-out
- Having clear communication from the Ministry about the expectations of provider leaders
- Retaining the evaluation and co-design mentoring and support.

Summary of prototype implementation principles and practice elements

The prototypes tested a highly relational and responsive approach with young Māori women. The key prototype implementation and practice principles included:

- ***focusing on perseverance*** to identify and engage wāhine – investing significant time and effort to locate wāhine and invite them to participate
- ***extending a ‘warm invitation’*** – making initial contact with someone known to the wāhine (from within the provider organisation, or externally using whanaungatanga networks) and ideally in person
- ***having conversations with wāhine*** – extending beyond smoking to get to know wāhine and show genuine interest in their needs and motivations, which helps to build trust
- ***being wāhine-focused and led by the needs and priorities of wāhine*** – starting with where wāhine are at, what they say they need, and their priorities and adapting the programme along the way to be responsive to their needs as they emerge, taking small steps such as removing barriers, addressing challenges and reducing stress
- ***including te ao Māori components*** – after assessing which components resonate with participants as young Māori women
- ***staying connected and maintaining an open-door policy*** – ‘a light touch but warm enquiry’, which means continuing to check in with wāhine and reassuring them that they can touch base at any time, on any need, when they are ready
- ***providing a social and supportive environment*** – providing opportunities and activities for wāhine to develop new friendships and positive support networks
- ***using aspirational goal-setting and planning processes*** – to address whole-of-life issues and to identify personal and whānau wellbeing goals that are important to the wāhine
- ***deliberately focusing on building the self-efficacy of wāhine*** – wāhine self-awareness, self-confidence and self-belief, and being connected to support, is vital to building readiness and enabling a sustainable approach to cessation
- ***providing flexible and responsive support*** – being able to adapt to the needs of wāhine throughout implementation and to respond to the changing needs and issues that arise for wāhine and their whānau
- ***using highly skilled facilitators*** – using some experts and staff with a high level of expertise to facilitate planning processes and activity-based learning and reflection with wāhine, and deliver cores aspects of the prototypes
- ***having supportive leadership encouraging staff to be innovative*** –staff are influenced by best practice models and contractual obligations and this can stifle innovation. Provider leadership needs to encourage and support innovation by creating a permissive and safe environment for staff to ‘give things a go’ and to reflect openly on learning.

Summary of future co-design considerations

Across all providers, the following were common considerations for the future use of co-design:

- **Strong provider leadership and provider commitment to the co-design, testing, reflection and evaluation processes** – it is important to have a can-do attitude, a willingness to get stuck in and the active and engaged support of the Chief Executive, which creates a permissive, safe and authorising environment for learning and reflection.
- **Retaining the Ministry's partnership approach** – the project has been characterised by a strong and responsive partnership between the Ministry and providers. This has supported project implementation and created a sense of a collaborative commitment to the project and the overall aims of addressing the challenges of young Māori women who smoke.
- **Retaining the evaluation and co-design mentoring and support** – these aspects have supported prototype design and implementation, ongoing learning and adaptation of prototypes, and the generation of programme insights. They also helped to build providers' reflective and evaluative thinking capability.
- **New funding to support the co-design and prototype implementation** – the expectation that providers could easily meet the resource requirements of the project using funds and staff from within their existing stop smoking contracts was difficult to fulfil in practice. Human resource and existing programme commitments diminished the feasibility and value of the Ministry's offer to reduce contracted stop smoking outputs or deliverables. While providers worked through resource challenges and implications, lack of resource impacted on prototype testing. It would be easier if the providers were funded to design and test their prototypes.
- **Documenting and exploring what 'good' co-design looks like in Māori contexts** – although providers' perceptions of co-design were largely positive, some tensions and challenges arose around the perceived 'cultural fit' of co-design processes and facilitators with kaupapa Māori providers. Going forward, it would be useful to explore what 'good' co-design looks like when working with Māori providers and whānau. For example, the often rapid testing to 'design a better experience' may be too brief when building trusted relationships is at the heart of engaging wāhine who are not connected with supportive systems.

Providers suggest that future co-design projects avoid known busy or stressful periods for whānau and providers such as the Christmas and New Year period.

6 | Conclusions

This co-design demonstration project set out to identify and test new ideas that could positively impact on the rate of smoking among young Māori women, narrow the existing age and ethnicity disparities and halt the transference of smoking across generations.

Each of the four providers was supported through co-design and evaluation coaching and mentoring to design and test a prototype and to reflect on and adapt the prototype as it evolved in response to the needs of wāhine Māori. Each of the providers purposely responded to at least two of the phase one insights in the design of their prototypes.

Considerations and areas of opportunity to have a positive impact on smoking among young Māori women

Any smoking cessation intervention must address the complexity of needs and issues facing young Māori women so that they are in a position to consider and act on smoking related goals. Services need to engage with the whole person, and their context, rather than treating smoking cessation as the most important goal in an isolated, individual endeavour, divorced from the reality of their lives. For this cohort of women, services should first focus on the complex mix of challenges and issues that wāhine need to address, in order for wāhine to be; rather than emphasising smoking cessation as the most important issue first up. The prototypes used aspirational and holistic wellbeing planning processes with wāhine, as opposed to plans which focus only on smoking related goals.

Services need to be responsive to young Māori women. This means, first, that services respond to the barriers wāhine face in both managing their daily lives and accessing and engaging with services, and offer pragmatic solutions. For example, they might offer flexible appointment times and meet women at times and locations convenient to them. Second, responsiveness is about being led by the young women, acknowledging that the women must determine their own pathways, goals and timeframes. This means services must consider women's readiness to quit smoking and, where a woman is not ready to engage or connect, stay connected so that they are in a position to respond when she is. Wāhine-led also means that group work should involve the wāhine in decision-making around what happens as participation can lead to greater opportunities for self-determination and self-efficacy.

Because smoking is a highly social activity, it is necessary to replace it with positive support networks, fun activities and smokefree environments. As the prototypes showed, group work provides a non-smoking group of peers, enabling wāhine to journey together. It supports the building of self-confidence, self-belief and connectedness and enables a sustainable approach to cessation.

The engagement processes and ways of working in the prototypes were significantly different from providers' current stop smoking models or services. All of the prototypes took more time and resource than the current smoking cessation models and contracts allow. Having a greater resource in the future is particularly important as the prototype experience shows that often support was required both during and outside of programme contact hours. Providers were enabled by the permissive and supportive environment created by the Ministry, as well as by the commitment of provider leadership to the prototype learning opportunity and to the wāhine Māori stop smoking objective.

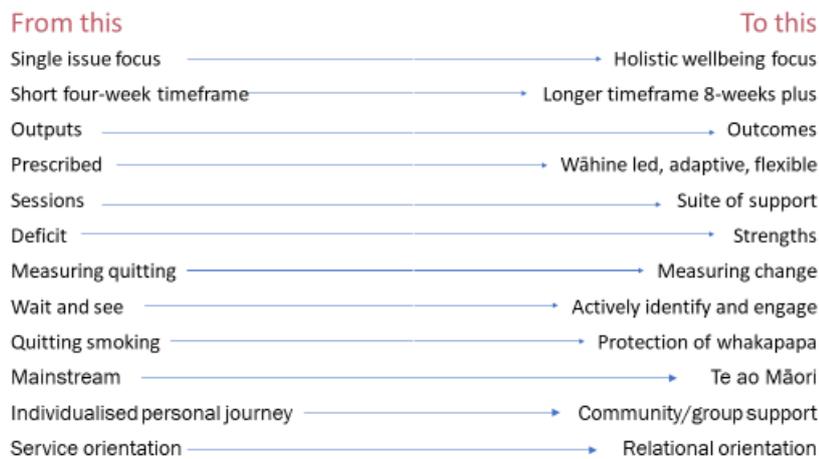
Providers have valued the opportunity to partner with the Ministry, with co-design and developmental evaluation support, to design and test prototypes to stop smoking programmes. They are proud of the outcomes they have supported wāhine to achieve but feel there is still much to learn about how to effectively support young Māori women.

Implications for the Ministry

Rethink how stop smoking services are conceptualised and designed. It is important for the Ministry, and providers, to shift their focus in relation to how stop smoking cessation are conceptualised, designed and delivered for this cohort of young Māori women. Services need to move away from a single-issue, individualised, one-size-fits-all (standardised) approach to a holistic wellbeing approach that is responsive and wāhine-led (see figure 22).

Figure 21: Shifting the focus to rethink how stop smoking services are designed for and delivered to young Māori women

Shifting the focus



Consider how stop smoking services are commissioned. Contracts need to be sufficiently flexible to enable providers to be responsive to the needs and priorities of wāhine. The contract scope needs to encourage or facilitate innovation and learning and contract values need to appropriately compensate providers for this more intensive and relational way of working.

Examine how success is defined. Contract performance measures and outcome indicators need to capture both meaningful service delivery milestones (the value of what providers do) and wāhine and whānau progress and outcomes (the impacts on wāhine and whānau).

If the key prototype elements (see section 4) are carried forward into the design of stop smoking services, then a more integrated measurement framework that reflects a holistic wellbeing approach would improve the evaluation and assessment of programme outcomes.

Continue the test, learn, refine and evaluate approach. This phase two demonstration project has supported one iteration of prototyping, over approximately eight months (November 2017 to June 2018). To increase our understanding about what works in different contexts, it would be valuable to further test the current prototypes either by continuing them as they are or by using them with different groups of young Māori women aged 18 to 24 years. The option of increasing the number of providers and the timeframe of prototyping testing also warrants consideration.

Retain the co-design and developmental evaluation support. These aspects have supported implementation and the ongoing learning from and adaptation of prototypes, and the generation of programme insights.

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Appendix 1: A snapshot of provider design, prototype approach and participant outcomes

Provider	Provider design (responding to phase one insight)	Prototype approach	Participant outcomes
<p>Ngā Kete Mātauranga Pounamu Charitable Trust</p> <p>Invercargill, Southland</p> <p>Not-for-profit health and social service provider</p>	<ul style="list-style-type: none"> • Provide strategies to reduce stress during pregnancy and parenting with education and support when giving up • Provide positive rationale to give up smoking and stay connected to be there when wāhine are ready • Wāhine-led strategies for work recreation and whānau contexts 	<p>Ngākau Manawa (1)</p> <p>Targeted hapū wāhine and those with small children. Initial concept marae-based noho, with weekly follow-up; adapted to tailored individual support over 12 weeks</p> <p>Murihiku Young Persons Learning Centre (MYPL) (2)</p> <p>Working with wāhine at an established school for teenage parents, one hour per week for four weeks</p>	<p>17 wāhine (13 Māori) engaged: NM (9), MYPL (8)</p> <ul style="list-style-type: none"> • 6 validated quits <p>Wāhine outcomes</p> <ul style="list-style-type: none"> • Increased confidence and self-esteem • Feel a sense of pride in achieving and/or progressing towards goals • Increased awareness of personal and whānau options and opportunities • Increased knowledge about NRT and vaping options • Increased knowledge about safe sleeping options for baby • Now connected to pregnancy, parenting and other general services
<p>Te Wakahuia Manawatu Trust Hauora</p> <p>Palmerston North, Manawatu</p> <p>Māori community health service, district health board lead provider for smoking cessation programmes in Manawatu</p>	<ul style="list-style-type: none"> • Support wāhine to give up smoking in supportive environments that include strengths-based and whānau-centred mātanga (coaches) and Whānau Ora navigators • Multiple strategies for engagement and flexible choice in programme activities 	<p>Kia Hauora te Wharetangata</p> <p>Te Ara Whānau Ora model involves a holistic whānau- and wāhine-led process of setting a vision and goals. Noho marae involving culturally relevant activities with experienced facilitators, and follow-up group sessions.</p>	<p>11 wāhine engaged</p> <ul style="list-style-type: none"> • 5 validated quits <p>Wāhine outcomes</p> <ul style="list-style-type: none"> • Increased confidence and self-esteem • Plan and set goals to meet aspirations • Providing better environments for their children • Motivated to quit • From being homeless, assisted to move into own accommodation • Reduced experience of domestic violence as a result of working with a Whānau Ora navigator • Increased social connections

Provider	Provider design (responding to phase one insight)	Prototype approach	Participant outcomes
<p>Tui Ora</p> <p>New Plymouth, Taranaki</p> <p>Community-based health and social services provider</p>	<ul style="list-style-type: none"> Strategies to make quitting social and fun and to make non-smoking more social than smoking Wāhine-led with a holistic, whānau focus 	<p>Lifestyle Disruption</p> <p>Led by a Whānau Ora team, working with wāhine individually and collectively through monthly group wānanga</p>	<p>11 wāhine Māori engaged</p> <ul style="list-style-type: none"> 1 quit (vaping) 8 cut back <p>Wāhine outcomes</p> <ul style="list-style-type: none"> Increased confidence and self-esteem Reduced isolation and increased connections to people, information and services Developed personal plans and sets goals and have an increased sense of options and opportunities 1 working with Whānau Ora navigators 9 referred to stop smoking programme
<p>Turuki Health Care</p> <p>Mangere, South Auckland</p> <p>Primary health and social services provider</p>	<ul style="list-style-type: none"> Focus on supporting the wāhine with their Whānau Ora aspirations Provide a fun, positive peer-supported and activity-based environment and remove emphasis on smoking as a medical problem 	<p>Te Ara Tika – HAU ORA Wāhine Wellness Programme</p> <p>12-week group-based programme meeting twice per week. In three phases with a strong emphasis on holistic care to become smokefree. Initial concept was for one facilitator with support; this grew to four experienced facilitators.</p>	<p>15 wāhine engaged</p> <ul style="list-style-type: none"> 8 quits (vaping) <p>Wāhine outcomes</p> <ul style="list-style-type: none"> Increased confidence and self-esteem Anxiety and depression have decreased Alcohol and drug use have reduced Improved savings, parenting and whānau relationships Whānau vaping champion (1 wāhine) Reduced experience of domestic violence, and increased knowledge of strategies and support services Reduced isolation and a group of supportive friends 8 wāhine continue to engage with facilitators

Appendix 2: Profile of wāhine by provider

Provider	Ngā Kete	Te Wakahuia	Tui Ora	Turuki
Number of wāhine	17	11	11	15
Age				
18-24 years	17	11	11	13
25+ years				2
Ethnicity				
Māori	13	10	11	13
Non-Māori	4	1		2
Employment status				
Paid employment	8	4	5	2
Full-time caregiver	4	2	1	12
Not in paid employment		3		
Secondary education	8			
Tertiary education	1		1	1
Parental status				
1 to 4 children	13	4	6	10
5 plus children	-	-	-	2
No children	4	7	5	3
Pregnancy status				
Pregnant	5	1	0	3
Not pregnant	12	10	11	12
Personal smoking goal				
Stop smoking completely	5	5	1	8 (vaping)
Cut back	6	1	8	5
Engaged – not ready to quit	2		2	2
Opted out	3			
Non-smoker	1	1		