The evaluation, and this report, were commissioned by the Ministry of Health and carried out by public health researchers within the School of Health Sciences, Massey University.
<table>
<thead>
<tr>
<th></th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>National perspective case</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Healthy Families Far North</td>
<td>7</td>
</tr>
<tr>
<td>3</td>
<td>Healthy Families Waitakere</td>
<td>25</td>
</tr>
<tr>
<td>4</td>
<td>Healthy Families Manukau, Manurewa-Papakura</td>
<td>43</td>
</tr>
<tr>
<td>5</td>
<td>Healthy Families Rotorua</td>
<td>61</td>
</tr>
<tr>
<td>6</td>
<td>Healthy Families East Cape</td>
<td>77</td>
</tr>
<tr>
<td>7</td>
<td>Healthy Families Whanganui Rangitikei Ruapehu</td>
<td>97</td>
</tr>
<tr>
<td>8</td>
<td>Healthy Families Lower Hutt</td>
<td>112</td>
</tr>
<tr>
<td>9</td>
<td>Healthy Families Christchurch</td>
<td>128</td>
</tr>
<tr>
<td>10</td>
<td>Healthy Families Invercargill</td>
<td>142</td>
</tr>
</tbody>
</table>
1 National perspective case

1.1 Introduction

The national perspective includes those working across Healthy Families NZ within the Ministry of Health, including the national team itself, and a selection of organisations that have partnered across Healthy Families NZ locations. This section summarises the findings from eight (n=8) national perspective key informant interviews. We have organised this section according to seven themes that emerged from interviews.

1. Understanding what Healthy Families NZ aims to achieve
2. Successes of Healthy Families NZ
3. Enabling features of Healthy Families NZ as an approach
4. Wider context issues
5. Purpose of the national team
6. Challenges for Healthy Families NZ
7. The national Healthy Families NZ team supporting phase two.

1.2 National perspective themes

1.2.1 Understanding what Healthy Families NZ aims to achieve

There was consistency across the key informants that the primary aim of the Healthy Families NZ initiative was to strengthen prevention through building community capacity and networks within Healthy Families NZ locations. There was also consistency in recognising that the aim of Healthy Families NZ was to address the risk factors of chronic disease through actions to create healthier environments.

1.2.2 Successes of Healthy Families NZ

• There was a consistent view that the initiative still has much to offer, and needed more time to demonstrate its full potential.
Most key informants identified how the approach of Healthy Families NZ enables Māori ownership and leadership, and the systems focussed design has enabled diverse cultural and contextual perspectives to be included, valued and utilised to underpin activities.

There was wide acknowledgement that Healthy Families NZ is an innovative, new approach to prevention. The approach, whilst built on the foundation of health promotion and the Ottawa Charter, initially appeared to jar somewhat with the traditional ways of thinking and acting within public health and health promotion. As a consequence, there was some scepticism of the approach throughout the establishment period of the initiative, particularly from within the health sector itself. However, there was also a recognition that the overt approach to systems change was pushing the boundaries and is making headway in terms of normalising this adaptive way of thinking to address complex issues, and making it more acceptable. It is also noted that non health sector organisations and leaders were more accepting of, and quicker to embrace, the Healthy Families NZ approach than traditional health sector organisations.

Different key informants could identify a number of examples of successes, including:

- promoting the connection between health and nature through the relationship with the Department of Conservation (DOC)
- the application of maramataka
- changing environments to make water the easier choice and reduction in availability of sugar sweetened beverages
- smokefree policy changes and other work within Councils
- food system initiatives such as the establishment of community gardens
- endorsement by the Iwi Chairs Forum and becoming a standing item on the Forum’s agenda
- workplace wellbeing
- the implementation and expansion of the ‘choice as sizzle’ initiative developed by Healthy Families Invercargill and the uptake of it in to new regions including those outside of the Healthy Families NZ locations
- increased local connections and collaboration for collective impact.

The initiative had led to a cultural shift within Lead Providers towards their own organisations becoming more health promoting.
• A unique feature of the initiative was described as the location teams being empowered to access and influence leaders from across the prevention system and beyond, creating connections with and influencing leaders from a range of settings and sectors.

• It was recognised how important having the national evaluation was for communicating the story of Healthy Families NZ and identifying strengths, weaknesses and value.

• There was recognition of the process of ongoing adaptation from the starting point to fit diverse and evolving local communities and circumstances.

1.2.3 **Enabling features of Healthy Families NZ as an approach**

• The intentional incorporation of equity in the design of Healthy Families NZ, such as the inclusion of Equity as a Principle and the selection of Māori led provider organisations was identified as a fundamentally important element for addressing equity.

• The quality and actions of leadership were consistently described as a factor necessary for systems change, particularly adaptive leadership.

• There was reflection by key informants on how the initiative had enabled more diverse and deeper local connections between people and groups, facilitating greater community voice on prevention in their communities.

• The nature of trust based contracting relationships by the Ministry allows a focus on understanding successes and challenges, and opportunities for adaptation.

• There was recognition of the importance of strategic communications in supporting systems change within the locations, as well as at the national level.

• There were different views on how the Strategic Leadership Groups were working and where some could be more effective. These included: the need for more senior leaders participating in some locations; potentially meeting less regularly in recognition of peoples’ time constraints; ensuring more focused engagement especially around collective action; the participation of the national Healthy Families NZ team on the Strategic Leadership Groups supports responsiveness to local issues at government level.

• There was a view that the initiative had enabled national non-health organisations such as DOC and The Warehouse to connect with the Ministry of Health where they may have come up against barriers to engaging with the health sector in the past. It was also felt that the
initiative, through the national Healthy Families NZ team, provided the locations with allies and practical and moral support for greater cross-sectoral actions on health and wellbeing.

- The reinvestment of operating surplus within locations has been invaluable for allowing greater adaptation to local circumstances, especially in terms of the workforce.
- There was also recognition of the important role of the national Healthy Families NZ team’s flexibility in renegotiating terms and circumstances with the locations when significant challenges have arisen locally.

### 1.2.4 Wider context issues

- The key informants frequently mentioned the fragmented organisation of ‘public health’ both within the Ministry, and across the sector.
- The political risk to the initiative given the change in Government was highlighted.
- National stakeholders recognised the substantial barriers the teams face in trying to address alcohol harm in their communities – more so, than acting on the other risk factors.
- Mental health was commonly mentioned as a substantial and unaddressed issue in community.

### 1.2.5 Purpose of the Healthy Families NZ national team

There were several perspectives on the purpose and goals of the Healthy Families NZ national team:

- As a partner with locations to support their work. The team were seen by key informants as a conduit for information and scalability across locations and ensuring responsiveness from the Ministry of Health to enable local action.
- Utilising their own influential relationships to support local activities.
- Working across sectors to make connections and identity opportunities for shared actions aimed at joining up national level activities with the local activities.
- Acting as the glue of the initiative to keep people, activities and learnings connected to each other.
- Meeting ‘Machinery of Government’ obligations as a team within the Ministry of Health, such as briefings and reports, contract management.
- Managing the tension between accountability of public money and enabling local ownership and responsiveness to local context.
• Key informants saw the national team’s role in Strategic Leadership Groups as useful for being able to respond to issues. There was also a view that this responsiveness to facilitate systems change could be strengthened at the national level with greater resource provided for the national team.

1.2.6 Challenges

• Internal Ministry of Health relationships were regarded as the biggest challenge for the national team. Key informants expressed having detractors within the Ministry who are outwardly sceptical of the approach due to having been invested in traditional service or programme delivery. Key informants noted the nostalgia from some in the Ministry, particularly around legacy programmes such as Healthy Eating, Healthy Action (HEHA) and the perception of such being unfairly axed almost a decade ago.

• In the early stages of the initiative (as the Healthy Families NZ locations were establishing), the low visibility of the initiative was described as a challenge. However, more recently being able to show stories of change in locations had been a powerful way to show what the initiative was achieving and get support. The monthly Healthy Families NZ newsletter, sharing of location success stories, and the Interim Evaluation Report have been useful for raising the understanding and visibility of the initiative within the Ministry and with Government partners.

• It appears that the national team are working in a different way compared to the Ministry’s traditional ways of working. This was viewed both as challenge as well as an advantage, in terms of them taking on a more system-disrupting role.

• There was mention of the continuous challenge to keep the initiative responsive and adaptive within a large bureaucracy such as the Ministry of Health, where systems based approaches are not the norm.

• A challenge for Healthy Families NZ locations, from a national team perspective, is local prioritisation of actions and identifying when to exit initiatives.

The Healthy Families NZ National team supporting phase two

• The national team does not have a Strategic Leadership Group that brings in wide perspective and spheres of influence to support the team and the initiative and this could be useful for phase two.

• Greater involvement of visible Māori leadership.
National Perspective Case

- There were different perspectives of key informants on the required FTE, roles and capabilities within the national team to support Healthy Families NZ in phase two. There were aspirations for a larger, better resourced national team, but there was also recognition of the practical limitations in committing more resource within the Ministry of Health.

- Several functions were identified as requiring more capacity, including: evaluation and data synthesis; strategic communications; supporting national level collective action; encouraging and promoting innovation within the Ministry of Health to support systems change.

- Establishing ways for the team to systematically reflect upon, and respond to, the information the national team receive from Healthy Families NZ locations.

- Greater support of the national team to travel to enable more face-to-face interaction with location teams.
2 Healthy Families Far North

2.1 Local context

2.1.1 Geography and demography

The Healthy Families Far North area has a population of about 55,734 based on the 2013 Census. Overall the population is much more deprived than the rest of New Zealand, with half of the dwellings classified in the most deprived deciles nine and 10, on the NZ Deprivation Index.

Figure 1 Map of Healthy Families Far North by deprivation
The area has a high proportion of Māori (45 percent) compared with the New Zealand average and lower proportions of other ethnicities (European, Pasifika and Asian) as well as higher proportions of children and older adults.

2.1.2 Health status and chronic disease risk factors

We used pooled, age-standardised New Zealand Health Survey data, between 2011/12 and 2014/15, to look at health status and chronic disease risk factors in Far North, with comparisons to the total New Zealand population for our interim evaluation. Both Far North adults and children tended to have better fruit and vegetable consumption. However, adults were more likely to have lower physical activity patterns, be current smokers, hazardous drinkers and be either overweight or obese. Likewise, Far North children were less likely to use active transport to and from school, and more likely to be overweight or obese.

2.1.3 Collaboration context

Healthy Families Far North has a range of contextual factors that may have had an impact on the effective and timely implementation of Healthy Families Far North.

- The very high deprivation and socioeconomic environment, and the geographic dispersion of particular pockets of high deprivation.
- A large number of organisations and government agencies working on similar issues in small areas but in silos and sometimes at cross-purposes.
- Competitive government contracts and funding environment exacerbating the lack of coordination and collaboration among some organisations.
- A particularly large range of parties having the potential to influence health initiatives in the region, particularly the many iwi groups who have an active interest in initiatives in their area.
- Protocols of the Lead Provider in engaging with partners across the region.
2.2 Implementation

2.2.1 Lead Provider

The Healthy Families Far North Lead Provider was Te Rūnanga o Te Rarawa Inc which operates out of premises in Kaitaia.

2.2.2 Healthy Families Far North team

The original contract provided for 6.5 FTE, and moved to 7 FTE in 2017. This included a Manager, Partnerships and Engagement Coordinator, two Settings Coordinators, and three Health Promoters. Due to delays in recruitment, staff turnover and timing issues, the team often did not have their full complement of staff or had temporary staff recruited to fill specific skill gaps that arose.

Relationship with the Lead Provider

The Healthy Families Far North team’s view of their relationship with the Lead Provider is that while it has its advantages, overall it has been an inadequate arrangement. There had been some challenges and tensions at times about getting the right kind of support, space and resources for the very mobile team. It had also taken time for the purpose of Healthy Families Far North to be fully understood within the Lead Provider organisation, specifically that the initiative is not about programme delivery.

The Healthy Families Far North team had tended to work separately from other staff in the Lead Provider organisation. The Lead Provider’s understanding of what the team was working on did improve when the team were able to involve some of the social services staff in giving feedback on their prototypes.

Healthy Families Far North team members observed that, since the initiative had started, Te Rarawa had become a more health promoting organisation, integrating more physical activity opportunities and less unhealthy food into their daily practice.

Relationship with the Ministry of Health

The relationship was summarised as “very encouraging but also very challenging” (FN1) usually in a constructive way. Key informants appreciated the work of the Ministry’s Healthy Families NZ national team.
Healthy Families Far North team members generally rated their relationship with the Ministry’s national team as very good, noting that they had had a lot of support in some challenging situations. They particularly appreciated the national team’s role in helping to change the format for the Strategic Leadership Groups and the transition to a new Manager.

### 2.2.3 Leadership arrangements

Compared to other Healthy Families NZ locations, the leadership arrangements for Healthy Families Far North were relatively more complicated. The leadership arrangements went through a number of changes. This was viewed as both a strength, in terms of the different people represented, but also a challenge for balancing those different perspectives.

A collective of seven Northern iwi, the Te Taitokerau Iwi Chief Executives Consortium¹, governed the Healthy Families Far North initiative with a focus on strategic oversight of the initiative. It included the Chief Executives from Te Runanga Nui o Te Aupouri, Te Rūnanga o Ngai Takoto, Te Rūnanga o Te Rarawa, Te Rūnanga o Whaingaroa, the Ngatiwai Trust Board, Te Rūnanga-A-Iwi o Ngapuhi and Te Rūnanga o Ngati Whatua. The Consortium met monthly and Healthy Families Far North presented them with report updates. There was a view by the team that it had been difficult to engage the Consortium on health because they were more interested in economics and education, and it wasn’t clear what could be expected of their role, especially in leveraging their spheres of influence. There were also reports of some challenges related to “iwi politics”.

In mid-2016, following a review of the leadership arrangements, the Strategic Leadership Group was set up as the Regional Leadership Forum (or Kāwai Rangatira Wānanga) which was comprised of senior managers from a range of sectors and organisations. Rather than governance, this Group was established to focus on strategic leadership for the initiative, including influencing and leading systems change.

In mid-2017 the Regional Leadership Forum membership was refreshed (in part to replace members who had rarely attended) with new members improving links to the business sector (business owners and Chamber of Commerce CEO), Early Childhood Education, mātauranga Māori, health (senior leader from Northland DHB), sport and recreation sector (CEO, Sport Northland), Oranga Tamariki and the Far North District Council.

In mid-2016, Healthy Families Far North established the Prevention Partnership Group, Kāhui Taupā involving local community leaders and those at an operational level with links to a range of settings.

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¹ Now formed into a legal entity called Amokura Iwi Consortium with nine iwi.
In mid-2017, the Prevention Partnership Group was split to two geographic areas with high priority Māori populations in Kaikohe and Kaitāia, the locations of the team’s new key projects.

2.2.4 Understanding of the prevention system and systems change

Initially the Healthy Families Far North team found they did not have a clear understanding of what the systems approach meant for practice and were not able to explain the approach to potential community partners. By 2017 once the full team had been recruited, the workforce reported they had a clearer understanding about systems change and the guiding Principles, and could apply systems thinking to their work. Their communication to partners also improved, particularly because they were able to show them examples of their system change actions. As a result, most of the workforce reported that the individuals and organisations they worked with had improved their understanding of the systems approach.

Incorporating a Māori world view was seen by the Healthy Families Far North team as critical to achieving systems change in Māori communities and improving their health outcomes. The team adopted a Māori systems return approach to health prevention that incorporated a number of concepts and frameworks including maramataka, Atua Matua Māori Health Framework, Mauriora, Te Pae Mahutonga and Te Whare Tapa Whā. This also influenced the team’s approach to systems change in general.

To explain the approach, the team and community partners emphasised connecting groups that could work together to create change, share information and leverage existing resources. Implementing systems change was described by the team as a process of planning, adapting and evolving not so much to respond to a changing environment but to keep themselves in line with the intended approach.

The workforce described the prevention system with a strengths-based lens. They saw it as celebrating and encouraging wellness that extended beyond the health system to include the environment and social world that people lived in. Some saw the prevention system as the people themselves and so from this viewpoint, strengthening the prevention system needed to be led by, or aligned with, community priorities and pathways for prevention. This meant the different priorities of communities and funders would need to be reconciled.
2.2.5 The Principles and Building Blocks for a strong prevention system

A key feature of the Healthy Families NZ initiative are the Principles and Building Blocks to guide the development of strong prevention systems. The following summaries are organised by this framework as action in these areas are indicators of the fidelity and quality of implementation of Healthy Families NZ approach in each location.

How the Principles were used for systems change

The workforce saw the Principles as helping to define what is distinctive about the Healthy Families NZ approach. They reported finding the Principles very valuable and referring to them regularly because they helped to keep the team aligned with the intended approach. The workforce found each Principle at least moderately useful but did not have a view on whether the Principles were helping to achieve the goals of the initiative, as it was too soon to tell.

“Equity” and “Collaboration for Collective Impact” were regarded as the most useful by the workforce, although they saw Equity as already ingrained in their way of working. Principles that represented the distinctive and less familiar “action learning” components of the Healthy Families Far North approach, Experimentation and Adaptation, needed more unpacking for their community partners. These two Principles were viewed by Workforce Survey respondents as the least useful of the Principles. Some Principles were not as clear on what they meant for practice, such as “Line of Sight”.

In addition to these Principles, Healthy Families Far North considered Sustainability to be important and a key way to achieve this was by enabling communities to take the lead. They had also complemented the Healthy Families NZ Principles with kaupapa Māori principles, particularly kotahitanga and manaaki tangata. These kupu Māori provided the “bold goals” against which they measured their progress.

“Implementation at Scale” was the Principle that the Regional Leadership Forum discussed the most as part of their responsibility to influence and expand the impact of the initiative.

Building Block 1: workforce

The Healthy Families Far North team believed they had been effective in their work. The Lead Provider struggled to recruit a manager early on and an interim manager was contracted in. The interim manager began team recruitment but did not provide clarity or direction for the team.
The appointment of a new manager from within the team in late 2016 was a turning point for the team’s sense of direction and momentum. It also improved their reputation among community partners.

The small team of seven had changed in composition, size and job descriptions over time, and in 2017 they recruited to fill capacity and skill gaps, such as evaluation expertise. Professional development and expert support was encouraged and supported by the Healthy Families NZ national team, and was reported to have been important for helping the team work together well. The workforce also found co-design methods and community development approaches very useful. Staff would have liked more training and support opportunities tailored to their roles, such as computers and graphic design-related crafts, as well as broader development, particularly on systems change levers and approaches.

The team was arranged within the Lead Provider with allocation of roles to ‘settings’ and the team expressed that this did not work, as it did not allow the team to optimise the skill sets of the team, or movement of team members to where they were needed at any one time. The later shift to the whole of community approach had been useful for enabling this flexibility.

**Building Block 2: Leadership**

Initially Healthy Families Far North had relatively large and complicated leadership and governance arrangements. This was seen as both a strength for inclusiveness and representation but also a challenge for balancing the different perspectives and priorities, as well as servicing these groups.

The involvement of the Iwi Consortium as the initial Healthy Families Far North Governance Group was seen as positive because of their strong interests and influence in the Far North, and great potential to support the initiative, particularly by helping to reach and influence priority Māori populations. However, there was general agreement that this potential had not been realised. A key difficulty appears to have been a lack of priority given to the initiative by the Consortium as well as lack of understanding of the purpose and systems approach of the initiative, and the opportunity for iwi leaders to influence change, particularly how it differs from programme delivery. Iwi leaders had been difficult to engage on health issues, because their focus tended to be on other regional priorities such as education and economic development. There were also reports that “iwi politics”, and its sometimes competitive and combative atmosphere, had at times been challenging to navigate for the Healthy Families Far North team.

The Regional Leadership Forum and the wider Prevention Partnership Group appeared to have functioned well for the most part. They had helped to connect, clarify and inspire community
and sector partners about the initiative, and raised the initiative’s profile in the Far North. Nevertheless, in 2017 key informants, including partners, commented that there was still a way to go in improving community partner understanding and collaboration with the initiative.

Most of the workforce and leaders agreed the Regional Leadership Forum had helped the team do their work through their connections and influence. But the views of at least two leaders differed on whether the Forum had been effective in its role. In 2017, leaders considered that member participation in the Forum was appropriate to what some thought its role was, including providing advice to the team and keeping an oversight of their operations. Given the previous governance role of the Iwi Consortium, it suggests there may have been some duplication of functions across the Strategic Leadership Group as a result of how it was established locally.

**Building Block 3: relationships and networks**

Most partners thought that the level and range of collaborative work in their area had increased in the last two years, and that their own organisation had redirected resources to collaborations. The Healthy Families Far North team also said they observed the organisations they worked with adding resource to collaborations.

While feedback from partners was largely positive, there were some mixed views about how well Healthy Families Far North had supported collaborative work. Most agreed the team had supported collaborative work and communicated well with partners. But fewer thought they had provided greater co-ordination of prevention efforts, influenced organisations to align more or supported their organisation to help them do their job more effectively.

The workforce agreed the range of organisations they had worked with had increased over time. The Healthy Families Far North team deepened their key community relationships, particularly since moving from a settings approach to a holistic community-led approach in 2016. This had involved establishing three small partnerships, Kāhui Taupā, of well-linked local community leaders, including in the high priority communities, Kaitāia and Kaikohe. The team noticed stakeholders had a better understanding and had become more excited about the initiative and their work. Although misunderstanding about the initiative among some partners was still evident in 2017, and not all the workforce was confident that other organisations where increasingly seeking them out for collaboration.
**Building Block 4: resources**

The workforce saw the Action Budget as useful although few initiatives had been put forward to the Regional Leadership Forum for approval of Action Budget spend. The sharing of resources by partners to develop joint initiatives, rather than through direct funding by Healthy Families Far North, was seen as distinctive to the Healthy Families NZ approach.

While most of the respondents to the Surveys agreed that organisations had increased their allocation of staff or monetary resources to align with collaborative work, some partner key informants commented that they had not seen any substantial improvement in alignment. Others comments indicated that some organisations expected to be funded to participate in collaborative initiatives.

Given the large role of communications in Healthy Families Far North, some argued more investment was needed in building additional communication skills within the team, including hiring design expertise. Likewise, there was a need to increase investment in evaluation capacity in the team.

**Building Block 5: knowledge and data**

Most of the knowledge and data work so far by Healthy Families Far North had been on ‘front-end’ data collection to inform the design and refinement of initiatives. The team drew on various types of data to do this but most of their information came from interviews. Professional expertise had been contracted to support the team to do focus groups, interviews and codesign practice. Insights and information from the community was seen as “very useful” by the workforce. Their insights and ideas for change would then be presented to their community partners, and sometimes also the Regional Leadership Forum, for informal discussion and feedback. Leaders reported that the Forum regularly considered data, information and community insights as part of their discussions.

Staff had done some of their own research and evaluation, but a .5FTE evaluation expertise was recruited in 2017 to help them monitor progress as the team did not have sufficient capacity to develop and lead evaluation of their work.

Most staff said they regularly reviewed and reflected on what was working and what could be changed, but regarded the developmental evaluation approaches and tools they had been introduced to as only somewhat useful. Their reflection practice tended to be relatively informal and one of the team’s aims was to become more systematic about it, with the support of the evaluation expertise.
2.2.6 Prioritising settings and activities

The settings the team reported working in most frequently were Māori, community and sports settings. Nutrition was by far the most common focus area they were involved in.

Māori were a high priority and influenced the choice of location and activities throughout the initiative. But how work was prioritised changed over time. Initially the team focused on sectors but as the team evolved and grew more familiar with local issues, they increasingly focused on particular settings and projects. The settings approach was seen as not helping them to make a visible change, so in 2016, the team moved to a more holistic community-led approach as they argued this would help focus their efforts and achieve greater impact. This involved a key shift towards engaging communities as partners, rather than as clients, to create change.

To identify priority settings and activities Healthy Families Far North and the Prevention Partnership network, Kāhui Taupā, relied largely on leveraging opportunities through existing relationships and networks. Similarly, the team appears to have used relatively informal processes to select priority settings and activities by taking into account, more or less, the following factors:

- likelihood that communities can be successfully engaged
- feasibility that communities could lead an initiative
- potential to be sustainable (after Healthy Families Far North exit the activity)
- no overlap or repetition of existing prevention activities
- potential to be done at low or no cost, within existing human and financial resources.

Rather than a more structured co-design process, communities were involved more informally in selecting priority activities when the team consulted and engaged them in discussions and feedback about insights, proposed ideas and prototypes for change.

Te Tiriti o Waitangi

The Healthy Families Far North approach is closely based on the principles of the Te Tiriti o Waitangi including working in partnership with the Crown and its agents locally to protect the health and wellbeing of people.

Integrating more Māori world views into prevention work was seen as a success for the team who felt that returning to Māori systems could really help transform prevention in the Far North. The Māori systems approach was increasingly being incorporated into initiatives and was already
demonstrating some success with young people. Applying kaupapa Māori and iwi knowledge systems, including maramataka, was considered a valid and affirming practice when working in Māori communities. An unexpected positive consequence of incorporating kaupapa Māori was that some senior stakeholders in Māori communities were willing to partner with the Healthy Families Far North team. There were also indications that the Lead Provider and other organisations had begun to increase their use of Māori systems approaches within their organisations.

The Iwi Consortium was widely seen has having great potential to create and influence real change across communities in the Far North. However, engaging the Consortium was seen as difficult and the team expressed some uncertainty about the role of the Consortium.

Equity

Northland has a high proportion of Māori with risk factors for, as well as suffering from, chronic disease, among other socio-economic challenges. Healthy Families Far North team saw their role as attempting to address inequity by making an impact on the social determinants of poor health outcomes through system change. A key challenge for the initiative was the long time-frames needed to show impact for reducing health inequities.

Healthy Families Far North took a strengths-based approach to reducing inequities that was built from Māori cultural knowledge and practices. They promoted positive stories of change and used storytelling to engage whānau in healthier lifestyles.

The Healthy Families Far North team had become committed to the idea of community-led prevention design and were concerned to ensure the “movement” and specific initiatives were owned by communities. Equity was a key consideration in identifying the high priority geographic communities of Kaitāia and Kaikohe. Policy changes at the national system level were identified as an important component of prevention but it was recognised that this sometimes created tensions with local community ownership and leadership on issues.

Other regional macro level changes had also been identified as an area that needed to change to reduce inequities. For example, increasing the representation and influence of iwi and Māori on DHBs, local and regional Councils was seen as a step toward creating that shift.

Another success identified was that Prevention Partners were beginning to acknowledge that all agencies are responsible for creating changes to reduce the inequities and barriers for whānau.
2.3 Outcomes and changes in the prevention system

In looking for improvements in the prevention system that Healthy Families Far North contributed to, the evaluation focused upon positive change stories that were verified across multiple data sources and showed positive impacts in one or more of the following six areas:

1. progress within organisations that don’t usually apply a health lens in recognising their role in preventing chronic disease conditions
2. increased breadth or depth of relationships
3. stronger leadership for health within the community
4. additional resources dedicated to prevention of chronic disease
5. stronger policy environments to support health
6. stronger physical infrastructure environment to support health.

The following change stories that involved Healthy Families Far North that are likely to have contributed to a stronger prevention system were identified.

- Pīpīwharauroa hīkoi for “Healthy Nature Healthy People” around Lake Ngatu.
- Kitchen Table Talk, understanding and changing the food system in Kaikohe.
- Ka Tupu Te Ora: Growing Health in Kaitāia. Community gardens and redevelopment of Parkdale Reserve, which have grown into wider regional approach of gardens and green spaces in Kaitāia, working with Kaitāia Kāhui Taupā.

Following are additional positive stories of changes to the prevention system that were identified, but only through one source of data.

- Work with Northland Regional Corrections Facility to explore workplace wellbeing.
- Changes in Te Rarawa (Lead Provider) to become a health promoting organisation.
- Supporting a Māori world view within initiatives, including supporting use and development of resources to support maramataka locally and across Healthy Families NZ locations; and working collaboratively to identify whānau Māori solutions in the mid-north.
- Collaboration of organisations to promote health had improved in the last two years. Partner Survey results (eight respondents). Over the past two years -
• six said the level of collaboration with other organisations had increased, two thought it was the same.

• six said the range of organisations they had worked with had increased; one thought it was the same; one didn’t answer.

• six said their organisation had redirected resources to better align with collaborative initiatives; two did not agree.

• The establishment of Prevention Partnership network, Kāhui Taupā that included two regional groups in Kaikohe and Kaitāia, and the Regional Leadership Forum, Kāwai Rangatira Wānanga, had increased collaboration and networking. These were identified by Healthy Families Far North staff as a success of their work. An increase in collaboration with a wider range of organisations was also identified by several partner key informants and survey respondents.

2.3.1 Descriptions of outcome stories

Story One: Kitchen Table Talk Kaikohe

Kitchen Table Talk is an initiative to identify, test and refine the way to improve access to healthy food for people living in Kaikohe. The outcome description below identifies a new collaboration within Kaikohe, focused upon identifying community voice and experience in initiative design.

Kitchen Table Talk is using a social innovation process to identify current issues associated with accessing healthy kai in Kaikohe, from which prototypes are to be developed and tested.

The Kaikohe Kāhui Taupā partnership have been providing leadership for the initiative, helping to recruit key informants and co-hosting community dinners at which prototypes were presented.

Insights were gathered from a number of key informant interviews and focus groups, in a way that invoked ‘kitchen table’ style discussions. A series of insights about how different people experience the food system were identified. From these insights, five prototype ideas were developed and tested at two community dinners at Korewhata Marae serving over 100 diners.

Going into 2018, support and planning to test some of the prototypes was underway.

Kitchen Table Talk demonstrates a collaborative approach to social innovation, working with communities to understand issues and develop possible solutions. The initiative has been highlighted by the Healthy Families Far North team as a significant piece of work that has potential to create systems change around access to healthy kai in Kaikohe. Partners and leaders
interviewed, and some respondents to surveys, identified community food initiatives and increased collaboration as notable changes, although not directly naming Kitchen Table Talk.

**Contribution of Healthy Families Far North**

Healthy Families Far North staff led interviews and focus groups from which insights concerning the local food system emerged. The team partnered with the company “Innovate Change” to develop skills in social innovations processes. The Kaikohe Kāhui Taupā, established through Healthy Families Far North, has led the initiative.

**Story Two: Pipiwharauroa hikoi for Healthy Nature, Healthy People**

This outcome story identifies a successful collaboration, creating new connections and leadership between partners, to produce a new event to support community participation in outdoor areas of cultural and environmental significance.

In September 2016, over 100 people took part in a hikoi around Lake Ngatu. This event was a collaboration between Healthy Families Far North, Ngai Takoto, DOC, Te Hiku Hauora, Health Promoting Schools, Te Aho Tu Roa, and other community groups.

The track around Lake Ngatu is managed by DOC, while the lake was returned to Ngai Takoto through Te Tiriti o Waitangi Deed of Settlement in 2015. The creation of the event was an opportunity to celebrate the return of the lake and have more people connect with nature in their own area. After the success of Pipiwharauroa hikoi for Healthy Nature, Healthy People in 2016, Ngai Takoto are now leading and continuing to run the event annually.

**Contribution of Healthy Families Far North**

Healthy Families Far North staff led the concept, engaging the partners and supporting the establishment and sustainability of the event.

**Story Three: Ka Tupu Te Ora: Growing health – Kaitāia**

The outcome story describes a process of engaging communities and partners to support development of community resources, from which a wider focus and process for revitalising green spaces in Kaitāia has developed.

From early 2017, the Healthy Families Far North team began reporting about two initiatives underway in Kaitāia. The revitalisation of Parkdale Reserve, and the development of a community food garden and rongoa garden on unused Kaitāia hospital grounds.
For both developments, collaborative groups were established to provide community leadership, including drawing upon the Kaitāia Kāhui Taupā. Community insights were gathered through interviews and focus groups, with development plans co-designed with the local community.

The Parkdale Reserve list of planned developments includes drainage and lighting amongst other additions. In October 2017, a series of raised food garden beds were built, which will be adopted by groups of households.

At the Kaitāia hospital site, plans for developing community gardens are underway heading into 2018, with a view to potentially replicate the gardens on other DHB sites across the region if successful.

Working on the two projects (Parkdale Reserve and the hospital community gardens) initiated the idea to use the insights gathered, and collaborative relationships, as part of a larger initiative to consider revitalisation of green spaces across the area.

Several workforce key informants identified the work with both Parkdale Reserve and the hospital community gardens as potential changes within the prevention system. The process of co-design with community was viewed as a different approach to viewing the role of community in prevention. The idea for the hospital community garden was raised at a Healthy Families Far North Regional Leadership Forum. Within the partner survey, community gardens were the most frequently mentioned change in the prevention system with four respondents viewing community gardens as extremely or very important, and probably or definitely not occurring without Healthy Families Far North involvement.

**Contribution of Healthy Families Far North**

The concept was initiated at a Healthy Families Far North Regional Leadership Forum. Multiple workforce key informants noted the involvement of the Healthy Families Far North team in supporting collaboration and in gathering community insights. Four partner survey respondents thought that community garden developments were less likely to occur without Healthy Families Far North involvement.

### 2.4 The challenges and successes

#### 2.4.1 Challenges

The following are the main challenges for Healthy Families Far North as identified by key informants (workforce, partners and leaders).
Contracts and funding in the wider context

- Competition for government contracts in the region which impacted on efforts to improve collaboration and reduce the practice of organisations working in silos.

Understanding the Healthy Families NZ systems approach

- A lack of clarity at times among the workforce about their roles and how to implement the systems approach.

- The challenges of ensuring that governance and Lead Provider management understood the purpose of the initiative to enable system change (rather than programme delivery) and that they provided the right practical and influencing support for the Healthy Families Far North team.

Shifting attitudes and approaches

- Shifting expectations among some community partners that to collaborate they need additional funding or other tangible ‘rewards’, which is not helped by the competitive short term contracting environment.

- The need to be mindful of local politics, especially between iwi, when developing collective and collaborative approaches to create system changes locally.

- The difficulties in shifting the narrative about health from one of “failure” to positive and aspirational, to encourage change.

- The need to develop models and approaches that are suited to the needs of a geographically dispersed population in the Far North.

Wider barriers to systems change

- A challenge for getting community buy-in and traction on the Healthy Families Far North initiative among some partners was that it was not connected or aligned with some regional priorities including employment, education and regional development.

- Even though focusing on four risk factors is a broader approach than the Ministry of Health usually takes, there was still a concern by some that flexibility to address the wider socio-economic determinants of health needed to be explicitly part of the initiative.

- The government’s siloed approach to investment and implementation was seen as a barrier to effective action and achieving sustained change in health and wellbeing outcomes.
The challenge is to get everyone to knit together ... But because of the silo system in which we work there’s not sufficient linkage with education ... or the prison system, for example. ... what’s missing, and I’m not just talking Healthy Families here, that what’s missing in our whole social delivery is the silo system. (FN5)

- The ongoing challenge of not undermining community ownership and mobilisation efforts, when central government takes ownership of an issue.

... one of the challenges is not short-changing the community movement and community-led approaches. ... we’ve seen this before where ... Smokefree 2025. Now that was a community movement, it was mobile, people were moving, particularly Māori moving to actually wipe out smoking from our nation and then it became a policy you just took the legs off it from the community. (FN4)

2.4.2 Successes

Following are the main successes of Healthy Families Far North that were identified by key informants (workforce, partners and leaders).

Understanding, communication and engagement

- The team had developed a clearer understanding of their roles and work which improved their communications about the initiative and engagement with stakeholders. Far North communities and organisations had a better understanding of Healthy Families Far North and were more open to different ways of working.

- Organisations were now more willing to work with the team in partnership and were excited by the possibilities. Co-design and/or community engagement was key to this success.

Relationships and influence in networks

- Connections between organisations were improving and organisations were beginning to work together more.

- The Healthy Families Far North team had established good relationships with organisations, including those that had not previously worked together much, including the Chamber of Commerce, Ministry of Social Development, and the District Council.

- The Healthy Families Far North team was working more openly and collaboratively with other Healthy Families NZ sites.
Whole-of-community and Māori systems approaches

- Successful leveraging Māori connectivity to influence change, especially through marae and Māori organisations.

- The Healthy Families Far North team was becoming recognised for engaging with Māori knowledge to create systems change and taking a positive and validating whole-of-community approach.
Healthy Families Waitakere

3.1 Local context

3.1.1 Geography and demography

The geographic area of West Auckland covered by Healthy Families Waitakere includes approximately 156,081 people at the time of Census 2013 (see Figure 1 below). It is located within the realm of the Auckland Council and has its own local Boards.

Figure 2 Map of Healthy Families Waitakere by deprivation
Healthy Families Waitakere

The population is relatively youthful and includes higher proportions compared with the New Zealand average of Pasifika (17 percent compared to 7 percent) and Asian (18 percent compared to 12 percent) ethnicities, and a lower proportion of Europeans (63 percent compared to 74 percent). The population is also somewhat more deprived than average with a third of the population in the New Zealand Deprivation Index Deciles seven and eight.

3.1.2 Health status and chronic disease risk factors

We used pooled, age-standardised New Zealand Health Survey data, between 2011/12 and 2014/15, to look at health status and chronic disease risk factors in Waitakere, with comparisons to the total New Zealand population for our interim evaluation.

Adults in Waitakere have similar levels of many chronic disease risk factors. However, they were less likely to have an adequate intake of vegetables or to be hazardous drinkers.

Children in Waitakere had similar rates of chronic disease risk factors to the total New Zealand child population. They also had similar levels of teeth removal due to decay, and unmet need for primary health care.

3.1.3 Collaboration context

West Auckland people celebrate their unique local identity as “Westies” that distinguishes them from the rest of Auckland. Prior to the creation of the “super city”, Waitakere was defined as one of five Auckland cities whereas now, the Waitakere region is governed by three Local Boards under Auckland Council. This new governance structure, and the fact that the Healthy Families Manukau, Manurewa-Papakura Lead Provider was Auckland Council (The Southern Initiative), likely contributed to some initial tension about whether Healthy Families Waitakere was getting as much support from the Council.

The local Waitakere Licensing Trust controls the supply of alcohol in the area and has a unique social mandate: to sell alcohol with care, moderately and responsibly. The Trust has a publicly elected Board and is accountable to the community since profits are not its sole objective. There are only a handful of these Trusts across the country.
3.2 Implementation

3.2.1 Lead Provider

The Lead Provider for Healthy Families Waitakere is Sport Waitakere, a Regional Sports Trust (RST). At the time of the interviews, Sport NZ was implementing a new locally led delivery design across the RST’s towards wider wellbeing approaches with stronger connections to local communities.

3.2.2 Healthy Families Waitakere team

The contract provided for a workforce of 10.5 FTE. This included a Manager, Partnerships and Engagement Coordinator, two Settings Coordinators, and six Health Promoters / “Activators”.

Relationship with Lead Provider

The relationship between Healthy Families Waitakere and Sport Waitakere was described as like “one big family”, making it difficult to distinguish the workforce between Sport Waitakere employees and the Healthy Families Waitakere employees. This reflected the close relationship between the Lead Provider and Healthy Families Waitakere that allowed both parties to extend their relationships and influence networks, and share their capabilities. It also reflected an increasing informal alignment in their approaches, language, teams and work programmes.

The Healthy Families Waitakere team saw many advantages being based within Sport Waitakere, not least because of their positive profile, reputation and networks in the local community.

But they also saw benefits through the connection between sports and health, and an opportunity to intervene on alcohol harm in the area because of the strong links between alcohol promotion and sports environments. Being based in a Sport Trust and using a systems approach was seen as creating a new way of tackling the issue.

Over 2016-2017, Sport Waitakere had adopted key components of the Healthy Families NZ systems approach and priorities to guide their organisational practice. For example, when Sport Waitakere moved to new premises in August 2016, the Healthy Families Waitakere team were involved in discussions about creating a healthy workplace and physical environment. This included waste minimisation and a garden.

There were still some challenges with communicating the difference between Healthy Families Waitakere and Sport Waitakere to community stakeholders, and integrating a team with a new kaupapa into the existing organisation.
Sport Waitakere had also benefited from a higher profile and broader contacts in new sectors since aligning their organisational strategy with elements of the Healthy Families NZ systems approach. Sport Waitakere was now being seen as an ally in the pursuit of social change.

*People are thinking of Sport Waitakere now as an ally for other social change.*

*That’s what I’m noticing. Cause we are out there across different spaces. We start to become more noticed. We’re not just about sport.* (Wait13)

There was a view that almost all Sport Waitakere’s existing relationships had been enhanced since the Healthy Families Waitakere initiative started.

**Relationship with the Ministry of Health**

Key informants generally felt that the relationships with the Ministry’s Healthy Families NZ national team had been constructive and helpful. There was a view that it would be better to have a larger national team who could engage more with other national organisations and the wider Ministry of Health.

### 3.2.3 Leadership arrangements

The original Governance Group was comprised primarily of health and social service providers, including providers specialising in delivering services to Māori communities. In April 2016 the Governance Group was reviewed and renamed the Strategic Leadership Group to reflect a renewed emphasis on their more strategic role. Additional leaders were recruited to broaden the range of participation such as youth, education and business.

The Strategic Leadership Group’s membership continued to evolve, and its function was reviewed again in late 2017 to lift its performance. At that stage the Chair clarified members’ roles and identified those who were not visibly progressing Healthy Families Waitakere. It was also agreed that there were too many members representing the health sector, so the team reduced the number of Strategic Leadership Group members and continued with a smaller, more proactive Strategic Leadership Group. Departing members continue to be involved in the wider Prevention Partnership network.

### 3.2.4 Understanding of the prevention system and systems change

The workforce and Strategic Leadership Group tended to be confident they understood and could apply a systems change approach and Principles to their work. But describing and communicating
what a systems change approach meant for practice was seen as challenging and there did not appear to be a strong shared language.

*I mean if you want to influence food that people eat then, I guess if you’re looking at a systems level then you want to be able to influence the food that’s produced, the food that’s put on the shelves, the prices of food and you know, ... you’ve got to be able to influence the food manufacturers and the producers and the sugar industry. So there’s a whole lot of other vested in economic kind of stakeholders in there that you have to influence.* (Wait14)

Usually concrete examples were used to articulate systems change to others, and these varied in size and setting, from systems change made in one setting, such as a school, to broad aligned multi-level, multi-sector systems change. Nevertheless, the most common thread across descriptions of systems change was that it involved aligning the goals and actions of people, organisations and settings in a way that normalises and makes it easy for people to make healthy choices.

Key informants articulated a broader view of systems change, and tended to raise concerns that either the Healthy Families Waitakere implementation and/or the approach itself was not sufficient in scope, focus, flexibility (to include relevant levers of change), or connected-up enough to achieve the desired impact. This included questions about whether the four health focus areas identified could address the social determinants of health. This openness to considering wider or more indirect levers of change was mirrored in the commonly held view that the prevention system was broad and inclusive of any mechanisms that could prevent chronic disease.

*I see the prevention system as anything that is in place to prevent chronic disease. Any initiative, organisation, policy, infrastructure in place that possibly helps people or promotes health. Even education. The other people themselves, the general public, their assumptions, what they know, is all part of the prevention system as well.* (Wait9)

Although Healthy Families Waitakere identified challenges in communicating what a systems approach was to potential partners and communities, and tried to avoid the jargon, they were confident that the individuals and organisations they worked with had increased their understanding of a systems change approach to prevention. There was evidence that some partners tended to understand systems change in more familiar terms of strategic collaboration and problem-solving.
3.2.5 The Principles and Building Blocks for a strong prevention system

A key feature of the Healthy Families NZ initiative are the Principles and Building Blocks to guide the development of strong prevention systems. The following summaries are organised by this framework as action in these areas are indicators of the fidelity and quality of implementation of Healthy Families NZ approach in each location.

How the Principles were used for systems change

The workforce reported actively thinking about and using the Healthy Families NZ Principles frequently in their daily work. Consistent organisational messaging had ensured a strong focus, including the Principles and Building Blocks being used as a checklist to guide activities and prioritisation, and the Principles being incorporated into staff performance reviews. When working with partners, the Healthy Families Waitakere workforce also made sure that partner values and priorities were also incorporated into their joint strategies alongside the Principles.

Workforce and leaders viewed the guiding Principles at least “somewhat useful”. Equity was seen as the most useful Principle, and “Collaboration for Collective Impact” a close second. “Line of Sight’ tended to be seen as the least useful Principle and they were overall indifferent about “Implementation at Scale”. Workforce and Leaders tended to have different views about the relative usefulness of the remaining Principles. Leaders were less focused on the Principles but acknowledged the role they played in guiding some of their thinking.

Building Block 1: workforce

It has been a challenge getting the full complement of staff for the team. There has also been considerable evolution in the roles and skills deemed necessary for the team to be effective. There was wide agreement that there was a need for more capacity in the team in higher level and strategic skills for creating systems change. The team valued the professional development opportunities, particularly on leadership and co-design.

The impact of the Healthy Families Waitakere team on Sport Waitakere itself was considered to be significant through the influencing of the strategy, priorities and internal culture of the organisation. A real strength frequently mentioned was the very close and cooperative relationship between the team and the Sport Waitakere workforce.
There was a common view that the role of the team was to empower communities to lead change on prevention issues. In part due to the perceived difficulties of influencing Auckland Council, the team was seen as primarily responsible for influencing at community level while the Strategic Leadership Group was seen as primarily responsible for wider strategic influencing at scale, including Auckland Council at a regional level.

There is consistent evidence that the Healthy Families Waitakere team had strong skills in working with communities, though at times it had been a struggle to engage Māori. Respectful relationships were important to them and they took the time to collect information, listen and understand the issues and priorities of their partners, underpinned by strategies of openness and empowerment. The team’s strong focus on achieving sustainable community-led system change tended to translate in practice to a focus on tailored community capability-building in specific sites and settings, particularly in schools and early childhood education. It also meant they were relatively less focused on themselves leading changes in policy, infrastructure and other interventions that reached across multiple sites or settings. This capability-building strategy may have contributed to more fragmented and/or limited reach of changes, and perhaps a lower profile of the team’s role in system changes.

**Building Block 2: leadership**

The Strategic Leadership Group overall was viewed as having been relatively slow to enact their role in systems change through influencing. However, the Group had levered some important policy wins with Auckland Council through members with governance and operational level spheres of influence in the Council. Aside from this, their influencing potential was widely seen as not yet fully tapped, individually or collectively, even though some members on the Group had deepened their relationships and were having frank conversations about how they could make more impact.

The Strategic Leadership Group had been meeting regularly although attendance was variable among some members. There was a view that the Group would benefit from greater consistency in participation. The addition of a business member who was external to their traditional network had been a welcome stimulant of fresh thinking and ideas to their conversations, and there was a desire to seek more members who could bring a business lens, skills and influence networks.

Nevertheless, since 2017 Strategic Leadership Group members tended to bring a more strategic perspective to Healthy Families Waitakere, with questions about how to achieve greater reach, scale and impact.
Building Block 3: relationships and networks

Partners were on the whole positive about Healthy Families Waitakere and most viewed them as having supported collaborative working in Waitakere. But there were mixed views about whether collaborative work had improved overall in the last two years. There were also mixed views about how well the Healthy Families Waitakere team had been at communicating with partners, helping partners to be effective, helping to coordinate or align work and resources across organisations.

It was clear partners recognised and appreciated the high level of skill, thoughtfulness and helpful approach that the Healthy Families Waitakere team brought to the new initiative, particularly their skills in working with communities. But many expressed concern, in different ways, about the clarity of the Healthy Families Waitakere role and strategy in supporting collaboration, and whether their resources were being directed to best use. It was apparent that some partners did not understand the Healthy Families NZ systems approach, and may have mistaken a different way of working as duplication of effort. But some of these questions, including clarity of communication about their role and whether their strategy was clear, appeared to be shared among the health sector Strategic Leadership Group members. In 2017, these questions were being addressed as part of a process underway to reassess the Healthy Families Waitakere approach.

The systems approach that was implemented by Healthy Families Waitakere can be understood in terms of having three levels as described by a workforce key informant: the lower-single community or setting level, mid-or multi-setting level, and the upper-or broader strategic level (understood in terms of the wider Auckland Council). While the division of labour was not seen as fixed, in practice the Healthy Families Waitakere team worked largely on the lower level and were beginning to start work on the mid-level, while the Strategic Leadership Group was seen as largely responsible for having an impact at the mid to upper levels. The upper level was regarded as having the most potential for efficient, large scale impact, so the role of the Strategic Leadership Group was thus seen as vital to the success of Healthy Families Waitakere.

The close relationship with Council has also been important in terms of influence and leading. The relationship between Sport Waitakere and the Healthy Families Waitakere team was close and referred to as like a ‘big family’. It had been a mutual beneficial as each had benefitted from increasing their connections and extending their reach into the community. For Sport Waitakere this was in large part because they had aligned their strategy with key elements of the Healthy Families NZ approach. They were increasingly sharing knowledge and aligning their work, language and approaches.

Their support particularly in community-led codesign and capability building seems to have been particularly valued and sought after.
Building Block 4: resources

There is a common view that over time there has been more cooperation amongst organisations around shared goals within the community generally. One example is around the water-only movement. It was frequently discussed that community level resourcing is still precarious, which lessens the ability for the community to bounce back when there are unexpected shocks. This precariousness could also be related to the individual level for people experiencing poverty.

It has been a challenge to apply the Action Budget to systems change work, although the Action Budget is still considered to have been useful.

Building Block 5: knowledge and data

Healthy Families Waitakere used a variety of knowledge and data sources, both quantitative and qualitative, for different purposes and stages of their initiatives. They used existing research, evidence and statistics as well as gathering new information from the communities they worked with to inform or assess initiatives. Most of this collection and analysis was focused at the front-end of initiatives to assess the context, identify and prioritise interventions, and to inform the development, refinement and up-scaling of interventions.

The team collected feedback from their partners and the community about initiatives and how they, and their partners, were perceived. This had enabled them to demonstrate the strength of community support and highlight issues about specific initiatives.

An evaluation role was created in 2017 and this was widely viewed by the team as having a positive impact on the value of their data collection and on their work. It had led to structured and prioritised information collection, helped to clarify thinking about specific initiatives, and contributed to the broader shift underway to a more strategic systems change approach. The evaluator had helped to improve their developmental evaluation activities and allocate more time to reflective practice.

The team made a point of being transparent with their community partners by sharing their learnings with them. This was seen as an essential part of building trust and empowering others to lead initiatives in a context where open sharing was not common. The Strategic Leadership Group did not appear to have a large or regular role in considering data, information and community insights in their discussions.
3.2.6 Prioritising settings and activities

Prioritisation of settings and activities also included an assessment on how well action aligned with the guiding Principles. Decisions about priorities were reviewed as needs and situations changed. The most common focus of activities was on nutrition, followed by smoking. Few activities focused solely on alcohol or physical activity.

Prioritisation included identifying other prevention and health promoting work underway and whether they could lever more impact by aligning their work with others. Aligning and coordinating work with Sport Waitakere was a particularly important when deciding where and what to work on. This was done in a structured way and the team were not restricted to working only on initiatives aligned with Sport Waitakere.

To inform prioritisation, the team usually did preparatory research including data collection, mapping the environment, stakeholder consultation about needs and seeking feedback on priorities. It also involved talking to partners and finding out what other prevention work was going on.

It was less clear how the Strategic Leadership Group prioritised their actions in their wider spheres of influence partly because there were few actions and the Group had struggled to agree on individual or collective actions they should take. But it seems likely the actions taken so far followed a similarly informal and somewhat opportunistic prioritisation as the team, albeit with a greater emphasis on the scale of impact.

Treaty of Waitangi

There is an explicit Māori responsiveness plan which is embedded in the overall strategy of Sport Waitakere. There are also a number of Māori staff employed as part of the Healthy Families Waitakere team and other staff report having a strong affinity with Māori communities.

A commonly held view was the need to take a strengths-based, non-stigmatising approach working with Māori communities. Part of this approach was to ensure knowledge and use of key ideas from a Māori world perspective. This included ensuring that all interactions were “mana enhancing” for those involved as well as being conscious of, and using, te ao Māori concepts, such as maramataka.

There were many examples where the team was working in Māori settings, or in areas that were touching on Māori responsiveness, including the re-energising of a Māori stakeholder rōpū.
Equity

There was a commonly held view among key informants that an equity lens was being applied to the work of Health Families Waitakere with some success. The workforce composition included Pasifika, Māori and Asian staff and mirrored the diverse populations within Waitakere. However, the wider social determinants of health were also viewed as factors that limited progress on equity. The speed of the initial tender process for Healthy Families NZ was perceived as having created challenges and then subsequently delay in results being achieved as the initiative bedded in.

There was a tension apparent in the team between taking a strengths-based, non-stigmatising approach and taking a targeted approach such as working with low decile schools, or targeting areas such as Ranui because of higher Māori and Pasifika populations. The team had a substantial focus on Māori settings, such as marae and on physical environments, particularly around schools, because of the impact that environmental factors have on children’s health.

3.2.7 Outcomes and changes in the prevention system

The following change stories in the Healthy Families Waitakere area were identified that are likely to have contributed to a stronger prevention system:

- Healthy Families Waitakere Māori Stakeholder Rōpū development, engaging with Panuku Development Auckland around incorporating Māori perspectives to influence healthy urban design, providing a support network and collaborative development initiative for using traditional Māori systems to help Māori settings to be health promoting.

- Establishing the Pacific Early Childhood Education Network, developing a focus on nutrition and activity, including development and support for ECE professional development around nutrition and physical activity for under-fives.

- Water Only Schools Movement: schools recognising the role the school environment plays in the health of students, supporting schools to become Water Only and become advocates and a resource to other schools to become Water Only. Securing external funding for 13 new water fountains to be installed in schools with 40 new water fountains in schools reported as installed. A number of schools making changes to Water Only policies and food available within schools.

- Working with Local Boards and wider Auckland Council to create healthy environments and events, resulting in changes to their smokefree, alcohol and food and beverage expectations at events. Local Boards, Auckland Council and Council Controlled Organisations supporting a number of initiatives within schools.
The following are additional positive changes to the prevention system that were identified but only through one source of data.

- A number of sports clubs championing changes to sport club environments to promote health. Sports clubs working to develop areas of change relevant for them, as well as collectively working to understand responsibilities around alcohol and food, and to access training to support changes, for example Chip Group workshops.

- Range of Workplace Wellbeing initiatives, including after-five events, and working with specific workplaces to test Workplace Wellbeing approaches.

- Through the Healthy Families Waitakere Strategic Leadership Group, several actions to support changes within group members’ spheres of influence can be identified.

- Local Choice at Fresh Choice – development and promotion of five dinners for a family of six for under NZ$50. Manager of Fresh Choice committed to promoting healthy and affordable food options and encouraging other supermarkets to do the same.

- Changes in Sport Waitakere to include a wider focus on health and wellbeing in all the work they do, including in approving funding to sports organisations and events.

- Funding secured for West Auckland to increase access to school facilities for the community – administered by Sport Waitakere.

- Community Hubs jointly co-designing approaches to supporting health through access to healthy food, including community gardens.

- My Backyard Garden – 200 gardens developed within Healthy Families Waitakere area.

- Hoani Waititi Marae – māra kai development.

- Collaboration in Waitakere has increased. The Partner Survey results show that over the past two years the:
  - level of collaboration with other organisations had increased
    54 percent (22 out of 41) agreed; while 20 percent (8 of 41) thought it was the same; and 5 percent (2 of 41) thought it had reduced.
  - range of organisations they worked with had increased
    54 percent (22 out of 41) agreed; 29 percent (12 of 41) thought the range it was the same; none thought it had reduced.
  - Resources towards collaborative initiatives has increased. The Partner Survey results show that
39 percent (16 of 41) of respondents agreed their organisation had redirected resources to better align with collaborative initiatives; 29 percent (12 of 41) respondents did not agree.

### 3.2.8 Descriptions of outcome stories

#### Story One: Working with Local Boards and wider Auckland Council

This outcome story refers to a series of outcomes from a range of activities aimed at engaging the organisations and individuals that make up local government in Auckland. As well as strengthened relationships and supporting a wider perspective on health, operational policies have been strengthened and resources added to support particular initiatives.

Auckland Council, Local Boards and Council Controlled Organisations (CCOs) have supported a number of changes to make environments across Auckland health promoting. Together, the changes and activities demonstrate a recognition at multiple levels within the large and complicated Auckland local government arrangements that Local Government has a role to play in the health of people, outside of environmental health services. There has been some commitment of funds to support particular activities, but mostly the support has come through Council officials and officer time.

The changes and activities include:

- working on smokefree policy, with Local Boards supporting its implementation
- removing sugar sweetened beverages across Council leisure facilities by changing vending machines
- developing catering and food vendor guidelines for Council facilities and Council supported events, with Waitakere Ranges Local Board setting an expectation that events supported by the Board will be smokefree, usually alcohol free, and provide health food and beverage options without sugary drinks and foods
- working with Council events agency Auckland Tourism, Events and Economic Development (ATEED) on healthy events
- Water Care supporting the water in schools project
- Panuku Development Agency consulting with Healthy Families Waitakere Strategic Leadership Group and their Māori stakeholder Rōpū to understand West Auckland perspectives on the developments and establishing the Kitchen Project in partnership with Healthy Families Manukau, Manurewa-Papakura.
Healthy Families Waitakere

A Council fund to support increase access to school facilities for the community in West Auckland, which was formally held with Waitakere City Council before Auckland local government amalgamation, has been secured for use within West Auckland, now administered by Sport Waitakere.

**Contribution of Healthy Families Waitakere**

Several strategic connections have been established between Healthy Families Waitakere and parts of Auckland Council leadership and services. Auckland Councillor Penny Hulse is part of the Healthy Families Waitakere Strategic Leadership Group, which also contains a senior advisor within the Parks and Recreation group at Auckland Council.

Several connections have been developed and strengthened with the three Local Boards within the Healthy Families Waitakere area. Several members of the Healthy Families Waitakere Strategic Leadership Group, as well as the workforce, have connections with Local Board members through sports clubs and community organisations. Multiple workforce and leader key informants described the importance placed on keeping Local Boards informed about Healthy Families Waitakere and the success in working with Local Boards as well as different departments within Council and CCOs.

A working relationship with Healthy Families Manukau, Manurewa-Papakura, which is co-hosted with Auckland Council’s The Southern Initiative, means there are multiple avenues to engage and influence at both elected official and council officer levels.

Healthy Families Waitakere staff were involved in the collaboration with Panuku Development Auckland and Healthy Families Manukau, Manurewa-Papakura to develop the Kitchen Project.

**Story Two: Pacific Early Childhood Education Network**

This outcome story identifies the development of a new network, increasing connectedness of Pacific early childhood education providers, support for professional development and revised practices around nutrition and activity for under-fives.

Healthy Families Waitakere workforce key informants described early engagement with education settings in their area identified a gap in connections for early childhood education sector, and in particular for Pacific early childhood education. While there were 10 Pacific early childhood education providers in West Auckland they did not know each other, and could not share experiences and resources.

Healthy Families Waitakere has facilitated the development of a Pacific early childhood education network. Through the network they identified a lack of professional development on nutrition and physical activity for early childhood teachers and centre managers. A series of 11 professional
development workshops was coordinated in 2017 with 209 participants, representing 68 different early childhood education providers. The workshops demonstrated a need and desire for professional development in the area and the challenge now is to identify a provider to support their ongoing professional development.

The relationships established within the early childhood education network has led to several individual centres working with Healthy Families Waitakere and other agencies, like the Heart Foundation, to make changes to their food and beverage policies and practices. They have also created a mechanism for change, learning and leadership to be shared across the network. With another 68 early childhood education centres attending workshops, the potential network across early childhood education has grown.

Multiple partner and leader key informants identified the work with Pacific early childhood education and establishing the network as useful and strengthening the prevention system. The professional development for early childhood education was noted as useful by both interview and survey participants. The Healthy Families Waitakere workforce also regularly identified the Pacific early childhood education network and associated activities as a key success to date.

**Contribution of Healthy Families Waitakere**

Healthy Families Waitakere Activators have led the development of the Pacific Early Childhood Education Network and worked in partnership with several organisations to coordinate the professional development workshops.

**Story Three: Healthy Families Waitakere Māori Stakeholder Rōpū**

This outcome story identifies the development of a new network of Māori stakeholders to provide mutual support and collectively develop ways of working that are rooted in traditional Māori concepts and practices.

The Māori Stakeholder Rōpū participants come from a range of mainstream health and social service organisations, as well as Māori led services, community organisations, and marae. They have been trained in co-design processes and they used co-design to identify a collaborative bold goal and focus for the group.

Panuku Development Auckland has connected with the Māori Stakeholder Rōpū to help understand their perspectives on what matters to members of the Rōpū in terms of urban design. This included identifying current problems as well as what solutions could look like to create and urban design that reflect Māori world views and systems.
Through the Māori Stakeholder Rōpū, opportunities to support initiatives such as ‘kai time’ and Māra kai developments at Hoani Waititi Marae were identified.

Multiple partners, leaders and workforce identified the Māori Stakeholder Rōpū as important and useful to increase connections, collaboration and knowledge of applying traditional Māori systems to support health.

**Contribution of Healthy Families Waitakere**

Healthy Families Waitakere have purposefully invested in recruiting staff able to lead work with Māori and members of the team actively supported the establishment of the Māori Stakeholder Rōpū.

**Story Four: Pro Water Schools**

This outcome story identifies a focus on water in schools as a mechanism to develop relationships within settings that in turn strengthened the prevention system. This included a range of health promoting changes to environments within settings, increased leadership for health and an increase in water fountain infrastructure supported with new money for prevention.

As with several other Healthy Families NZ locations, Healthy Families Waitakere began early on to have conversations with schools about Water Only policies, prompted by a joint statement from the Ministry of Health and Ministry of Education asking schools to consider becoming Water Only.

The Healthy Families Waitakere team engaged a range of schools around Water Only, and identified a number of schools willing to consider policy change and ways of promoting water. They identified that many existing water fountains in schools were not working and schools did not have the resources to buy new fountains.

Working with a range of partners, funding was secured from The Trusts Community Foundation (TTCF) for 13 new water fountains in 13 schools. The fountains were branded with local images or school branding in collaboration with the schools. Further funding applications to TTCF are planned. Some schools used fundraising to purchase additional water fountains. In January 2018, the Healthy Families Waitakere team reported that 40 new water fountains had been installed at schools in the area. The schools receiving fountains agreed to work towards becoming pro-water through policy changes and were supported to review other school sources of food and beverage.

Some of the schools that committed to becoming Water Only and improving the food environment of the school have started acting as ambassadors and leaders for Water Only schools. This includes sharing their story, being willing to talk with other schools and be involved in mainstream and social media promotion. At Te Kura Kaupapa o Hoani Waititi, the students developed a haka that included the importance of
wai and wellbeing and acted as a challenge to other schools. This received coverage on Māori TV and widespread social media exposure. Massey Primary School also developed a video and challenge to other schools. A number of school sporting events have also committed to being Water Only.

A range of partner, leader and workforce key informants identified the Water Only schools developments as an important change and identified this as a success of Healthy Families Waitakere to date. Water Only promotion within schools was also the most commonly identified change noted within the Partner Survey, with seven of eight respondents that identified Water Only promotion within schools of the opinion this change was less likely to happen without Healthy Families Waitakere involvement.

**Contribution of Healthy Families Waitakere**

Since 2015, Healthy Families Waitakere had a consistent focus on supporting schools in Water Only promotion and policy development. While a number of organisations were available to support schools to be Water Only if requested, it is clear that Healthy Families Waitakere had raised the profile of Water Only schools, increased collaboration between organisations and had applied for and secured external funding for the water fountains.

### 3.3 The challenges and successes

#### 3.3.1 Challenges

**Communication**

- Challenge of being able to clearly communicate the stories of success because of the complex nature of outcomes.
- Challenge of not wanting to take ownership or credit for activities but needing to communicate the value add of Healthy Families Waitakere.
- Challenges of communicating across the different Healthy Families NZ locations, and perceived limited value of sharing some learning and initiatives across locations, because of the different local contexts.

**Tensions**

- Competing community interests and gaining credibility and buy-in from other organisations.
- Difficult to achieve strategic impact and scale quickly while prioritising support for local community-led action, particular when tailored to meet specific community contexts and needs.
• Perceived tension inherent in the Healthy Families NZ approach and the lived realities of the most vulnerable communities.

**Effective practice and strategy for systems change**

• The strategy, operationalising systems change thinking and it’s effectiveness was not always clear to others. The emphasis on tailored community-led change by the team, and limited traction by the Strategic Leadership Group so far, appears to have come at the expense of a clear joined-up strategy and impact at scale.

• Perception and experience that shifting mind-sets and practice toward systems change among community partners could be difficult.

**Scale, sustainability and long-time frames needed for change**

• The scale and long time periods needed for the changes to be seen in four focus areas.

• Vulnerability of government funded initiatives.

• Sustainability of systems change when Healthy Families Waitakere has exited specific pieces of work.

### 3.3.2 Successes

• The breadth and depth of the relationships formed have been surprising and viewed as a real success.

• Partners and the wider community were seen as increasingly adopting systems change ways of thinking to promote healthy environments.

• There was a perception that Sport Waitakere was moving towards a systems change approach.

• The ability to highlight prevention within the settings they worked with, as well as their partner organisations.

**Specific areas of success**

• Work on water fountains in schools was regarded as a success, with key informants describing this activity as the “pro-water movement”.

• Work in Early Childhood Education was another area of success frequently discussed.
4 Healthy Families Manukau, Manurewa-Papakura

4.1 Local context

4.1.1 Geography and demography

The combined locations of Manukau and Manurewa-Papakura in South Auckland is the largest Healthy Families NZ site with a population of about 274,500 (Manukau, 146,619; Manurewa-Papakura, 127,875 from Census 2013). The two shaded areas in Figure 1 below show Healthy Families Manukau in the north and Manurewa-Papakura in the south.

Figure 3 Map of Healthy Families Manukau and Manurewa-Papakura by deprivation
This location was originally contracted to be two separate Healthy Families NZ locations in Manukau and Manurewa-Papakura but they were combined to form one cooperative group.

The populations in Manukau and Manurewa-Papakura are more ethnically diverse and relatively young compared to average across New Zealand. Manukau has a much higher proportion of Pasifika communities and a much lower proportion of Europeans, while Manurewa-Papakura has a higher proportion of Māori. The populations in these two areas tend have higher levels of deprivation compared to the total New Zealand population. Families in some of these areas tend to be relatively transient, and poverty, homelessness and deprivation had become more noticeable in the area in recent years.

4.1.2 Health status and chronic disease risk factors

We used pooled, age-standardised New Zealand Health Survey data, between 2011/12 and 2014/15, to look at health status and chronic disease risk factors in Manukau, with comparisons to the total New Zealand population for our interim evaluation. Adults in Manukau were more likely to be current smokers and be overweight or obese, and less likely to report good or better self-rated health. However, they were less likely to be hazardous drinkers. Adults in Manukau were also more likely to have diabetes, including type 2 diabetes, ischaemic heart disease, high blood pressure, high cholesterol, and to have experienced recent psychological distress. However, they were less likely to have been diagnosed with a mood or anxiety disorder, have teeth removed due to decay, and have an unmet need for primary health care.

Children in Manukau were less likely than the total New Zealand child population to meet fruit and vegetable intake guidelines, and more likely to watch two or more hours of TV each day, to drink ‘fizzy drinks’ three or more times a week, eat fast food three or more times a week, and be obese or overweight. However, they were less likely to have an unmet need for primary care.

We used pooled, age-standardised New Zealand Health Survey data, between 2011/12 and 2014/15, to look at health status and chronic disease risk factors in Manurewa-Papakura, with comparisons to the total New Zealand population for our interim evaluation. Adults in Manurewa-Papakura had worse nutrition and physical activity patterns, were more likely to be obese and less likely to have good or better self-rated health. Adults in Manurewa-Papakura, in general, had similar rates of health conditions as the total New Zealand population, although they were more likely to be diagnosed with diabetes and have experienced recent psychological distress.
Children in Manurewa-Papakura were less likely to meet fruit and vegetable guidelines, but more likely to watch two or more hours of TV each day, drink ‘fizzy drinks’ three or more times a week, and eat fast food three or more times a week. Manurewa-Papakura children were also more likely to be either overweight or obese, and have an unmet need for primary health care.

4.1.3 Collaboration context

Healthy Families Manukau, Manurewa-Papakura was implemented within large diverse communities, with associated large number of health and social service organisations, schools, workplaces, churches, clubs and marae. Manukau and Manurewa-Papakura are located within a much larger Auckland city, with a number of organisations being Auckland wide, while several government ministries have Auckland offices. Fragmentation between agencies and programmes in the region, was identified as an early challenge.

4.2 Implementation

4.2.1 Lead Provider

Auckland Council, through The Southern Initiative (TSI) (a socio-economic rejuvenation initiative embedded within the Council) manages the contract for Healthy Families Manukau, Manurewa-Papakura. Delivery of Healthy Families Manukau, Manurewa-Papakura sits largely within the Alliance Community Initiatives Trust (ACIT), a Charitable Trust that was established in 2016 by the Board of the Alliance Health Plus Trust.

4.2.2 Healthy Families Manukau Manurewa-Papakura team

Healthy Families Manukau Manurewa-Papakura is a large team of 25 FTE, most of whom are located within ACIT in Manukau, while the remainder are located within TSI, also based in Manukau. It took substantial time to recruit the full workforce. During 2016, both managers resigned which, along with formation of the ACIT entity, prompted a review of the structure. A revised management structure and additional specialists in data, evaluation, design and the Council were employed with fewer Activator positions. The team is diverse, largely reflecting the South Auckland communities they work with. A range of shorter-term contracts have been used to bring in particular skills sets and expertise.
Relationship with the Lead Provider (and subcontracted provider)

There was generally a good working relationship between the Healthy Families Manukau Manurewa-Papakura team in the TSI and ACIT locations.

There was general agreement that Healthy Families Manukau, Manurewa-Papakura fits well with ACIT, which works in other areas related to social determinants of health, and TSI. Having staff located with Auckland Council was seen as an advantage to accessing Council knowledge, support and action.

Relationship with the Ministry of Health

Most key informants reported that overall the relationship with the Ministry of Health’s national team was positive and supportive. Some key informants noted that the national team were stretched and at times this appeared to be impacting on their capacity to engage with them as much as they would like. Different parts of the workforce identified different examples but shared the theme that more time for engagement was needed.

4.2.3 Leadership arrangements

Initially an Alliance Leadership Team (ALT) was established between partners in Healthy Families Manukau, Manurewa-Papakura – Ngā Mana Whenua o Tāmaki Makaurau, Alliance Health Plus, Ministry of Health and Auckland Council. This group has continued, although ACIT has since been formed as an entity. An additional Prevention Leadership Group was established during 2017, chaired by a City Councillor and with membership of a variety of sector leaders.

4.2.4 Understanding of the prevention system and systems change

Most of the workforce and leaders survey respondents were confident they could apply systems thinking approach to strengthen the prevention system and understood the seven guiding Principles of Healthy Families NZ.

Prevention was commonly understood as strengths-based with a focus on enabling wellness and having prevention in place before crisis hits. Many held a strong view that the leverage points for health prevention lay largely outside of the health sector, within the wider social determinants. The prevention system was not viewed as one system but multiple systems in which organisations
and whānau operate. It was also seen as very important to understand and include different cultural perspectives about health and wellbeing into views of the prevention system.

Partners and the workforce viewed systems change in different but complementary ways. Both tended to describe systems change in terms of harnessing multiple leverage points at different levels from local to national. But the workforce emphasised local community leverage points while partners emphasised the importance of aligning regional and national policy and resourcing to enable systems change. Some partners argued that without policy and resource settings in “higher level” systems aligning with local efforts then systems change is unlikely to happen. These partners often wanted Healthy Families Manukau, Manurewa-Papakura to use their position to influence local and central government policy. The workforce tended to highlight the importance of community insights as well as voice for both the design of health promoting initiatives and to increase local political influence on aligning policy and resourcing at higher system levels.

### 4.2.5 The Principles and Building Blocks for a strong prevention system

A key feature of the Healthy Families NZ initiative are the Principles and Building Blocks to guide the development of strong prevention systems. The following summaries are organised by this framework as action in these areas are indicators of the fidelity and quality of implementation of Healthy Families NZ approach in each location.

**How the Principles were used for systems change**

Each of the Principles were seen as at least somewhat useful for practice by leaders and the workforce, with “Collaboration for Collective Impact” usually viewed as the most useful and “Implementation at Scale” the least useful. Discussion amongst the workforce about the Principles generally showed a depth of thinking about what the Principles meant for practice.

**Building Block 1: workforce**

External organisation views about the Healthy Families Manukau, Manurewa-Papakura team were generally positive. Partners and Leaders commented on their skills, professionalism, creativity and commitment, and how they were doing a lot to connect partners with resources and bring organisations together. They particularly appreciated their support for co-design in the community and advocacy for te ao Māori approaches.
The workforce tended to feel empowered to make changes. However, the local context and work was seen as very challenging and needing people who are resilient, curious, passionate and with excellent strategic and influencing skills. The importance of “design-thinking”, research evidence and “lived experiences” to inform actions was often discussed as well as the sophisticated communication skills needed to make effective use of this information. There were some tensions in the team between those working on different issues and on how work on the ground was being prioritised relative to higher level strategic actions. In the view of some, the future organisational strategy should place more attention on higher level strategic activities.

Despite the strong focus on continuing professional development of the team, half of the respondents to the Workforce Survey said they would have liked to have had more training. Among the many topics they identified, the most commonly mentioned were co-design followed by leadership, systems thinking and facilitation skills. Partners suggested that the workforce could be supported more to build a strong te ao Māori delivery strategy and to develop the potential of community marae initiatives. There was a widely held view that not all the team was using a systems approach and more investment was needed in building workforce systems change capability.

**Building Block 2: Leadership**

In 2017, Healthy Families Manukau, Manurewa-Papakura revised their Implementation Roadmap. This new strategically focused Roadmap was seen as very helpful for accelerating the work. The Roadmap identified their “influencing priorities” which guided their choice of members for the Prevention Partnership Group, also established in 2017, who needed to be influential “key champions” in the region. The Prevention Partnership Group was seen as diverse and having the ability to influence a wide range of sectors. However, views were mixed about whether they had all the necessary participation, had been able to leverage all their potential networks yet, or had helped the workforce enough with their work through their connections and influence.

Some leaders and workforce members said they could be more effective if the roles and responsibilities of the Prevention Partnership Group were clearer. Some leaders said what they needed was a more specific plan about what they are expected to achieve as a Prevention Partnership Group. Workforce members said greater clarity would help them identify which Prevention Partnership Group members could help them on specific issues.

**Building Block 3: relationships and networks**

A majority of the partners responding to the Survey agreed that over the past two years they had seen an increase in the level of collaboration and the range of organisations they worked with, and
their organisation had redirected resources to better align their work with collaborative initiatives. A clear majority also agreed that Healthy Families Manukau, Manurewa-Papakura had supported them or their organisation to do their job more effectively by supporting collaborative working in the community, improving coordination of efforts, communicating well with partners and influencing partners to align their work more.

Community partner organisations appreciated the extra capacity that Healthy Families Manukau, Manurewa-Papakura brought in terms of support, expertise in co-design and identifying community voice, and broadening the types of partners they worked with. The diverse team were also recognised for bringing a range of valuable relationships, knowledge and skills both for working with the Council and in the various communities in Manukau, Manurewa-Papakura.

In Healthy Families Manukau, Manurewa-Papakura there has been a strong emphasis on fostering high level strategic relationships to enable cross-sector thought leadership and alignment of goals and actions. The Prevention Partnership Group were key enablers of relationships and networks, and in some cases could direct their energy towards relationships at the national level. Key informants saw great potential to reach many priority populations through the very large organisations they were connecting with as partners, such as large employers within South Auckland.

Developing a more strategic approach to relationships had evolved over time as the team recognised the need to improve their strategic influence. Likewise, as they better understood the initiative, stakeholders were also changing their approach to Healthy Families Manukau, Manurewa-Papakura and were now seeking support from them at the leadership level rather than for one-off projects. Multiple key informants saw the deep connections with communities held by a number of team members as important and an asset.

Team members thought the organisations they had tried to engage with were generally receptive of the Healthy Families NZ approach. Those who are most engaged seemed to really appreciate a new way of working. Some partners, such as within the Business Community of Practice, were notable for the way they were clearly sharing their goals, values and commitment to working on joint initiatives.

There were some ongoing tensions and challenges with some organisations in the area, largely related to the early competitive tendering for the Healthy Families Manukau, Manurewa-Papakura contract and views about funding impacts on other organisations in the area.
**Building Block 4: resources**

Most of the workforce and partners surveyed agreed that more staff and financial resources in the region were being directed to better align with collaborative initiatives over the last two years.

Partner organisations tended to share time and staff input rather than financial resources with Healthy Families Manukau, Manurewa-Papakura. An exception was noted as the decision of Auckland Transport, in conjunction with Local Boards, to invest more money than originally planned in South Auckland walking and cycling infrastructure as a result of the action by Healthy Families Manukau, Manurewa-Papakura. In another example, an unused shop space was given for a collaborative community project.

The proactive, *fast-fail* approach to designing initiatives was seen as working well to keep resources tightly allocated. It exemplified the focus of the team on making the most impact with minimal time, capacity and cash resources while also keeping them energised, adaptive and avoiding project silos. The Action Budget had been used to support a number of initiatives, and considered useful. For the *fast-fail* prototyping approach being used, access to the Action Budget was considered too slow (via approval of the ALT), and had not been used as much as some thought it could have been.

**Building Block 5: knowledge and data**

Healthy Families Manukau, Manurewa-Papakura recognised knowledge and data as a key component of the systems change approach. Existing research and data were reviewed, however, information to understand the “lived experience” was seen as particularly important. For this reason, accessing data at small scale was an aim, as well as using a variety of survey, interview and workshop methods with partners and community to understand and refine the problem and inform design ideas. Increasingly various feedback and assessment tools were being considered to test, refine and select prototype initiatives to up-scale. Evaluation and reflection tools were also being used, although some noted in practice the process has been relatively informal and seen as having the potential to be implemented more systematically.

The team were applying different cultural lenses to information and to understand local systems. To influence policy, the team hosted local and national decision makers and influencers into South Auckland to hear community insights gathered. Several informants also an opportunity to work with academics to influence the wider public health and policy environment. The team had employed specialists in data and research who helped the team with evidence reviews, using the data they had gathered effectively and taking into account in their projects the evidence available on what works from other contexts.
Some questioned whether the time-bound prototyping process, that the team used to refine and select initiatives for scaling up, was enough to create systems change. They noted a lack of process continuity and enablers to support sustained change after the process finished. Getting access to government-held data was viewed as always useful but sometimes difficult to find out about what relevant data was available as information tended to be through informal channels and ad hoc.

4.2.6 Prioritising settings and activities

Over time there has been a subtle, but notable, shift from “settings” to “systems including settings”. Activities were clearly prioritised by their strategic importance and ability to influence high-level decisions and actions. Some particular areas focused on include: Māori health and wellbeing including activities that centre on maramataka, caring for the environment as part of supporting wellbeing, and traditional knowledge; active transport; community gardens; and other activities linked with the concept of Māori Systems Return.

Te Tiriti o Waitangi

Te Tiriti o Waitangi was viewed overall as hardwired into the thinking of the team and place. It was an important perspective held by all key informants that having a high proportion of skilled Māori staff was essential to their work. There was also a need articulated to value indigenous and cultural knowledge systems, and in practice it was felt that this was happening. There was also the view that there was a need to take a bi-cultural approach, including embedding Māori responsiveness in all settings, not just Māori settings. For example, sharing of concept of maramataka with other cultures i.e. Pasifika or in work with government agencies such as the Department of Conservation.

Equity

Equity was considered an unavoidable consideration given the nature of the situation in South Auckland which is an area characterised by low socio-economic status and with large Māori and Pasifika populations. There was also a widely held perception that poverty had substantially increased in South Auckland over a number of years. The nature of goals of the lead organisation were viewed as facilitating a focus on equity. The team therefore has a strong and primary focus on low socio-economic groups as well as on Māori and Māori systems. There is good diversity in the Prevention Partnership Group.

Some barriers to equity that were identified included: the unfair processes around alcohol licensing and the impact of multiple disadvantages on the ability of families to act. In both cases these barriers were related to the difficulty in getting these community concerns and voice heard.
Key informants held a variety of views as to how best equity needed to be thought about and addressed. These included viewing their role as mitigating against a system that produces, and reproduces, inequity. There was a strong view held that the role of the team was to involve and influence those actors and organisations with the most power and agency and being strategic in how this is achieved. There was also recognition that important to system change was the valuing of the lived, and felt, realities of those in the communities and how these could be given greater voice.

4.3 Outcomes and changes in the prevention system

In looking for positive changes within the prevention system, the evaluation has focused upon change stories (a story of change that is identified across multiple types of data) relating to: increase in breadth or depth of relationships; increased recognition within organisations not traditionally focused on health, that they can contribute to prevention of chronic disease conditions; strengthened leadership for health within community; new resources dedicated to prevention; and changes to environments to support health.

Within Healthy Families Manukau, Manurewa-Papakura the following change stories were identified that illustrate one or more areas of change within the prevention system:

- Bringing mātauranga Māori into view, within both Māori settings and with wider community and Auckland Council controlled organisations.

- Establishing a Business Community of Practice, involving leadership from numerous large employers within South Auckland, initially supported through a member of the Healthy Families Manukau, Manurewa-Papakura Prevention Partnership Group. Employers within the Business Community of Practice were committing resources to the joint work and displaying a willingness to think about employee health in different ways, such as the Shift Work Design Challenge.

- Replacement of Sugar Sweetened Beverages across the Auckland Council system, starting with vending machines in leisure centres, and moving onto catering guidelines and practices within other Council facilities and events. Leadership of both Auckland Council elected members and staff has been important with these changes.

- PATHS work on walking and cycling infrastructure is reported to have committed more money to new infrastructure within South Auckland than may not have been the case without Healthy Families Manukau, Manurewa-Papakura and partner involvement.
• Community garden development at Sikh Takinini temple, bringing together community and government organisations to make changes to the local food system.

Following are other positive changes in the prevention system that were identified by only one source of data.

• My Backyard Gardens – over 100 Mangere backyard gardens with Papatuanuku Kokiri Marae.
• One Love Backyard Gardens – installing gardens across four streets in Mangere.
• The Kitchen Project – supporting local food business development by providing access to commercial kitchen space, in collaboration with Healthy Families Waitakere.
• Several key informants within community-based organisations expressed an opinion that Healthy Families Manukau, Manurewa-Papakura had provided support, both practical and moral, which encouraged and enabled them to continue acting as champions for change within their communities.
• Working with existing Healthy Auckland Together collective of 26 organisations to identify and prototype collective actions with a focus on reducing obesity through action on nutrition and physical activity.
• With support of Healthy Families Manukau, Manurewa-Papakura, as well as partners such as The Southern Initiative, an increased focus in gathering perspectives and insights from South Auckland communities is evident across initiatives led by: Auckland Transport, Panuku Development Agency; and Auckland Council.
• Supporting development of healthy events through collaboration with Auckland Council events team to promote wai at various events and use Puhinui Stream Challenge to trial health promoting environment actions. Work with He Oranga Poutama to make water the beverage of choice at Iwi of Origin event is another example.

• Partner Survey results (23 respondents):
  • the level of collaboration with other organisations has increased over past two years 74 percent (17) agreed; 13 percent (3) stayed the same; 13 percent (3) did not answer.
  • the range of organisations they worked with had increased over last two years 78 percent (18) agreed; 13 percent (3) stayed the same; 9 percent (3) did not answer.
4.3.1 **Descriptions of outcome stories**

**Story One: Replacing sugar sweetened beverages within Auckland Council systems**

The outcome description below identifies a change in environment of availability of sugar sweetened beverages within council leisure facilities, and a wider attitude and policy change within Auckland Council to provide healthier food and beverage options.

One of the earlier successes reported by Healthy Families Manukau, Manurewa-Papakura was involvement with Auckland Council in replacing sugar sweetened beverages (SSBs) with healthier alternatives across Auckland Council. In looking at the food system, it was identified that approximately 85,000 teaspoons of sugar could be removed from Council vending machines alone if replaced with no sugar alternatives, with many vending machines located within South Auckland Council leisure centres.

Both operational and political support within Auckland Council was gained by Healthy Families Manukau, Manurewa-Papakura, including with the Mayor and Local Boards. Within Council, the Manager Leisure was part of the Alliance Leadership Team (ALT) for Healthy Families Manukau, Manurewa-Papakura, and was in a position to drive change within the leisure centres.

A revised RFP for vending machines was developed that specified what was allowed in vending machines, with contracts starting in late 2016. The Healthy Families Manukau, Manurewa-Papakura team reported that, following media coverage of the removal of SSB, they were contacted by other local authorities to share their insights for creating this change. Auckland Council also committed to developing a wider food and beverage policy or guideline to consider healthy food within the entire leisure system, wider than vending machines.

Following the removal of SSB work, the catering manager for Council was seconded into Healthy Families Manukau, Manurewa-Papakura (TSI) to work on developing wider Council food and beverage policies and catering guidelines, as well as supporting alignment of practice within Local Boards and Council Controlled Organisations, such as Auckland Transport.

Both workforce and ALT key informants identified the removal of SSB from Council vending machines, and wider policy and guidelines, as important changes.
Contribution of Healthy Families Manukau, Manurewa-Papakura

Healthy Families Manukau, Manurewa-Papakura describe a systematic process of building a case for removing SSB from Council facilities, seeking to engage different teams widely across Council, as well as gaining the support of the Mayor and Local Boards. They state that being within Council helped to open doors to these conversations. The leadership of the Manager Leisure within the Council, who was also part of the Healthy Families Manukau, Manurewa-Papakura ALT, was seen as important. Also important was the context of the District Health Boards recently implementing a similar change and being able to draw on their story as part of building the case for change.

Story Two: Paths walking and cycling infrastructure in South Auckland

The outcome description below identifies additional built infrastructure to support active travel, as well as change in attitude and perception of South Auckland and the opportunity for prevention from Council Controlled Organisations (CCOs) and Local Boards. Advocating for inclusion of community voice within CCO and Local Board planning has been crucial to this outcome.

Auckland Transport is a Council Controlled Organisation (CCO) responsible for all planning and funding of public transport, cycling and walking infrastructure, although in conjunction with Local Boards of Council who control some planning and infrastructure budgets for their communities.

In developing cycling infrastructure within Auckland, Auckland Transport has had a focus on the central city. Through the connections Healthy Families Manukau, Manurewa-Papakura had within Auckland Council and with local boards, it became apparent that South Auckland was not being considered for any major upgrade of walking and cycling infrastructure, partly based on perception that people in South Auckland are not interested in cycling.

Working with a range of stakeholders, Healthy Families Manukau, Manurewa-Papakura has challenged this perception by gathering community insights into cycling and mobilising a call to action. Insights suggested that for a number of groups there was a desire to cycle, but that the current infrastructure prevented cycling. Amongst other groups there were some perception issues of cycling that prevented use of bikes for transport. These community insights are reported to have changed the perception within Auckland Transport of the desire and potential for cycling in South Auckland.

Working with different departments within Auckland Council, Auckland Transport and the four local boards in the Healthy Families Manukau, Manurewa-Papakura area, plans for investment in walking and cycling infrastructure in South Auckland have been developed.
To support development of cycling infrastructure, a social media campaign to address some of the negative perceptions of cycling was also developed. Utilising local cycling champions, and with support of Auckland Transport, the Healthy Families Manukau, Manurewa-Papakura team report wide reach of the campaign on social media.

Several workforce key informants identified the Paths work and associated social media campaign as an example of a change in the prevention system. It was also noted in interviews with some leaders and partners as an example of mobilising community voice to change perceptions and activities of agencies with an Auckland wide focus. The Paths work was not identified within the partner survey or interviews.

**Contribution of Healthy Families Manukau, Manurewa-Papakura**

Healthy Families Manukau, Manurewa-Papakura describe an ongoing involvement, in partnership with local champions, Auckland Council, Auckland Transport and the Local Boards. The perception of key informants was that the location of Healthy Families Manukau, Manurewa-Papakura within Auckland Council, and the ability to profile local voice was important to change in perception of desire and potential of cycling in South Auckland.

**Story Three: Community Garden Development at Sikh Takanini temple**

The outcome description below shows increasing networks within South Auckland, between a large faith community and other community organisations within South Auckland around food and sustainability. A result is the development of a large garden within South Auckland that can be both a source of food and training.

The Healthy Families Manukau, Manurewa-Papakura team identified an opportunity to support the Takanini Sikh Gurdwara (temple) to manage food waste, an additional 100 to 500 meals leftover out of the average of 5,000 meals that are produced on site at the temple. These meals are now distributed through the community. Through discussions with the temple and wider partners, including within TSI, the initiative quickly turned into exploring the use of 11 acres the temple sits on, to develop community gardens, including planting fruit and nut trees. A partnership developed with Auckland Teaching Gardens, to provide support in developing the community gardens.

As plans for the garden developed, key informants noted ongoing opportunities, such as with MIT in training gardeners and getting accredited, and with the Department of Corrections looking to explore opportunities of using the garden in some of its corrections programmes.
Several workforce key informants identified the work with the Sikh Society of New Zealand temple leadership as an example of a successful collaboration, through which partnerships have strengthened and new facilities and capacity within the community are being created. This was also identified by ALT key informants as a good example of the work Healthy Families Manukau, Manurewa-Papakura is able to be involved with to support changes to the prevention system. Within the partner survey, community gardens were identified by four respondents as important changes within the prevention system, although it is unclear whether respondents are referring specifically to developments with the Sikh temple or other community garden initiatives, or both.

Contribution of Healthy Families Manukau, Manurewa-Papakura

Healthy Families Manukau, Manurewa-Papakura are identified as the key partner within the initiative with the Sikh Society of New Zealand. The team have purposefully developed their capacity to work with South Asian communities, a large grouping within South Auckland. Through key informant interviews, it was identified that personal connections within the Healthy Families Manukau, Manurewa-Papakura team were instrumental for the initial opportunity to work with the temple, while wider connections within TSI also provided links to community gardening.

Story Four: Business Community of Practice

The outcome description below shows a commitment to prevention and a new network developed across large employers within South Auckland, to consider how they can collectively support wellbeing of their workforces.

Beginning in mid-2017, leveraging the connections and leadership of a member of the Prevention Leadership Group, Healthy Families Manukau, Manurewa-Papakura established a Business Community of Practice (CoP), with large employers within South Auckland. These include: Air New Zealand; Bidfood; Chep NZ; Fonterra; Frucor Suntory NZ; Goodman Fielder; Post Haste; Rinnai NZ; Spotless; and The Warehouse Group.

The Business CoP began with seeking and sharing insights regarding challenges and opportunities to support staff wellbeing. Insights included the growing concern regarding mental health amongst employers. The Business CoP agreed to collaboratively work on developing a prototype for a particular common issue of concern. From this a project related to shift work has begun, which has included a focus on using shift workers to train as interviews and gather insights of other shift workers. In 2018, the shift work initiative will move from gathering insights around shift work into prototyping concepts to support wellbeing.
Promoting the experience and voice of workers within these large companies is an outcome of the approach being taken with the Business CoP. These community insights will also be promoted with The Treasury, as a team from The Treasury has met with the Business CoP and have asked to be kept informed of the work.

Workplace wellbeing was identified by three respondents to the partner survey as extremely or very important. Workplace wellbeing was also identified as extremely or very important by two of the four Prevention Leadership Group survey respondents. Multiple workforce key informants identified the Business CoP as an important development.

**Contribution of Healthy Families Manukau, Manurewa-Papakura**

Healthy Families Manukau, Manurewa-Papakura were key to establishing the Business Community of Practice. The team have taken care in developing the Prevention Leadership Group with wide and deep connections across South Auckland. It is these connections that appear to have been important to establishing the Business CoP. Once established, the Healthy Families Manukau, Manurewa-Papakura capacity to work closely with the group and capability to introduce a co-design approach, appears to have been important to the shape and focus of this group.

**Story Five: Bringing mātauranga Māori into view**

The outcome description does not relate to a specific initiative undertaken within South Auckland, but promotion of traditional Māori concepts that have been applied across multiple initiatives. The outcome story shows a developing shift in focus on what the concept of “health prevention” is to include more diverse cultural perspectives and in particular mātauranga Māori.

The workforce key informants describe applying a cultural lens to the work they do. While that cultural lens may be Pasifika or South Asian, depending on the initiative, there is consistent development and promotion of a Māori lens. As described, a Māori lens supports a systems approach by viewing different parts of an issue as interconnected. One key informant identified a Māori lens as aiding them to disrupt having the usual stakeholders around the table, by exploring interconnections. Partners from within Māori settings viewed the Healthy Families Manukau, Manurewa-Papakura team being able to apply Māori perspectives and knowledge as important to collaboration.

Specific initiatives have sought to apply mātauranga Māori include: Live 2 Learn partnership between Healthy Families Manukau, Manurewa-Papakura, Manurewa High School, and Toi Tangata to develop and test student-led curriculum to improve cultural wellbeing; supporting Weymouth
Primary school to include maramataka in planning their new garden supporting Papatuanuku Kokiri Marae with the Backyard Gardens Project.

The Healthy Families Manukau, Manurewa-Papakura team have championed understanding and use of maramataka in planning within South Auckland, including with Panuku Development (a Council Controlled Organisation focused on large built environment projects) within the Transform Manukau project.

Several workforce key informants described the importance they placed on their work using maramataka specifically and mātauranga Māori more generally. They described the work as not only supporting developments within Māori settings, but also changing perspectives within mainstream organisations. Several partner and Prevention Leadership Group key informants echoed this workforce perspective. Within the partner survey, several respondents identified particular initiatives with marae as important changes.

**Contribution of Healthy Families Manukau, Manurewa-Papakura**

Healthy Families Manukau, Manurewa-Papakura have consciously sought to develop capacity in understanding and applying mātauranga Māori, including employing specialist positions, and implementing training and practices within the team to embed Māori perspectives. The team have been active in working with Māori led Healthy Families NZ locations, which has included a focus on maramataka.

### 4.4 The challenges and successes

#### 4.4.1 Challenges

**Local area context challenges**

- The context of increasing levels of poverty impacting on all community activities.
- There is a lot of activity already occurring in Auckland that is frequently disparate and disconnected.

**The context of the initiative**

- Getting the right mix of workforce, particularly recognising the need to move to more strategic skills.
- The challenge of building trust with other organisations.
- The name of Healthy Families NZ unhelpful as is not working with families.
• The complicated Lead Provider structure and different organisations involved has created some complications.

• The initiative not operating to a blueprint.

Wider influencing factors

• Many people favour and benefit from the status quo, so it is hard to change.

• Achieving social change is difficult.

• Focusing predominantly on the four risk factors can be limiting when knowing the connections to other issues such as mental health and wider social determinants.

• The uncertainty caused by a change in government.

Specific setting challenges

• Effectively engaging the childhood education settings has been quite challenging.

• The challenges of influencing the alcohol space, especially because of the processes around licensing.

4.4.2 Successes

Areas of successful action

• Influencing policy, especially big businesses and government organisations in Wellington such as Treasury and working with the Ministry of Health.

• Identifying gaps and amplifying community voice on a variety of community issues.

• The moral and technical support that Healthy Families Manukau, Manurewa-Papakura are able to offer other local community organisations.

• Sikh community initiative, especially impacting on the speed at which the activities occurred.

• The PATHS work in changing the narrative and perceptions of South Auckland within larger cross-sector projects.

• The Workplace Wellbeing initiative.
5 Healthy Families Rotorua

5.1 Local context

5.1.1 Geography and demography

Healthy Families Rotorua covers the geographic area surrounding Rotorua city (see Figure 1 below), traditionally lands of Te Arawa iwi. The population had about 65,280 people at the time of Census 2013. Overall the population of the Healthy Families Rotorua area is more deprived than the New Zealand population with 34.5 percent of households classified in the most deprived Deciles 9 or 10.

*Figure 4 Map of Healthy Families Rotorua by deprivation*
A higher proportion of Rotorua residents identify as Māori (37.5 percent) compared with the overall New Zealand population (15 percent) with lower than average proportions of other ethnicities. Rotorua has a relatively youthful population and there are more one-parent households.

5.1.2 Health status and chronic risk factors

We used pooled, age-standardised New Zealand Health Survey data, between 2011/12 and 2014/15, to look at health status and chronic disease risk factors in Rotorua, with comparisons to the total New Zealand population for our interim evaluation. Adults in Rotorua were more likely to be current smokers and hazardous drinkers, and less likely to meet physical activity recommendations. While adults in Rotorua had similar rates of vegetable and fruit consumption to the total New Zealand population, they were more likely to be either overweight or obese and less likely to be a healthy weight. Adults experienced similar levels of chronic health conditions to the total New Zealand population.

Children in Rotorua had similar eating and activity patterns to the total New Zealand child population, and similar levels of obesity. However, children in Rotorua were more likely to have had teeth removed due to decay.

5.1.3 Collaboration context

In the Rotorua community, there were a number of existing and developing collaborative initiatives focusing on issues such as safer communities, family violence and community development. A number of key informants commented on the funding environment and the way that tensions around competitive funding could lead to people focusing more on their own contracts and being less open to collaboration.
5.2 Implementation

5.2.1 Lead Provider

Healthy Families Rotorua is based at the premises of Te Arawa Whānau Ora Collective Trust who holds the contract as Lead Provider of the initiative. The CEO of Te Arawa Whānau Ora and the Director of Kowhai Health Associates co-chair the Strategic Leadership Group. Te Arawa Whānau Ora Collective Trust involves a group of seven social service and health providers working together to support whānau and families based on a Whānau Ora approach. Kowhai Health Associates is a network of consultants who support health, social and community development services across public, NGO and private sectors.

5.2.2 Healthy Families Rotorua

Healthy Families Rotorua were funded for a workforce of six FTE. This included a Manager, a Partnership and Engagement Coordinator, a Settings Coordinator and three health promoters. Eighteen months into the contract there was change in manager due to the manager moving to another region, which created some disruption to the team. As the initiative progressed, ideas had changed about the kinds of skillsets required for the Healthy Families Rotorua work, several job descriptions changed, and the team had expanded to include an administrator and evaluation consultant. In 2017, there was staff turnover with three staff leaving and three recruited to replace them.

Relationship with Lead Provider

Overall, the team had the impression that working in a Whānau Ora-oriented organisation was a good fit. The Chief Executive Officer of Te Arawa Whānau Ora had been a great support to the manager and team of Healthy Families Rotorua. It had been a process to figure out how a Whānau Ora approach could be integrated with the Healthy Families NZ approach. This included encouraging Te Arawa Whānau Ora to “raise their gaze” from individual- or whānau-level interventions to a systems and whole-of-community view.

Relationship with the Ministry of Health

The team noted that for a contracting relationship they were more closely involved with the Ministry of Health than usual. Some were uncertain initially about how this close relationship

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2 From 2013 the providers are: Aroha Mai Cancer Support Group Trust, Korowai Aroha Trust, Maketu Health and Social Services, Te Papa Takaro o Te Arawa, Te Rōpu a Iwi o Te Arawa Charitable Trust – Maatu Whangai, Te Runanga o Ngāti Pikiao Trust, Te Waiairiki Purea Trust.
would support local initiatives and kaupapa. However, the relationship was mostly described as positive and supportive.

### 5.2.3 Leadership arrangements

The original Governance Group was established in 2014 and comprised of key sector leaders, including senior leaders from education, the DHB, Council and two iwi. Te Arawa Whānau Ora Chief Executive and Kowhai Health Associates Director were co-chairs of the Group. The Governance Group was reviewed in 2016 to assess how they could be encouraged to take a more activating and influencing role. Following this review, they were renamed the Strategic Leadership Group.

In 2017, while the Strategic Leadership Group members believe they have good people from most sectors, they were also considering who else should join them. For example, they were considering including someone from the business sector as has been done successfully in some of the other Healthy Families NZ locations.

Healthy Families Rotorua is also connected with Awhi Rotorua, which functions as their Prevention Partnership Group and enables the team to engage a variety of partners. Awhi Rotorua started in 2014 and is a collaboration of more than 20 multi-sector organisations, key stakeholders and operational staff within the Rotorua District.

### 5.2.4 Understanding of the prevention system and systems change

Members of the Healthy Families Rotorua team had initially struggled to understand what a systems approach meant and found it difficult to explain to partners. Likewise, members of the Strategic Leadership Group often chose not to use systems terminology when trying to explain the approach to potential partners. Sometimes there was confusion between systems change and collective impact, and understanding how whānau ora approach was different to systems change.

In Rotorua key informants tended to view the prevention system as involving the whole community in tackling the wider determinants of wellbeing. Sometimes the team explained the approach by referring to changes at a wider community level, not just individuals and whānau.

Although their understanding of the systems approach varied, the team were optimistic that once some of the Māori Systems Return ideas were embedded, community partners’ understanding of systems would improve.
Since they were based in a Whānau Ora organisation the Healthy Families Rotorua team had initially considered how to integrate Whānau Ora Principles with the Healthy Families NZ approach. Rotorua key informants saw overlaps between Whānau Ora’s recognition of the multiple determinants for wellbeing and the systems approach. But the Healthy Families NZ systems approach encompassed a view of the wider community beyond the Whānau Ora focus on individuals and whānau. Healthy Families Rotorua implemented systems change approach largely in terms of lifting the perspective from an individual and whānau level to a community level. This approach built on the existing holistic, strengths-based Whānau Ora approach of the Te Arawa Whānau Ora Collective Trust.

Some viewed the systems approach as particularly hinging on changes in the environment and policies. Key informants tended to view efforts to change the prevention system in terms of engaging the local community.

Healthy Families Rotorua also incorporated other Māori perspectives and frameworks into their work that also shaped their understanding of prevention systems. In recent times, Healthy Families Rotorua and some partners had become involved in a movement to promote “Māori Systems Return” which means returning to Māori systems for maintaining wellbeing that existed prior to colonisation. As part of this “maramataka” was a key platform that was being used to enable communities to return to the traditional practices that restore balance between nature and people. They were exploring how this could be used as a foundation framework for building a prevention system and systems change. Healthy Families Rotorua supported this work by assisting with access to maramataka and its practice. This included increasing the application of the practice of maramataka across a range of settings, including kaupapa Māori workplaces, whānau ora, under-fives curriculum and teacher planning.

The team noted a tension that when engaging some partners they needed to be seen to offer something practical which, if not carefully managed, could lead to a focus on programme delivery rather than wider system change.

5.2.5 The Principles and Building Blocks for a strong prevention system

A key feature of the Healthy Families NZ initiative are the Principles and Building Blocks to guide the development of strong prevention systems. The following summaries are organised by this framework as action in these areas are indicators of the fidelity and quality of implementation of Healthy Families NZ approach in each location.
**How the Principles were used for systems change**

The workforce was confident in their understanding of the Principles and how these support systems change, and said they used them to justify their proposals for initiatives and use of the Action Budget. The Strategic Leadership Group also reported using the Principles to make decisions about Action Budget proposals. Healthy Families Rotorua key informants said that the guiding Principles can work alongside the kaupapa (principles) of the Lead Provider organisation.

> ...who provide us with some clear kaupapa concepts, like rangatiratanga, like manaakitanga, ū kai pō, kaitiakitanga, aroha and those concepts are overlaid beside our Principles of Healthy Families. (ROT1)

While the Strategic Leadership Group tended to be confident that they understood the guiding Principles some were somewhat less confident that everyone understood clearly what the Principles and Action Budget criteria mean for practice, such as “safe to fail”.

Healthy Families Rotorua considered the principle of sustainability in their work even though this was not an official Healthy Families NZ Principle. They saw sustainability as connected to the Principle of “Implementation at Scale” and they aimed to ensure their community partners were able to continue initiatives that Healthy Families Rotorua may have started or enabled.

**Building Block 1: workforce**

The workforce was seen as committed and showing initiative, and having strong relationships and Māori cultural competencies. Some of the workforce commented that it took a while for them to adjust to the Healthy Families NZ systems approach, which meant avoiding working directly on service delivery. There was a good relationship between the team and the Strategic Leadership Group.

Workforce key informants reported that Networks of Practice or relationships between locations could be valuable to learn from each, even though they could not always directly transfer approaches across locations. Some of the team who were working on the “maramataka” initiative had established strong relationships with colleagues leading kaupapa Māori work in other locations and found it helpful to share their ideas and approaches. Sometimes peer to peer learning conversations were not seen as helpful to have in the context of an oversight relationship.

There had been changes to views on what skills in the team are needed and changes were made to roles as well adding new roles, such as an evaluation specialist. While the size of the team had expanded since it began, some leaders interviewed thought they may need to expand staff capacity further.
Building Block 2: leadership

Following the 2016 change to the Strategic Leadership Group name, the group shifted to a more outward-looking “activating” and strategic leadership role.

...we’ve been talking about how do we go from business-as-usual conversations to much more driving the long term systems. (ROT4)

Since the change, the Strategic Leadership Group were seen as working well together, engaged and more effective. All five Strategic Leadership Group members responding to the Survey were confident they could apply systems thinking to their activities and decisions in the Strategic Leadership Group and understood the Healthy Families NZ Principles. Although the leaders involved were seen as having good spheres of influence, this potential was not yet fully tapped. There was also concern about the difficulty in getting consistent engagement from local iwi leaders on the Strategic Leadership Group. In 2017, the Group aimed to broaden their membership to ensure leaders from all appropriate sectors were participating, such as including a leader from the business sector.

Building Block 3: relationships and networks

Most partners responding to the survey thought that Healthy Families Rotorua had supported collaborative working in the community, communicated well with partner organisations and influenced organisations to align their work more. Only two of 11 thought Healthy Families Rotorua had helped to coordinate local prevention efforts. Overall, the team was seen as skilled, positive and helpful for collaboration in the local area.

Building on a number of existing networks, Healthy Families Rotorua worked with a variety of new and established networks, and had developed constructive relationships with many organisations. This included working with the Council and the Chamber of Commerce on particular initiatives, and a childhood obesity prevention group working with the Rotorua Lakes District Health Board. There were some challenges to inter-organisational relationships, such as tensions due to competitive tendering, different organisational mandates and people not wanting to step on each other’s toes.

The frequent changes in personnel in other organisations also created challenges for Healthy Families Rotorua to maintain the momentum on initiatives, to re-establish relationships and to keep explaining the systems approach to new partner staff. Because the Lead Provider of Healthy Families Rotorua is viewed as a Māori organisation with links to Whānau Ora, partners tended to see them as targeting high-need, high-Māori population areas.
Some partners in health organisations were particularly helpful but their different organisational mandates, including competing priorities and their time available for collaboration, negatively affected how closely they were able to work with them.

**Building Block 4: resources**

The team observed a willingness among local community organisations to get involved in collaborative initiatives and partners had observed more sharing of resources in the past two years. Although Healthy Families Rotorua tended to share staff, such as through support and advice, rather than financial resource, in their view it was important for many types of community projects to help get things started by contributing at least a modest amount of funding.

Healthy Families Rotorua had used the Action Budget to seed two projects in the area: the “Ka Pai Kai” addressing the food system; and the network promoting education about maramataka. Prior to these projects and the circulation of a decision support tool for the Action Budget, there had been some confusion among the Strategic Leadership Group about the criteria for assessing Action Budget requests from the team.

A social enterprise model was being supported in Rotorua as a way of generating resource and creating sustainability for food system initiatives. Two food related community initiatives in 2017 achieved Charitable Trust status and were implementing a social enterprise approach.

**Building Block 5: knowledge and data**

The team valued having access to local health statistics to help them understand, prioritise and plan their approach. They had also carried out some data gathering about needs or informing their interventions. For example, surveys at events seeking input and feedback from relevant communities that informed the development of new projects linked to the “maramataka” initiative. Healthy Families Rotorua reported that they did not find the information they received about evaluation and data earlier in the initiative helpful. However, an evaluation consultant that had since been contracted to support them had been effective in helping them with evaluation, impact and innovation, including tools to show the links between evidence and their decision-making. The team said that having someone more regularly involved who understands system change has been helpful in improving their use of evaluation.
5.2.6 Prioritising settings and activities

Equity for Māori was very important for Healthy Families Rotorua and was a key criterion in prioritising settings and activities. Some important Equity-focused activities were the “Maramataka” initiative, “Ka Pai Kai” and the “Bump Club”. Some of these initiatives could span across settings to include a range of potential partner organisations which they hoped would increase the resilience and mana among local populations. Sustainable change was often seen as being achieved when communities were able to take the lead on an initiative.

Most of the activities of Healthy Families Rotorua were focused on nutrition and about one third were Māori-focused or used explicit Māori frameworks in their approach. The food system was a priority area of work because it was seen as a key social determinant of health outcomes.

Te Tiriti o Waitangi

The Healthy Families Rotorua team and the Lead Provider report that they operate implicitly with a Māori world view. The workforce is predominantly Māori and they have strong relationships with local iwi. Te Tiriti o Waitangi is explicit in the Strategic Leadership Group Terms of Reference as well as in discussions and decisions on the Action Budget. Nevertheless it had been difficult to maintain consistent engagement of iwi leaders on the Strategic Leadership Group.

In 2017 the concept of maramataka, based on the traditional Māori lunar calendar, has become very important for guiding how Healthy Families Rotorua see themselves and their relationships with the wider community and environment. This has shaped the team’s views about how to build a prevention system for Māori and non-Māori, particularly for higher need communities where food security was seen as a key challenge.

Equity

The Healthy Families Rotorua team and their stakeholders are conscious of the inequalities in health statistics in Rotorua. To address Equity, they are prioritising Māori settings and applying Māori world views in their approach to their work.

“Maramataka” and “Ka Pai Kai” are seen by Healthy Families Rotorua as important opportunities for future systems change.

…it looks at every part of life from a Māori world view and thinking about how the environment influences every day. (ROT4)
Healthy Families Rotorua key informants argued that to enable work on Equity it was important to:

- have statistics on outcomes for Māori
- recognise that to get equitable outcomes [for disadvantaged communities] requires more than equitable inputs
- have Whānau Ora operating
- have close political support
- recognise that Māori capacity for being involved in activities can be limited.

5.3 **Outcomes and changes in the prevention system**

The main changes to the prevention system in Rotorua that were identified by multiple data sources are outlined below.

- establishing Kai Rotorua Charitable Trust, a local food network providing coordination between several kai projects and community gardens.
- establishing Ka Pai Kai Charitable Trust, providing a healthy and cheap school lunch option, through a collaboration of a number of agencies and the work of volunteers.
- developing knowledge of, and capacity to apply, maramataka, the traditional Māori lunar calendar, to plan and deliver activities.
- activities and policies to support health within Rotorua Lakes Council, including expanding “Smokefree Places” policy, introducing sugar sweetened beverage-free venues and policies and working towards healthier catering contracts.

Following are additional positive changes to the prevention system that were identified but only through one source of data.

- “Workplace Wellbeing Award” added to the Chamber of Commerce Business Awards demonstrates engagement with business sector in considering wellbeing and strengthened relationship between health and business sectors.
- “Water Only” schools work supported closer relationships between health and education.
- WaiWarriors initiative to develop leadership of rangatahi as kaitiaki of lakes within Te Arawa rohe, supported by collective that includes Awhi Rotorua members and Healthy Families Rotorua.
- Increased provision of water fountains was mentioned by some key informants and partner survey respondents, with no details of number of fountains provided.
• Healthy Families Rotorua participating in Te Whanake Governance Group (Maternal Health, DHB) and Te Tunuke Childhood Obesity Prevention Steering Group.

• Support provided to develop capacity to use social enterprise model to sustainably fund community projects.

• Advocacy and support for development of a national Food Policy Council through a local collective of organisations including Healthy Families Rotorua.

• From within Healthy Families Rotorua Strategic Leadership Group, the range of people sitting at the table and working to jointly support health through their spheres of influence, was identified as an example of strengthened leadership.

• More resources have been redirected by organisations to collaborative initiatives in the last two years, which may have been influenced by Healthy Families Rotorua. Eight out of 11 respondents within Partner Survey agreed.

5.3.1 Descriptions of outcome stories

Story One: Kai Rotorua (Food network)

A lack of access to affordable, healthy and culturally appropriate food has been identified as an issue in Rotorua prior to Healthy Families NZ development. While still establishing, Healthy Families Rotorua confirmed a concern with food insecurity and poor access to good quality local produce as an issue for the community.

From late 2015, following a one-off community hui around food and social enterprise, a Rotorua Food Network was initiated. The food network has joined up different food and gardening initiatives within the region and supported developing the capacity of local champions and leaders. For example, support has been provided in developing social enterprise models around kai.

“My Backyard Garden Rotorua” is cited by multiple key informants as an example of initiatives supported by the existence of “Kai Rotorua”. Other examples include developing a Farmer’s Market and harvesting a crop of potatoes, some of which were distributed across community and marae māra for planning next season, while others were to be sold.

After operating as the Rotorua Food Network for over a year, the network has reached the status of a Charitable Trust known as “Kai Rotorua”. It used a social enterprise model to be self-sustaining and created a platform to coordinate and support kai related activities in the community.
Contribution of Healthy Families Rotorua

Healthy Families Rotorua team members have been closely involved as part of the collaborative partnership of the food network and alongside others have supported the Kai Rotorua Charitable Trust to be established. One of the early uses of the Action Budget was to support a food and social enterprise event in October 2015, which influenced development of the network and initiatives including “My Backyard Garden”.

Story Two: Community and Marae Gardens

Lack of access to quality, locally grown, produce is a recognised issue within Rotorua, which also has an identified issue with food insecurity.

A number of community gardens and māra kai (gardens) have developed since 2015, when a Food and Social Enterprise event brought several community champions around gardening together.

“My Backyard Garden” is an example, where 66 removable gardens have been established in schools, community spaces and private gardens. Māra kai have also been developed with Kōhanga Reo and on marae. The Kai Rotorua Charitable Trust is supporting community gardens with distribution of seeds and knowledge. An initiative to develop zero waste gardens on marae – Para Kore – is also being tested on five marae.

Several key informants identified community gardening, a focus on locally grown kai and local solutions to food security as key changes they have noticed over the previous two years. Gardening initiatives were the change noted most often in the Partner Survey (seven respondents). Of these seven respondents, six thought the gardening initiatives were extremely or very important, while five thought they would have been less likely to occur without Healthy Families Rotorua.

The work on the “Maramataka” initiative and return to traditional Māori systems were also identified by key informants as supporting the development of community gardening.

Contribution of Healthy Families Rotorua

Healthy Families Rotorua team members have been closely involved as part of the collaborative partnership involved with the food network, and with others have provided support for establishing the Kai Rotorua Charitable Trust. Action budget has been used to support community hui, while staff have worked closely with several gardening initiatives. As stated, several respondents to the partner survey thought that community gardening projects would have been less likely to occur without Healthy Families Rotorua.
**Story Three: Maramataka and Māori systems return**

This describes a framework for thinking about wellbeing that links traditional Māori knowledge and practices with current food and activity practices. By doing this, it opens up a perspective on wellbeing that is a focal point for collaboration, has engaged the community, links together several initiatives and has potential for positive impacts on food security and equity.

The concept of Māori systems return refers to use of traditional knowledge and practices of Māori, used to keep people well prior to colonisation. Maramataka, or the Māori lunar calendar, applies traditional knowledge to guide what activities are best suited to do when according to the phases of the moon.

The work promoting ideas of maramataka is led through a collective of organisations, of which Healthy Families Rotorua is part. Within Rotorua they have created opportunities to develop and share knowledge of maramataka. For example, a wānanga on maramataka was held on 5th August 2017 with 85 participants.

Ways of incorporating maramataka are continuing to develop as the knowledge is spread. “Kai Rotorua” and “My Backyard Garden” have drawn on ideas of maramataka to support kumāra planting. A collaboration is exploring development of a version of “WorkWell” healthy workplace programme guided by maramataka. The Parakore Māra a Marae (no waste gardens on marae) project is also drawing upon maramataka knowledge.

Several key informants explicitly identified “Maramataka” and the concept of “Māori systems return” more generally, as important developments to engage Māori communities in conversations and practices that support wellbeing of Māori. Healthy Families Rotorua did a survey to gauge interest in maramataka which reported high levels of interest that they say was backed up by feedback at a hui. Within the Partner Survey, two respondents identified the support for return of Māori systems as important changes in the prevention system.

**Contribution of Healthy Families Rotorua**

Healthy Families Rotorua team members have been closely involved as part of the collaborative partnership to bring wānanga on maramataka to Rotorua. Collaboration between Healthy Families NZ locations has further developed ideas of kaupapa around using maramataka.
**Story Four: Rotorua Lakes Council activities to support health**

The Rotorua Lakes Council has carried out a range of activities, including policy change, to support healthier environments in Rotorua. These activities suggest a perspective on wellbeing and the role of local government that is supportive of prevention and systems change.

In 2016, the aquatic centre, the largest council owned recreation facility, removed sugar sweetened beverages and replaced these with water or zero sugar drinks. More recently, as reported by Healthy Families Rotorua in 2017 work began on policy regarding council venues, events and catering contracts to support healthy eating, as well as developing a sugar sweetened beverage free Council policy. This work fits under the Council’s 2016 Rotorua Sustainable Living Strategy. The council were also considering access to drinking water in recreation places and breast feeding friendly public places.

In February 2017 the Rotorua Lakes Council launched phase one of an expanded smokefree places policy, with phase two due to be implemented in 2018. Phase one included: bus stops and shelters, i-Site, library surrounds, all sports grounds, all youth spaces and council controlled reserves. Phase two extends to outdoor pave eating places and inner city markets.

Some key informants discussed the role of Council’s support for a range of initiatives such as food, access to water and physical activity. Within the Partner Survey, the smokefree places policy was identified as an important change by two respondents, with removal of sugar sweetened beverage in the aquatic centre also rated as important by two respondents.

**Contribution of Healthy Families Rotorua**

The Healthy Families Strategic Leadership Group includes a senior staff member of the Rotorua Lakes Council, which was identified as an important link between the work of Healthy Families Rotorua team and that of Council. Team members report working with Council staff to support work in smokefree, removal of sugar sweetened beverages and promoting access to water. It was also noted by one key informant, that the work of other Healthy Families NZ locations in supporting Council action on smokefree and removal of sugar sweetened beverages had been useful to draw upon. The wider context of local government also supported action, with a number of councils updating smokefree policies, and a sugar sweetened beverage remit debated at the Local Government New Zealand Conference in 2017.
故事五: Ka Pai Kai

食品不安全和获取负担得起的高质量食品的缺乏被识别为在Rotorua健康家庭新西兰之前是一个问题，并且通过社区咨询在建立健康家庭Rotorua时得到了确认，特别注意了学校里没有充足食物的儿童。

“Ka Pai Kai”是一个社会企业组织，专注于以低成本向Rotorua小学、毛利学校和科环朗提供营养午餐。志愿者制作午餐，到2017年底为止，午餐在七所小学、两所毛利学校和两所科环朗可以购买。经过2016年和2017年初的试点合作，“Ka Pai Kai”现在是一个慈善信托，并由健康家庭Rotorua团队作为自给自足。

除了增加健康廉价午餐选择的可用性外，“Ka Pai Kai”还动员了组织和志愿者合作。这包括来自Toi Ohomai Institute of Technology的学生，他们作为研究的一部分进行了评估调查和访谈。

“Ka Pai Kai”被多名领导者、合作伙伴和工作队伍关键信息源识别为Rotorua预防系统的重要成功和变化。它也是合作伙伴调查中第二常被识别的变化，有四名受访者认为“Ka Pai Kai”对其非常或极其重要。

健康的家庭Rotorua的贡献

健康的家庭Rotorua团队从一开始就密切参与“Ka Pai Kai”，促进了关系并提供了建议。在四名合作伙伴调查受访者中，有三名认为如果没有健康家庭Rotorua，这种变化不太可能发生。

5.4 挑战和成功

5.4.1 挑战

健康家庭Rotorua的主要挑战是保持针对系统变化的焦点，而不是服务交付，并弄清楚如何确保这些变化是可持续的。团队报告了持续的困难，即向潜在合作伙伴传达健康家庭Rotorua的系统方法，并在特定组织中建立关系。他们指出，由于自己的资源有限，以及与社区合作伙伴的资源有限，他们期望总是在没有健康家庭Rotorua的情况下发生这种情况。
be faced with the challenge of competing priorities. This included the multiple collaborations in the community that are competing for the time of organisations. They also saw challenges for the initiative in maintaining continuity over the long term, particularly intergenerational continuity.

So that would be my single biggest, it needs to, just like everything in public health, as well and in health promotion, all of it is an intergenerational long game, it’s not, it’s not a Government three year cycle. That would be the biggest issue and people have to, needs to be supported as a long term movement. (ROT4)

5.4.2 Successes

The successes of Healthy Families Rotorua was seen as their role in supporting two equity-focused nutrition initiatives, “Ka Pai Kai” and “Maramataka”, to become self-sustaining. These initiatives had also increased the knowledge and leadership in priority Māori communities. Healthy Families Rotorua also saw their stronger connections with Māori organisations and business stakeholders as key successes. Other stakeholders also pointed to the Strategic Leadership Group and the skilled and committed team.
6 Healthy Families East Cape

6.1 Local context

6.1.1 Geography and demography

The area covered by Healthy Families East Cape is from Gisborne, through the East Coast to Opotiki, and includes approximately 52,089 people\(^3\).

*Figure 5 Map of Healthy Families East Cape by deprivation*

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\(^3\) At the time of Census 2013.
Overall the population of the Healthy Families East Cape area is more deprived than average in the New Zealand population with half the population (52 percent) classified into the most deprived Deciles 9 or 10, and five percent in the least deprived Deciles 1 or 2. Half the population in the East Cape identify as Māori, which is much higher proportion compared with the average of 15 percent across New Zealand. The East Cape also has relatively young age structure.

### 6.1.2 Health status and chronic disease risk factors

We used pooled, age-standardised New Zealand Health Survey data, between 2011/12 and 2014/15, to look at health status and chronic disease risk factors in East Cape, with comparisons to the total New Zealand population for our interim evaluation. Adults in the East Cape were more likely to be current smokers and hazardous drinkers, have better vegetable but poorer fruit consumption, were more likely to be physically inactive, and more likely to be either overweight or obese. Nevertheless, adults experienced similar rates of chronic health conditions to the total New Zealand adult population, although they are more likely to have teeth removed due to decay.

Compared to the total New Zealand child population, children in the East Cape were more likely to drink ‘fizzy drinks’ three or more times per week, watch two or more hours of TV each day and be overweight or obese. However, they were more likely to eat the recommended number of vegetable servings each day.

### 6.1.3 Collaboration context

East Cape is widely regarded as having challenging issues and being a challenging environment to work in. Homelessness was observed to have been increasing in recent years in Gisborne.

> ...the challenges that everyone have in Gisborne, poor families, bad nutrition, too much alcohol available, all the systemic changes that we need to do that are not happening. (EC4)

Some other key challenges identified for Healthy Families East Cape were:

- the geographic dispersion of the population and high levels of deprivation
- the area being split between two DHBs and two Council areas
- the fragmentation of providers and their work, which disconnected people from each other and made it more difficult to raise the visibility of the initiative (not helped by some organisations restricting who had direct contact with the Healthy Families East Cape team members).
I think it is surprising how many little spinning wheels there are in such a small place but I suppose that is true everywhere, even though they are spinning in different directions you know who they all are which is good. There is definitely an understanding for the need of integration of everything really... But I think integration is slow (EC5)

- sharing information among community leaders could be impeded at times because of competition over limited government contract funding and opportunities.
- ability to engage communities and prioritise actions related to prevention and health promotion because this was usually not a priority for Tairāwhiti communities, particularly the minority who faced immediate mental health (including addiction) or other crises

Nevertheless, collaboration in general across healthcare sectors and cross-sectoral groups was observed as increasing in Tairāwhiti in recent years. This included the establishment of the cross-sector place-based initiative “Manaaki Tairāwhiti” based in Gisborne which aimed to improve integration and outcomes in key areas.

6.2 Implementation

6.2.1 Lead Provider

The Lead Provider was Te Whare Hauora o Te Aitanga a Hauiti (Hauiti Hauora), a Charitable Trust governed by a Board of Trustees appointed by the six marae of Hauiti, one staff representative and two representatives chosen by the community. They are an iwi health provider based in Tolaga Bay delivering health programmes and services.

The Lead Provider decided to subcontract some of the Healthy Families East Cape contract to three other Māori health organisations - Ngāti Porou Hauora, Te Ao Hou Trust and Turanga Health. The Settings Coordinator role, or Kaiwhakarite, was initially split into two half-time positions and subcontracted to Te Ao Hou Trust and Turanga Health.

6.2.2 Healthy Families East Cape team

Originally Healthy Families East Cape was funded for six FTE. Two FTE were contracted with the Lead Provider and the remaining four FTE were contracted to three subcontractors. The positions included a Manager, one Settings Coordinator (split between two subcontractors), a Partnership
and Engagement Coordinator and three health promoters. Being geographically spread out, the
team conducted regular team meetings via Skype, had a shared intranet and arranged team
meetings in person.

In late 2017 Healthy Families East Cape underwent a reset. As a result of this, the total staff for
Healthy East Cape was increased to 8.5 FTE, funded through operating surplus, with the additional
2.5 FTE for the new Opotiki site and Lead Provider as well as 1 FTE transferred from the original
site (making a total of 3.5 FTE in the Opotiki site).

Throughout the contract there was a significantly higher rate of staff turnover at Hauiti Hauora
compared to all other Healthy Families NZ lead providers and locations, both before and after the
2017 reset.

**Relationship with the Lead Provider**

The relationship between the original team spread across the region and the team based in Hauiti
Hauora was relatively distant, with the line manager at the Lead Provider being regularly updated
on the work in other areas.

Following the establishment of a second site in Opotiki, the new team’s relationship with the Lead
Provider was more distant, as their main relationship was with the sub-contracted organisation
they were based in, Te Ao Hou Trust. Together with the Trust they submitted six monthly reports
on their progress directly to the Ministry of Health rather than via the Lead Provider.

**Relationship with the Ministry of Health**

The working relationship with the Ministry of Health national team was reported to have been
generally good, but at times frustrating for both the original team manager at Hauiti Hauora and
the Healthy Families NZ national team. The national team were viewed as having been supportive,
including after the 2017 reset when the Healthy Families East Cape team had very regular
scheduled contact with the Ministry of Health. Despite the “courageous conversations” between
Hauiti Hauora and the Ministry of Health prior to the reset, there was a view that the reset had
been handled by both sides relatively well.

**6.2.3 Leadership arrangements**

The Horouta Whānaunga Collective, a partnership of eight local iwi, Te Aitanga a Hauiti, Ngāti
Porou, Te Whanau a Apanui, Ngai Tai, Whakatohea, Rongowhakaata, Te Aitanga a Mahaki and Ngai
Tamanuhiri, was formed in 2015 after Hauiti Haoura was awarded the contract as Lead Provider.
The Collective initially formed the Governance Group for the initiative and included 13 iwi health providers, from within the Collective, that acted as the Prevention Partnership Group (in addition to the Governance Group members).

### 6.2.4 The July 2017 reset

From 2016 there was a growing view both locally and nationally, that the iwi model of representation for the Governance Group and the subcontracting arrangements were not working and the initiative was not achieving or gaining momentum. A number of events relating to the team and Lead Provider not meeting contractual obligations, and the ineffectiveness of the Governance Group (including due to lack of attendance that no meetings were held in a nine month period), led to the Ministry of Health arranging a “reset” of the initiative with Hauiti Hauora in July 2017. The change consisted of:

- disestablishing two of the three subcontracting arrangements (with the agreement of the subcontractors)
- establishing an enhanced Opotiki site with the remaining subcontractor, Te Ao Hou Trust, with a manager and further 2.5 FTE employed to 30 June 2018
- a shift to wide cross sector participation on a new Strategic Leadership Group.

At the time of the interviews in 2017, Healthy Families East Cape leaders, partners and workforce viewed the reset as a largely positive move. But the change was not always smooth as delays and tensions quickly emerged locally in getting the basic foundations of the reset completed. This included recruitment delays and rapid turnover of new staff in the team based in Hauiti Hauora team, lack of coordination and timely papers from the teams to the Strategic Leadership Group, and establishing how the Hauiti Hauora and Te Ao Hou based teams would work together. Another issue was the lack of Opotiki participation on the new Strategic Leadership Group noting that - Bay of Plenty priorities and needs were different to those in Gisborne and Tologa Bay (including the level of community readiness).

Because of these issues, the Ministry of Health supported the Opotiki team in creating a new informal Strategic Leadership Group for their location before the end of 2017. The Opotiki team also developed their own roadmap and approach.
6.2.5 Understanding of the prevention system and systems change

One of the consequences of the large staff turnover in Healthy Families East Cape was that it had been difficult to maintain the level of staff capability in understanding systems change, the Healthy Families East Cape initiative and their role. This meant that the Healthy Families East Cape team found it difficult to explain their role to others in the community.

Iwi partners on the original Governance / Partnership Group were not clear about the purpose of Healthy Families East Cape and how the team’s role was different to standard health service delivery in part because of their own organisational interests. This had led to some misunderstanding about their own role and purpose in the initiative. But the Group’s understanding had gradually improved over time along with other community partners and some partners began to recognise the potential benefits of working collectively for systems change.

Conversations improved in the new Strategic Leadership Group:

*I think that the perceptions of other organisations have changed over time. Initially it wasn’t clear just what [Healthy Families East Cape] was and what it offered or required. Those perceptions have clarified over time and since we brought new organisations on board in the latest intake, we now have the participation of organisations who feel able to both contribute and benefit from the collective way of operating as like-minded organisations.* (EC1)

In late 2017, leaders in the new Strategic Leadership Group were confident they understood the systems approach. All five Leaders who responded to the Survey agreed they were able to apply systems thinking to their activities and decisions in the Strategic Leadership Group. All but one also agreed they understood the guiding Principles of Healthy Families NZ.

Systems change was often understood as being linked to the sustainability of change. Because of the long timeframes needed to show improved health outcomes, some also saw the approach as vulnerable to being stopped before enough time has passed to show value.

*I can see that without actual systems changes, things will just fall down in a big hole. You’ll just get people who have bright ideas coming every generation or so but this is about changing systems and systems can leave their own footprints. I think that it would be a shame to lose [Healthy Families NZ]. It needs at least another 30 to 40 years.* (EC1)
Key informants tended to describe the prevention system as broad and inclusive, moving beyond the health sector to influence the determinants of health, and all working together (more or less) to impact on a common goal.

... I think it is all about taking prevention outside of the health sector and liaising with wider groups that have some wider impact on the determinants in schools and Councils and so on. (EC5)

I think it’s all the people and all the bits, like the policy environment, that all are kind of working in together, good or bad, to give the current kind of situation that we’re living in, whether it be the built environment, or the policy environment, or the people (EC8)

The Opotiki team found there was a lot of challenging work explaining systems change and the Healthy Families East Cape role to community partners, as this was an unfamiliar way of working to those in traditional health areas. In addition to distinguishing Healthy Families East Cape from contracted service delivery, they were often asked how it was different from a Whānau Ora approach (which is working at individual and whānau level). The team also found that tangible examples, such as social innovation demonstrations, worked best for explaining what was distinctive about the systems approach and their role. It also helped when organisations understood that Healthy Families East Cape would not be competing with them for funding contracts.

**Implementing te ao Māori systems return**

The original Healthy Families East Cape team had aimed to use an indigenous systems approach as far as possible by incorporating te ao Māori systems concepts that recognised local iwi cultural insights, knowledge and traditional practices. The team supported the development of the Atua Matua Māori Health Framework which they used to underpin their approach to governance, leadership and engaging with settings along the East Coast. This framework was seen as helpful in allowing iwi to apply their own tikanga and kawa, and to incorporate their stories.

Healthy Families East Cape engaged with communities in marae, school, and community spaces, using the Atua Matua framework whenever appropriate. Their focus for systems change was on kai/food, wai/water and personal health and safety.

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4 [https://toitangata.co.nz/our-mahi/atua-matua/](https://toitangata.co.nz/our-mahi/atua-matua/)

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6.2.6 The Principles and Building Blocks for a strong prevention system

A key feature of the Healthy Families NZ initiative are the Principles and Building Blocks to guide the development of strong prevention systems. The following summaries are organised by this framework as action in these areas are indicators of the fidelity and quality of implementation of Healthy Families NZ approach in each location.

How the Principles were used for systems change

The Principles were seen as very useful as they helped to guide the team to take a “Principle-based” approach, addressing core ways of working, such as “Equity” and “Line of Sight”.

The Healthy Families East Cape team added two Māori principles, mātauranga (wisdom) and whakapapa (genealogy), to express a sustainable form of “oranga” (welfare), demonstrate an understanding of tikanga Māori, as well as the uniqueness of the East Cape community. The team viewed these new Principles as complementing the seven Healthy Families NZ Principles.

... whakapapa - that is about ancestral connections as a sustainable form of “oranga” that reinvigorates and challenges whānau to understand, acknowledge and engage with their own respective iwi kainga and taonga tuku iho. And
Mātauranga - that provides an insight into an iwi world view from an environmental and scientific perspective aimed at assisting whānau, hapu and iwi to reclaim traditional knowledge and support the notion of “oranga”... (EC1)

The new Principles had been important for being able to refer specifically to “Māori cultural understanding ways” in relation to the Healthy Families NZ Principles locally. This cultural perspective also provided an indigenous viewpoint to inform the selection of settings and activities. A key purpose was to engage and encourage community ownership of change.

It’s approaching those kinds of issues from an indigenous perspective that’s going to be palatable to communities who are going to own change. (EC2)

It was not clear how much the leaders in the original Governance Group or new Strategic Leadership Group referred to the Principles in their work. In 2017, while all five leaders saw the Principles as at least useful, and “Equity” and “Collaboration for Collective Impact” as the most useful, views were mixed on how much they were used or added value. One commented the Principles were not very distinctive, another thought they were useful but viewed them as
methods for implementation rather than Principles, and another reported that all the Principles were used in the Group’s decision-making and influencing, but particularly “Implementation at Scale” to help the team to be more strategic.

**Building Block 1: workforce**

**Challenges and issues**

Healthy Families East Cape workforce experienced a number of practical challenges. In the first two years the subcontracting arrangements made it more difficult to manage the coordination and focus of the work to achieve the objectives. There were also complications because of long recruitment delays, with one subcontractor taking 18 months to fill a funded staff position. It is noted that the Lead Provider chose to subcontract in this region whereas no other subcontracts were in place in the other Healthy Families NZ locations.

There was a view that one of the challenges of recruitment was because of the complicated multiple vested interests involving the three sub-contractors. In addition, there had been a significantly high staff turnover that hindered work being done and suggested there were other issues with the job-fit or working environment.

There was also a lack of visibility in the community about the Healthy Families East Cape initiative, which the team thought may have had an impact on their ability to make connections and find opportunities. This was not helped by the lack of participation of broad cross-sector partners on the original Governance Group / Partnership Group that they had established.

**Changes following the reset**

The reset, that removed all but one subcontracting arrangement in Opotiki, gave Healthy Families East Cape the opportunity to refocus objectives, relationships and activities. But as previously noted in the section on the July 2017 reset, the reset did not go smoothly in the region and prompted a further change in late 2017 that set up the new Opotiki site as independent from the original Tolaga Bay site. At the time of the interviews in 2017, some leaders expressed concern about how well the new reset arrangements, that split the initiative into two sites, would work.

The new cross sector Gisborne Strategic Leadership Group was seen as helping the team do their work with useful guidance, direction and support. The potential for more regular contact with these leaders was seen as a great benefit for the team. While the Gisborne team reported starting to develop an approach specific to community ways of working, and noted a renewed enthusiasm and interest, there was some wariness among leaders about whether the reset would be enough to improve communication and visible actions on the ground.
... it was very hard to know what was happening even though the ideas were great and the talk was great and so on, but we haven’t seen any real engagement or movement yet. (EC5)

Following the second set of changes in late 2017, the new Opotiki team were developing their own approach and roadmap with input from the new Opotiki-based informal Strategic Leadership Group. With the end of the contract impending they were finding the timeframe to set up and achieve “runs on the board” a challenge, and balancing the time needed to redevelop partner relationships.

**Building Block 2: leadership**

Leadership was seen as important at all levels to implement Healthy Families East Cape and for the initiative to succeed. However, in the first three years of the initiative there were few examples to show that Healthy Families East Cape had supported or enabled a range of community leaders to promote or take action on health. This was due to the delays and lack of traction on initiatives as well as because Healthy Families East Cape did not have formal, or other, links to a broad-based and diverse community leader network. Unlike other Healthy Families NZ locations, the Prevention Partnership Group was comprised entirely of health providers linked to the eight iwi on the Governance Group.

The Healthy Families East Cape team tended to work in silos, and as a result, the original Governance Group / Partnership Prevention Group was viewed as having hampered the effectiveness of the team. One of the challenges was that the leaders did not have a full and consistent understanding of the systems approach and the role of Healthy Families East Cape. This affected their understanding of their own role in contributing to improve the chronic disease prevention system. A consequence was that they had not embraced an influencing or collaboration role, nor actively supported the team by helping to guide their efforts at systems change.

Reports indicate that, at least initially, they had tended to regard the initiative through a service delivery lens and focused on what services they could be funded to deliver, likely due in part to the arrangements set up by the Lead Provider. There was also some frustration that leaders had tended to focus on other issues, such as economic development and Te Tiriti o Waitangi settlements, and were hard to engage in supporting the prevention of chronic disease. The iwi Leadership Group had also disagreed on how to go about Healthy Families East Cape initiative.

.. the Iwi Governance Group were all slightly different sort of opinions and different ways of doing it. (EC5)
The reset of the leadership arrangements in mid-2017 involved replacing the Governance Group with a new Strategic Leadership Group with a wide range of community and sector leaders including from education, health, local Council, iwi and business, as well as reconfiguring the leadership framework. At the time of the interviews in 2017, there were promising signs that this refresh was having a positive impact. The new members appeared to have a better understanding of the systems approach and the role of Healthy Families East Cape, and were helping to reinvigorate the process and improve momentum.

The new members combined with clearer roles and responsibilities, and the skills of the new Chair in facilitating positive debate on issues that maintained the focus on the initiative, were all seen as having helped to create new enthusiasm, interest and engagement by community leaders. A critical factor was seen as “having the right people at the table”; a “coalition of the willing”.

... the current leaders around that table are really engaging, they can see where they could contribute (EC2)

Involving the wider community, including those with great influence, was seen as an important shift because it made it a collective responsibility to contribute to better health outcomes.

...the biggest movers and shakers are out there in the community, the workforce and involving groups like our forestry companies. ... You actually need your community from bottom to top involved. (EC1).

There were also indications the leaders were having a positive impact - using their influence and connections to support the work of the team, with four of the five leaders who responded to the Survey saying they had done this. Three leaders also agreed the Strategic Leadership Group had been effective in its role. However, that there may be room to improve role clarity as five leaders tended not to have a united view on the roles and practices of the Strategic Leadership Group, such as whether their role was to oversee operations or advise the Healthy Families East Cape team.

After the second reset in late 2017 the new Opotiki-based sector group of leaders was established with a range of community partners including the Deputy Mayor and two iwi leaders. They were reported to be supporting the team, though members were observed as being more inclined to be open and share information when they were in private discussions rather than in a meeting with the Group.
**Building Block 3: relationships and networks**

Healthy Families East Cape took a lot of time to build positive relationships and identify collaborative ways of working together. The collaborative initiatives they were involved in were relatively few compared to other Healthy Families NZ locations, small in scale and dispersed, and there were relatively few demonstrable achievements from those partnerships.

... *[the team had] been a bit too focused in too small areas and not done the expansive holistic approach, and really just picked on one or two things. I think they’re trying to pick on a whole lot of things and probably not made that much difference.* (EC7)

In addition to the workforce and leadership challenges, the local conditions posed a number of collaboration challenges for Healthy Families East Cape. Collaboration was also hindered by the confusion about the Healthy Families East Cape systems approach and how their role differed from service delivery. The fragmentation of the team as a result of the subcontracting arrangements combined with high staff turnover are likely to have further complicated the delivery of consistent and coherent messaging about the initiative to community partners.

*I suspect we weren’t [operating as best we could] because we all fragmented in different places the team and [it] was quite difficult trying to get the wheels rolling as a team.* (EC2)

On the other hand, te ao Māori concepts and traditions were reported to have been largely helpful for engaging and strengthening some collaborative relationships, particularly with Māori community partners and settings, and influencing the Iwi Governance Group to move toward a more collective approach. Respecting Māori cultural expertise among partners and leaders was noted as being important by the team.

**After the reset there were promising signs of improvement but not a step change**

In 2017 there were promising signs that collaboration potential had improved as a result of the reset changes. This was largely due to the intersectoral connections, energy, skills and collaborative attitudes of the new sector Strategic Leadership Group that were beginning to give the initiative more strategic direction and improve relationships between a wider range of community partners and Healthy Families East Cape. The Strategic Leadership Group was reportedly also enabling cross-sector feedback loops and sharing of cultural knowledge that was informing ways to strengthen the prevention system.
In the short time that the Opotiki team had been established, the local group of leaders was able to start supporting their work and the team were making progress in redeveloping relationships with key community partners. The timeframe was challenging, but the Opotiki team were reported to have been successful enough by early 2018 that they were already above capacity and were carefully prioritising their involvement in collaborative initiatives.

At the time of the interviews, it was not clear how much traction the Healthy Families East Cape teams would have in creating successful collaborations, initiatives and impact. Leaders were in equal measures hopeful and wary about how much communication and action would improve. While some connections had improved, such as between Sport Gisborne, Turanga Health and the Hauiti Hauora Lead Provider, in the view of one leader, cohesion was only just beginning to improve.

... the cohesion. I don’t really think that it’s happened that well in the last couple of years. I think now it’s starting to move a little bit. There’s a lot more connect. And maybe that’s also influenced by the fact that we’re not getting results and there needs to be a changed approach. A little bit of it’s been driven by government there as well and across a number of sectors. (EC7)

Like most other Healthy Families NZ locations, leaders tended to agree that the level of collaboration and the range of organisations that leaders worked with had increased in the last two years. In the view of three of five leaders in the Survey, Healthy Families East Cape had supported collaborative working within the community. There were mixed views about whether the team had provided greater coordination of prevention efforts or supported greater alignment of goals and work between organisations.

**Building Block 4: resources**

In 2017, three of the five leaders who responded to the Survey said their organisation had redirected resources to better align their work with collaborative initiatives in the last two years.

After the reset there were indications of a greater willingness to contribute resources to collaborative initiatives, at least among the new Gisborne Strategic Leadership Group. There was a sense that the new cooperative spirit was translating into extra resources toward collaborations. However, it was also suggested that Healthy Families East Cape had as yet failed to lever the influence and impact of iwi leaders.

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5 Four of five leaders in the survey one said it was the same
Only 10 percent of the Action Budget had been spent, usually for small projects typically under $2,000, as these did not need approval from the Strategic Leadership Group. While the Action Budget was seen as useful, key informants were somewhat unclear about what the funding should be spent on.

**Building Block 5: knowledge and data**

Compared to other Healthy Families NZ locations, Healthy Families East Cape had used relatively little knowledge or data. When Healthy Families East Cape did use knowledge and data this tended to be for ‘front-end’ preparatory purposes, such as assessing a situation (including different needs) prior to engaging with partners. Rather than generating their own information and insights, in general the team appeared to be more likely to use data prepared and collated by others, for example, data from the Interim Evaluation Report and data collected by the organisations or settings they worked with, such as clinical data on forestry workers collected by a health service provider. This had helped the team engage with partners in different settings.

The team were reported to have done some qualitative analysis and community consultation, particularly with Māori, to inform some decisions such as the adoption of additional Principles. However, systematically gathering insights and knowledge does not appear to have been a regular or important feature in their way of working. This was likely in part due to the relatively limited traction on initiatives and/or the limited use of codesign methods that in other locations usually involved collecting community insights and feedback, as well as other research methods, to help inform, test and refine initiatives. It was also pointed out that some specific opportunities were not taken up for additional external resource to be provided to help the team with evidence assessments to inform their work.

Since the reset there were reports of a new understanding and appetite for evaluation that would keep the process alive and relevant. Although the team had not used developmental evaluation tools or processes in the first 3 years there were plans to learn how to do this and introduce it to the team. The team’s reflective process at that point involved engaging with evaluation, identifying the rationale and implementation behind their approach and reviewing progress against planned outcomes.

In early 2018 the Opotiki site reported prioritising evaluation and reflection, and aimed to embed this into their daily practice using the Opportunities, Insights and Learning (OIL) method and tools developed by Healthy Families Invercargill. Documentation of learnings were seen as a key element of this process.
As noted earlier, the Strategic Leadership Group in Gisborne was demonstrating the advantage of collaboration for cross-sector sharing feedback and insights for strengthening health promotion.

### 6.2.7 Prioritising settings and activities

About half the settings in Healthy Families East Cape initiatives had a Māori focus and over half the initiatives focused on improving nutrition. Few initiatives solely focused on alcohol, physical activity or smoking and a handful considered all four focus areas, most of which were workplace wellness-related initiatives. There were some initiatives that explored how to apply Māori systems frameworks to improve overall well-being in a range of settings.

Because the fragmented team lacked strategic guidance on priorities, they tended to lever existing relationships and opportunities to identify activities. As a result, the team had not achieved impact because they were engaged in a scattered range of low-level activities.

Prioritisation appeared to be more structured when te ao Māori concepts and systems return, including the Principles of whakapapa and mātauranga, were incorporated into the Healthy Families East Cape approach. Moreover, after the reset, with support from external expertise on systems thinking, the team and leaders started to use more structured group methods to prioritise settings and activities against criteria of feasibility and impact.

**Te Tiriti o Waitangi**

Healthy Families East Cape acknowledged the importance of the Te Tiriti o Waitangi and the Lead Provider and team reported that Te Tiriti underpinned their approach to implementation, planning and activities. Generally, Te Tiriti o Waitangi Principles and how they were applied was not explicit, but instead it was assumed that everyone worked according to the three Principles of partnership, participation and protection.

In Healthy Families East Cape, Te Tiriti o Waitangi was clearly seen as the basis for equitable outcomes, and the platform to engage in a conversation about Equity. Healthy Families East Cape reported having implicitly used Te Tiriti framework to engage with various organisations, both Māori and non-Māori. This was described as having helped establish partnerships and opportunities to embed the initiative in the wider community.

Healthy Families East Cape saw the prevention system from a te ao Māori perspective, along with the specific Tairāwhiti cultural traditions.
Activities were planned and implemented from this perspective to support iwi, hapū and whānau. This was seen by the team as essential to support the community to live in a way that reflected and mirrored the independence and innovation of Tairāwhiti tupuna. This included facilitating a return to Tairāwhiti culture and traditions through kai atua, wai Māori, Māra kai and mārae catering. Reinforcing these traditional practices were seen as critical to sustainable, positive long-term change for iwi, hapū and whānau.

Te ao Māori was reported to have helped Healthy Families East Cape to increase collaboration with, and between, Māori by acting as a bridge across different agendas and interests. It helped to identify common areas of concern and enable conversations while maintaining the identities of iwi and hapū.

**Equity**

Healthy Families East Cape has maintained a focus on equity throughout their approach. The team targeted Māori as a key Equity population on the East Coast as well as other populations with high needs. Healthy Families East Cape took a broad view of supporting Equity in health outcomes. They reported being committed to removing barriers and obstacles so whānau could participate as fully functioning healthy citizens. Using an indigenous lens, they reported as endeavouring to close the gap between the ‘have and the have-nots’ by prioritising the needs of vulnerable populations and focusing on impact.

Healthy Families East Cape understood that improving Māori cultural understanding is critical to improving equity outcomes for whānau.

### 6.3 Outcomes and changes in the prevention system

In looking for improvements in the prevention system that Healthy Families East Cape contributed to, the evaluation focused upon positive change stories that were verified across multiple data sources and showed positive impacts in one or more of the following six areas:

1. progress within organisations that don’t usually apply a health lens in recognising their role in preventing chronic disease conditions.
2. increased breadth or depth of relationships.
3. stronger leadership for health within the community.
4. additional resources dedicated to prevention of chronic disease.
5. stronger policy environments to support health.
6. stronger physical infrastructure environment to support health.

The following change stories in the Healthy Families East Cape were identified that are likely to have contributed to a stronger prevention system.

- Kai Atua Kura, promoting practices and policies in several schools to support healthy nutrition framed in te ao Māori. Useful collaboration occurred between several agencies that have a role in supporting schools around health and wellbeing.

Following are additional positive changes to the prevention system that were identified but only through one source of data.

- Wai water initiative, promoting and supporting organisations to be water only, including regional kapa haka events, waka ama club and Ka Pai Kaiti events.
- Ko Runga Mārae initiative, developed through collaborative wananga, the initiative seeks to support mārae in becoming sugar free. However, it is noted that no marae had become sugar-free by 2017.
- Collaboration to develop Tairawhiti Child Obesity Strategy lead by Hauora Tairawhiti.

6.3.1 Description of outcome stories

Story One: Kai Atua Strategy

This outcome description identifies refinement and ongoing implementation of a strategy to support healthy nutrition practices and environments, based by Atuatanga. Some impact on how healthy nutrition is thought about is shown, as well related resources developed and capacity within communities to implement Kai Atua. The focus to date has been primarily on Kai Atua Kura, focusing on working with schools.

As described by Healthy Families East Cape, Kai Atua Kura is comprised of five components:

1. Kaupapa – Introducing the Kai Atua Kura model to school principals
   Engaged schools will receive a video resource explaining what Kai Atua is, including a demonstration of Kai Atua in action in a school setting
2. Wānanga - Engagement to influence skills, knowledge and attitudes
   Kai Atua Kura healthy nutrition and cooking workshops
3. Taiao – Environmental learnings and practice
   The development of māra kai/vegetable gardens, orchard and also transferring food gathering knowledge through practical application.

4. Tautoko – support to help influence positive behavioural change
   Schools and school staff were supported, and were offered resources, expertise and strategies to help normalise “Kai Atua” in a school setting

5. Tikanga – Policy implementation
   Working with Boards of Trustees to embed a tikanga that supports a practice based policy approach towards sustainable healthier eating in schools, and school communities.

The Healthy Families East Cape team have reported over 2016 and 2017 a range of activities to test, promote and support Kai Atua with schools. Some of these include:

- running Kai Atua wānaga, designed as a train the trainer, to provide knowledge on healthy eating and cooking skills.
- introducing heritage trails into school physical activity curriculum.
- supporting schools to implement Kai Atua.
- developing partnerships to support implementation of Kai Atua Kura including Health Promoting Schools Coordinators and Easter Institute of Technology.

While there is limited data on outcomes and impact to date of Kai Atua, multiple workforce and leader key informants pointed to Kai Atua as a significant activity and one that has had some success and has potential for larger impacts. Key informants identified that the idea of Kai Atua was beginning to embed, with increasing engagement from schools and other organisations.

**Contribution of Healthy Families East Cape**

Healthy Families East Cape appear to have led the development of a collaboration around Kai v Atua Kura.
6.4 The challenges and successes

6.4.1 Challenges

There have been a number of challenges for Healthy Families East Cape including high and frequent staff turnover, fragmented team environments and limited involvement from various sectors and leaders within Tairāwhiti. The following challenges were identified as having hampered the progress and impact of Healthy Families East Cape.

Workforce and leadership arrangements

- The original Governance Group arrangements did not work well. While it was a success to initially get eight local iwi around the table, a lack of understanding of the Healthy Families East Cape systems approach, their leadership role, differences in their focus and priorities as well as internal “iwi politics” had impeded their ability to deliver coherent strategic leadership or influencing.

- The lack of visibility and connectedness of the initiative in the East Cape that was due in part to the lack of engagement with community partner leaders across a range of sectors and organisations (the iwi Governance Group was comprised of only iwi health providers).

- The subcontracting approach undertaken by the lead provider led to fragmentation and there was poor accountability and delayed progress overall on outcomes.

Understanding of the systems approach and Healthy Families East Cape role

- There was very high staff turnover that created challenges for consistently achieving a good level of understanding and skill in the Healthy Families NZ systems approach and role among the workforce.

- Potential community partners were reluctant to get involved until they could see and understand how it works with concrete outcomes (as they had difficulty understanding the systems approach, in part because of the difficulties the team had in being able to articulate how this was different to a traditional service delivery contract).

Time needed to gain buy-in and collaboration from community partners

- The time consuming nature of partnership building, including getting buy-in and participatory approaches.
• The reluctance of many community leaders, particularly in small towns, to freely share information and collaborate due to the highly competitive environment for short service contracts and other opportunities, and the lack of understanding of the approach.

Different perspectives on the strategy

• The Ministry of Health found the approach of Healthy Families East Cape unclear which created a disconnect in their relationship, and the Ministry had concerns over delays in implementation, breaches in contract, and poor reporting by Healthy Families East Cape.

6.4.2 Successes

The following Healthy Families East Cape successes were identified.

Māori local viewpoint and practices incorporated into the approach

• Implementing a unique contextual approach for the Tairāwhiti region and being responsive to change (reset in 2017).

• Improving cultural understanding between Māori and non-Māori, and demonstrating the potential of te ao Māori traditional practices and ways of living in eliciting positive change.

It is noted at the time of publication of this report that the Ministry has conducted an open tender procurement process, following which a new Lead Provider has been contracted by the Ministry to lead Healthy Families East Cape from August 2018.
7 Healthy Families Whanganui Rangitīkei Ruapehu

7.1 Local context

7.1.1 Geography and demography

Healthy Families Whanganui Rangitīkei Ruapehu geographic area, shown in Figure 1 below, has a population of about 60,120\(^6\). While the area overlaps into Rangitīkei and Ruapehu Districts it does not cover the whole local government areas for these Districts.

Figure 6 Map of Healthy Families Whanganui Rangitīkei Ruapehu by deprivation

\(^6\) At the time of Census 2013. For a time the location’s website indicated that the count was 68,709 people. This may be due to different interpretations of the boundaries or different datasets.
Compared with the rest of New Zealand the area has a smaller proportion of people with Asian and Pasifika ethnicities and a higher proportion of people who identify as Māori (25 percent compared with 15 percent) and European (81 percent compared with 74 percent). Overall, the population of the Healthy Families Whanganui Rangitīkei Ruapehu area is more deprived than average in the New Zealand population with 30 percent in deciles nine and 10 and 26 percent in deciles seven and eight. Wanganui had more single person and fewer family households which may reflect the older age structure compared to average in New Zealand.

7.1.2 Health status and chronic disease risk factors

We used pooled, age-standardised New Zealand Health Survey data, between 2011/12 and 2014/15, to look at health status and chronic disease risk factors in Whanganui Rangitīkei Ruapehu, with comparisons to the total New Zealand population for our interim evaluation.

Adults in Whanganui Rangitīkei Ruapehu were more likely to be current smokers, hazardous drinkers, physically inactive and obese, less likely to be in the healthy weight range, and had better vegetable but poorer fruit consumption. While, adults experienced similar levels of chronic health conditions compared to the total New Zealand population, they were more likely to have been diagnosed with a mood or anxiety disorder, and have teeth removed due to decay.

Children in Whanganui Rangitīkei Ruapehu have similar eating and physical activity behaviours to the total New Zealand child population. However, children were less likely to eat the recommended amount of fruit each day, more likely to watch two or more hours of TV each day, more likely to be obese, and less likely to be a healthy weight.

7.1.3 Collaboration context

There were recurring themes among service organisations about a lack of staff, funding resource and understanding who was funded to do what across the region. Organisations had already identified the need to increase collaboration to avoid duplication and maximise the use of resources. There were already several initiatives underway in the area to get different groups, including the three District Councils, health sector and the community, to work together on things like health promotion and safer communities.

Some saw the community in their area as potentially more resistant to new ideas, such as the Healthy Families NZ systems approach, compared with more urban Healthy Families NZ locations.

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7 The proportion of the population in the highest deciles of a deprivation index based on NZ census meshblock data
Others described some residual reticence among organisations when they were approached about contributing towards another health initiative because they saw it as at risk of being defunded with political changes (like previous initiatives).

The relatively large geographical area to cover was seen as a challenge by Healthy Families Whanganui Rangitikei Ruapehu, in particular reaching the population in the two rural areas.

7.2 Implementation

7.2.1 Lead Provider

The Lead Provider is Te Oranganui Iwi Health Authority, an iwi health and social service provider, including the Whānau Ora programme\(^8\) based in premises in Whanganui. Although the initial contract covered only Whanganui, the Lead Provider spread further to Rangitīkei and Ruapehu. Stakeholders in the Whanganui Rangitīkei and Ruapehu region viewed these additional regions as less well-served by health and health promotion services, so having some of the Healthy Families Whanganui Rangitīkei Ruapehu workforce based in each area has been appreciated locally.

7.2.2 Healthy Families Whanganui Rangitīkei Ruapehu

The Healthy Families Whanganui Rangitīkei Ruapehu team were initially funded for 5 FTE that included: a Manager, a Settings Coordinator, a Partnership and Engagement Coordinator and two Health Promoters. However, two additional FTE were later recruited for administration support and evaluation, and another Settings Coordinator. These extra roles were viewed as vital for the team to have the extra capacity to be in the two rural areas effectively.

Relationship with Lead Provider

Overall, Healthy Families Whanganui Rangitīkei Ruapehu team members and leaders saw their work as a good fit within Te Oranganui. Their differences and potential commonalities were summed up by a Strategic Leadership Group member.

*I think it is a good fit because most of the Te Oranganui is about having personal trainers one-on-one with families, whereas Healthy Families is more heavily focused on influence, heavily focused on system change ...* (WRR1)

\(^8\) The Whānau Ora programme takes a holistic approach to achieving wellbeing for whānau, hapū and iwi.
A number of key informants felt the potential to leverage Te Oranganui’s influence was “huge” but had not yet been fully exploited.

**Relationship with the Ministry of Health**

The relationship with the Ministry of Health had initially been fraught with challenge (as described by both organisations), but had improved following changes in leadership at Te Oranganui. Initial tensions were described as Te Oranganui finding the Ministry’s expectations from the contract being unclear, and the lead provider determining what kind of involvement the Ministry of Health participant should have on the Strategic Leadership Group.

### 7.2.3 Leadership arrangements

Healthy Families Whanganui Rangitīkei Ruapehu initially had a Governance Group comprised of a range of sector and organisational members, which oversaw the team’s operations. In June 2017, following a review of their leadership arrangements the Group refreshed their approach and membership so they could fulfil a more strategic role. Membership participation gaps on the Strategic Leadership Group were addressed with the addition of leaders in education and two of the local District Councils. They were also renamed the Strategic Leadership Group and identified the following three purposes of their role to support Healthy Families Whanganui Rangitīkei Ruapehu.

1. To provide strategic advice and insights.
2. To enable strategic alignment and partnerships by “unlocking” relationships with system stakeholders, community champions and key influencers.
3. To engage and represent the Healthy Families Whanganui Rangitīkei Ruapehu movement by generating support across key sectors, building understanding and ownership, and sharing evidence to encourage policy and regulatory action.

Healthy Families Whanganui Rangitīkei Ruapehu also held a number of large hui with potential Prevention Partners to plan and showcase collaborative work. From 2017, they began to take a more strategic approach by focusing more deeply with key strategic partners who were more willing to collaborate on activities. At the same time they kept connected to a wider “virtual network” of more than 140 stakeholders with regular communications about change and opportunities to improve the prevention system.
7.2.4 Understanding of the prevention system and systems change

Most respondents understood the prevention system as involving more than the health sector and health organisations. Examples cited of what the prevention system included were: Councils, business leaders, schools, mārae, iwi, contracts and physical environments. Another perspective was that the prevention system included all determinants of health and as such prevention efforts should ultimately address the interactions of determinants that go beyond physical health.

To achieve systems change, several key informants discussed strengthening collaborative working and networks. Identifying leverage points within the system, including current gaps and how to plug them. Systems change was perceived as a long process, including intergenerational, involving culture, attitude and changing expectations. When taking a view of prevention as the interaction between determinants, organisations and resources, an implication for this initiative was that a direct focus on four health areas or particular settings could be too restrictive. Another view of a systems approach was described as “Māori systems return” which means returning to Māori systems for wellbeing that kept Māori healthy prior to colonisation.

Both the Healthy Families Whanganui Rangitīkei Ruapehu team and their partners considered communication to be an important part of the work.

The role of communications in system change was described by some key informants as:

- creating opportunities to increase the scale of activities.
- making the work of Healthy Families Whanganui Rangitīkei Ruapehu relevant and understandable to communities.
- avoiding deficit-focused stories.

The team also identified an opportunity to increase the use of strategic communications to support broader policy and environmental changes.
7.2.5 The Principles and Building Blocks for a strong prevention system

A key feature of the Healthy Families NZ initiative are the Principles and Building Blocks to guide the development of strong prevention systems. The following summaries are organised by this framework as action in these areas are indicators of the fidelity and quality of implementation of Healthy Families NZ approach in each location.

How the Principles were used for systems change

Te Oranganui has its own set of guiding Principles or kaupapa, which in the initial stages were seen as more relevant by the Healthy Families Whanganui Rangitīkei Ruapehu team. More recently, the team have been increasingly using the Healthy Families NZ Principles alongside Te Oranganui Principles to guide their work and plans.

Building Block 1: workforce

Overall, the team were rated highly by their contacts for being hard working, competent and very well networked in the relevant communities. The team appear to have embraced systems thinking ideas and planning tools, particularly more recently since receiving professional development support from a specialist in impact, change and innovation. On reflection, the team reported they would have appreciated undertaking coordinated professional development related to system thinking earlier in the initiative.

The Healthy Families Whanganui Rangitīkei Ruapehu team was not easy to recruit due to a small skills pool in the area and competition from other organisations in Whanganui Rangitīkei Ruapehu offering higher pay. The team had been stable over much of the initiative period, although three staff have resigned since the second half of 2017.

Within the Whanganui Rangitīkei Ruapehu areas, it was considered that health promotion resources are stretched. Having staff funded through Healthy Families Whanganui Rangitīkei Ruapehu was seen as an important additional resource for the community.

Building Block 2: leadership

The Strategic Leadership Group appears to have operated well with most members bringing appropriate networks and committed to activating their own spheres of influence or making changes starting with their own organisations. Over the last two years, the Strategic Leadership

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8 Rebecca Davis, Impact Strategist and Director, for the company The Change and Innovation Agency
Group had undergone a number of changes, including a strategic refresh in mid-2017, which seems to have had a positive impact on the functioning of the Strategic Leadership Group.

*I think one of the successes is actually getting the key players around the table, you know. I do not think we can ever under-estimate that. The opportunity to share and cross-pollinate ... it is probably one of only a couple of groups that I’m involved in that gives us that door to be opened – to sit around the table together and share.* (WRR5)

**Building Block 3: relationships and networks**

The team and the Strategic Leadership Group members were viewed as bringing well-established networks with them. While the community is close-knit and already well-connected, there had been a sense that organisations could work together more effectively. Healthy Families Whanganui Rangitīkei Ruapehu hence found a role connecting groups for collaborative initiatives, proposals and plans. A majority of partners interviewed and surveyed considered that the level of collaboration between organisations had increased over the past two years, with Healthy Families Whanganui Rangitīkei Ruapehu seen as positively contributing to increased collaboration by around half of survey respondents.

Because of overlapping personal and professional relationships held within a smaller community, team members had to be careful about how they engaged. For example, some systems change ideas about “safe to fail” experiments or disrupting established patterns were viewed as putting relationships at risk if not used carefully.

**Building Block 4: resources**

Informants had observed an increase in resources being shared between organisations since Healthy Families Whanganui Rangitīkei Ruapehu started, primarily staff time rather than financial resources. A particular challenge to sharing funding was the different contracting arrangements that organisations are held to. The Action Budget was seen by the team as a potentially useful resource but difficult to access in practice because the team did not appear to understand its purpose earlier in the initiative and it took time for proposals to be considered and approved by the Strategic Leadership Group. Healthy Families Whanganui Rangitīkei Ruapehu found it very helpful to be able to contract more staff as they needed and to fund professional development.
Building Block 5: knowledge and data

In Whanganui Rangitikei Ruapehu a general theme was that while most of the partner organisations saw the value in using data and evidence, key informants saw a serious lack of capacity among the workforce in the region to work with data well. However, Healthy Families Whanganui Rangitikei Ruapehu did use data and had embedded developmental evaluation tools in their planning, including developing their own engagement measure and completing a survey of stakeholders.

7.2.6 Prioritising settings and activities

The team’s approach to settings had evolved over time from focusing on specific priority settings to increasingly looking at systems that could reach multiple settings. One example is their work on “Kai and Wai” that addressed food and water systems across setting types. It is also an example of how the team incorporated and prioritised Māori concepts in their approach to activities. Another example is the way the team initially developed “Water Only” resource kits for use in priority settings but which then became a prompt for conversations about water availability, and enabling policies within and across settings.

Even though they increasingly took a broader view on settings, their work continued in the priority settings they had already identified, such as education and workplaces, because they recognised that what happened in these spaces could lead to changes in other parts of people’s lives. To identify and develop the priority actions for change, the team supported many activities that involved collaborative planning with community partners.

Te Tiriti o Waitangi

Te Tiriti considerations were not something the team thought about directly. They felt that a te ao Māori world view was inherent in their everyday work. In their view, the more formal Te Tiriti o Waitangi ideas were more relevant to organisational relationships between, for example, providers and government agencies. One of the ideas relevant to systems thinking that was discussed in Whanganui Rangitikei Ruapehu was that a Māori systems change approach could involve a return to the traditional systems that had been in place before colonisation. These ideas were seen as potentially compatible with the systems change approach informing in Healthy Families NZ.

The korero in the Māori-led provider cluster is about ‘systems return’ rather than system change – this is about restoring traditional Māori indigenous systems and practices that kept mana whenua well, long before interventions were imposed. (WRR6)
Equity

The team prioritised Māori settings and were particularly aiming to ensure that resources were delivered appropriately in te reo Māori and in consultation with the relevant local communities. This was driven by the need to address specific areas of higher need in those communities, such as in the rural areas. The team pointed out other equity gaps such as the lack of involvement of youth in decision-making and men in health activities. The Lead Provider is also credited with helping the team take a te ao Māori approach to their work which was generally seen as a good fit that was appropriate to the area and communities they work with.

Some stakeholders were concerned about the difficulty of measuring impacts on equity and ensuring that the populations most in need were being reached.

7.3 Outcomes and changes in the prevention system

The main changes to the prevention system in Whanganui Rangitīkei Ruapehu that were identified by multiple data sources are outlined below.

- The “Water Only” work and facilitating access to water across events (event water kits and event policy changes) and communities (supporting increase in water fountains).

- A regional health promotion “Prevention System Redesign” within Whanganui Rangitīkei Ruapehu to better align the work of multiple agencies.

- The increased commitment of the Whanganui District Council for supporting health in environments, including smokefree public policies and local alcohol policy development.

- “Ngā Taonga Tākaro”, a traditional Māori games framework being taught in schools, supported by training and additional staff resource within schools.

Following are additional positive changes to the prevention system that were identified but only through one source of data.

- A shift in how Sport Whanganui perceive health outcomes can be supported through their work with sport in the community. Sport Whanganui and Te Oranganui developed an MoU about sharing resources for shared priorities.

- Co-design of a new model of rural health and wellbeing in Ruapehu rohe.
- Rangitīkei District Council, through changes in event funding application process, prompting event organisers to consider events being smokefree, alcohol free and provide healthier food options and water.
- A number of Early Childhood Education centres, schools and workplaces making changes to food and beverage policies and availability.
- Healthy Families Whanganui Rangitīkei Ruapehu health promoters based within Rangitīkei and Ruapehu were described as an increase in resources for prevention for these areas.

### 7.3.1 Descriptions of outcome stories

**Story One: Prevention System Redesign within Whanganui Rangitīkei Ruapehu**

In 2016 a hui was organised through Healthy Families Whanganui Rangitīkei Ruapehu to bring together a wide range of stakeholders involved in public health prevention. From this hui, a group of stakeholders decided to work together to increase the impact of their work. At the time of key informant interviews in 2017, this work had progressed to a more structured set of organisations, including: Whanganui District Health Board; Te Oranganui and Healthy Families Whanganui Rangitīkei Ruapehu; Ngā Tai o te Awa (Māori Health and Development); Whanganui Regional Sports Trust; Whanganui District Council; and the Primary Health Organisation. The group had agreed on a collaborative process with a particular community to identify their experiences of prevention across environments relating to food, activity, smoking and alcohol. The group’s plan is to co-design how the collective resource and influences of the organisations can work in this community.

So far, the outcomes of this group can be seen in the increased collaboration between those organisations involved, including a willingness to jointly plan and allocate resources from each organisation. This collaboration, and the participatory co-design process being developed, suggests a shift in the mind-set towards collective impact for prevention. Several key informants identified this work as showing progress on how organisations can work together and as important for increasing the impact of prevention efforts in Whanganui.

**Contribution of Healthy Families Whanganui Rangitīkei Ruapehu**

Healthy Families Whanganui Rangitīkei Ruapehu organised and led this collaboration hui. The work builds upon a history of seeking greater collective impact of health promotion funding and activity within Whanganui. Healthy Families Whanganui Rangitīkei Ruapehu were identified by
key informants as important for the momentum of this work because they provided the backbone organisational support.

**Story Two: Promoting and facilitating water**

In early 2016, a “Water Only” schools working group began discussions with schools in the area about becoming “Water Only”. Healthy Families Whanganui Rangitīkei Ruapehu and the Public Health Unit of the Whanganui District Health Board worked collaboratively to engage schools, share stories of schools that had gone “Water Only” and offer some resources to support schools. Multiple key informants had a positive view of the collaboration between the Public Health Unit and Healthy Families Whanganui Rangitīkei Ruapehu on “Water Only” schools. In interviews and responses to the Partner Survey, it was also noted there was some duplication of effort. Increasing the “Water Only” focus within schools was the most common change in the prevention system mentioned by survey respondents.

The feedback from a number of school staff working on their school becoming “Water Only” pointed out the lack of infrastructure to support “Water Only” for their children when playing sport in local parks or attending competitions and events. In response, a range of organisations jointly funded five “Water Only” event community resource kits (including water containers, tables to put them on and “Water Only” signage). Booking of the kits was arranged through the Healthy Families Whanganui Rangitīkei Ruapehu website and the kits were housed with organisations across the communities to facilitate easy access. In June 2017, Healthy Families Whanganui Rangitīkei Ruapehu noted that 36 “Water Only” events had been held in six months between January and June 2017, with an estimated 10-11k people attending.

The Healthy Families Whanganui Rangitīkei Ruapehu Strategic Leadership Group was actively engaged in discussions around creating the “Water Only” event kits and encouraged Sport Whanganui’s funding contribution toward the “Water Only” event kits. Following a knowledge visit to Healthy Families Christchurch and Healthy Families Invercargill by the CEO and General manager of Sport Whanganui, Sport Whanganui held discussions with school Principals in the area and agreed that all events sanctioned by Sport Whanganui from 2018 would be “Water Only” and with healthy food options available. Multiple key informants viewed the increase in “Water Only” events as a success.

The three District Councils within the Healthy Families Whanganui Rangitīkei Ruapehu area became engaged in discussions around promoting water, particularly the lack of water fountain infrastructure within parks and recreation spaces. Whanganui District Council quickly moved to
install an additional four water fountains within the 2016/17 financial year and committed an additional $10,000 to water fountains in their 2017/18 Annual Plan. The Rangitikei District Council also committed over $9,000 to additional water fountains. A joint application between the three District Councils resulted in PowerCo Trust funding two additional water fountains within each of the three District Councils. Several responses to the Partner Survey mentioned the additional water fountains as important changes within the prevention system. The fountains were also identified by several key informants as a positive change, showing the increasing focus on health by District Councils and additional prevention resources in the community.

At time of the key informant interviews, it was often pointed out that there was a movement developing around water. The next stage of this movement that Healthy Families Whanganui Rangitikei Ruapehu plan to explore how Te Awa Tupua (Whanganui River) and the health of the river is linked to the health of the people. This marks and supports a return to Māori systems of wellbeing.

**Contribution of Healthy Families Whanganui Rangitikei Ruapehu**

All the work related to “Water Only” schools, including the wider promotion and facilitation of access to water, has been conducted through collaborative partnerships. Healthy Families Whanganui Rangitikei Ruapehu has been a consistent leader and/or member of these partnerships, using staff to help connect with schools, communication resources, utilise Action Budget resources to support “Water Only” event kits and Strategic Leadership Group connections to spread “Water Only” kaupapa. Most key informants who discussed “Water Only” acknowledged the important role of Healthy Families Whanganui Rangitikei Ruapehu in supporting this work.

**Story Three: Ngā Taonga Tākaro (Traditional Māori games)**

“Ngā Taonga Tākaro” (Traditional Māori Games) provides support for physical activity based in te ao Māori. Sparked by an interest from one kura in supporting children to play “Ngā Taonga Tākaro”, a collaborative project has now grown to establish a group of 100 community champions training in the delivery of “Ngā Taonga Tākaro” across 14 education settings. Community funding was secured for a two-year part-time position to support further implementation.

This was an iterative project, demonstrating the use of the Principles of experimentation and adaptation. The project builds upon earlier work in Whanganui looking at the revitalisation of Traditional Māori Games. It draws upon existing expertise to increase local knowledge and capacity, particularly within education settings, to support physical activity in a way that supports overall hauora (Māori philosophy of health). Through the process, relationships have been strengthened between organisations collaborating on “Ngā Taonga Tākaro”.

Healthy Families Whanganui Rangitikei Ruapehu
Contribution of Healthy Families Whanganui Rangitīkei Ruapehu

Healthy Families Whanganui Rangitīkei Ruapehu has been an active member of the “Ngā Taonga Tākaro” working group.

Story Four: Whanganui District Council’s increasing commitment to health enabling environments

Local Councils hold a lot of power to shape physical environments of communities. While all three District Councils within the Healthy Families Whanganui Rangitīkei Ruapehu area appeared to engage with Healthy Families Whanganui Rangitīkei Ruapehu and particular projects, several key informants identified a shift within Whanganui District Council toward adopting policies that support healthier environments. These policies have been supported by the increasing engagement of Council leadership, leading to the Mayor of the Whanganui District joining the Strategic Leadership Group in late 2017.

Policy and infrastructure changes that occurred during 2017 include:

- smokefree and vape free outdoor policy – including Council facilities and a large number of outdoor spaces.
- draft Local Alcohol Policy (LAP) – including restrictions to hours of operation for off- and on-licenses, a cap on the number of off-licences and restrictions to the proximity to sensitive sites that include playgrounds and schools.
- additional resources allocated to install water fountains within the 2017/18 Annual Plan.

In 2017 the Council was also discussing introducing a policy that restricts sugar sweetened beverages in Council facilities.

Several key informants identified policy changes and leadership from the Whanganui District Council as key changes to the prevention system, as well as the smokefree/vape free and provisional LAP themselves. Several partner survey respondents also noted the smokefree/vape free and LAP policy changes, as well as the increase in the number of water fountains in parks and sports grounds.

Contribution of Healthy Families Whanganui Rangitīkei Ruapehu

Healthy Families Whanganui Rangitīkei Ruapehu workforce had been involved in discussions and advocacy around the smokefree/vape free policy over 2016 and 2017. Support has also been
given to the community submitting to Council on the LAP. Recently the Mayor of Whanganui District Council has joined the Strategic Leadership Group of Healthy Families Whanganui Rangitīkei Ruapehu.

7.4 The challenges and successes

7.4.1 Challenges

Some of the major challenges to collaboration for Healthy Families Whanganui Rangitīkei Ruapehu stemmed from contextual factors. These included tensions around funding, unaligned organisational goals and local scepticism about political pressures on this type of initiative (ie not service delivery). Likewise, while the extra capacity in the preventive health workforce was welcomed as a high needs area that was seen as underfunded, it also created tensions because of the limited skills pool in the area for this specialised work.

The team and Strategic Leadership Group also found it hard to communicate and translate into practice the Healthy Families NZ approach. Initially they had struggled to explain the systems change approach and their role. They also found it hard to prioritise activities in the face of complexities and often delved into service delivery, including determining what kind of change could be demonstrated in such a short timeframe while working strategically towards long term change in outcomes. In particular, they found it difficult to steer a course through competing priorities and expectations, such as working on community activation versus enabling environments, or visible ‘quick wins’ versus more invisible, in-depth strategic work needed to deliver sustainable change. This was linked to their concern about how they could measure change and the impact of the initiative. Further complicating the process were the tensions between the Lead Provider and the Ministry of Health which were resolved in early 2017.

Also from 2017, the Health Families Whanganui Rangitīkei Ruapehu team and Strategic Leadership Group felt they were much better equipped to understand their role and to communicate and translate into practice the Healthy Families NZ approach.
7.4.2 Successes

The major successes of Healthy Families Whanganui Rangitikei Ruapehu were identified as:

- building relationships between organisations throughout Whanganui Rangitikei Ruapehu
- establishing a well-functioning team and Strategic Leadership Group
- raising the profile of ideas about health promotion systems change across the region
- successfully incorporating Māori frameworks for wellbeing to initiatives promoting water and physical exercise.
8 Healthy Families Lower Hutt

8.1 Local context

8.1.1 Geography and demography

The geographic area covered by Healthy Families Lower Hutt had a population of about 98,238 at the time of Census 2013. Figure 1 below shows the area colour-coded by NZ Deprivation Index 2013 with the more deprived areas are coded in darker shades of blue.

*Figure 7 Map of Healthy Families Lower Hutt by deprivation*
While focused within Lower Hutt, the Healthy Families Lower Hutt team also work with organisations who cover areas beyond the Lower Hutt boundaries, including Upper Hutt and some across the wider Wellington Region.

Overall the ethnic makeup of Lower Hutt residents is similar to that in the whole of New Zealand, but with more residents of Pasifika ethnicities. The age profile in the area is somewhat younger than the overall New Zealand population. The Lower Hutt population is somewhat more deprived than the New Zealand population on the whole (based on NZDep from 2013 Census), with deprivation focused in particular geographic pockets.

### 8.1.2 Health status and chronic disease risk factors

We used pooled, age-standardised New Zealand Health Survey data, between 2011/12 and 2014/15, to look at health status and chronic disease risk factors in Lower Hutt, with comparisons to the total New Zealand population for our interim evaluation. Adults in Lower Hutt experienced similar levels of chronic health conditions and disease risk factors as the total New Zealand population. However, adults were less likely to be physically inactive. Adults in Lower Hutt were also more likely to have been diagnosed with heart failure, and have an unmet need for primary health care than total adults in New Zealand.

Overall, children in Lower Hutt had eating patterns similar to the total New Zealand population, along with similar levels of obesity. However, children in Lower Hutt were more likely to watch more than two hours of TV each day and experience unmet need for primary health care.

### 8.2 Implementation

#### 8.2.1 Lead Provider

Hutt City Council, which covers the Lower Hutt area, is the Lead Provider. The team is physically located alongside the Leisure Active Division of Hutt City Council, and co-located with some of the workforce of Sport Wellington and Regional Sporting Organisations in Lower Hutt.

#### 8.2.2 Healthy Families Lower Hutt team

Healthy Families Lower Hutt was established with 6.5 FTE. By the end of 2015, six FTE had been recruited. During the view 2 period, using a mixture of the remaining half FTE and operating
surplus, additional staff to support administration, additional communications and smokefree action had been employed. Whilst there has been some turnover in staff, there was also a consistent group of four staff, including the manager.

**Relationship with the Lead Provider**

There was widespread agreement that being located within Hutt City Council is an advantage for Healthy Families Lower Hutt. Leadership within the Council saw the work of Healthy Families Lower Hutt as relevant and fitting with the work of Council. Those outside of Council considered the additional influence the Healthy Families Lower Hutt team had, as an internal part of Council, to be different to other health organisations trying to influence from the outside. The Healthy Families Lower Hutt team themselves considered that Council had provided strong leadership in support of their work.

**Relationship with the Ministry of Health**

The relationship between Healthy Families Lower Hutt and the national team in the Ministry of Health was described as generally good, based on trust, helpful, but did fluctuate. It was seen as valuable to have a member of the Healthy Families NZ national team participating in the Strategic Leadership Group. It was acknowledged that there has also been a tension from some of the health-based participants within the Strategic Leadership Group from having the Ministry funder around the table. However, this tension was managed with the member of the Healthy Families NZ national team being seen as more of an equal around the table. Some key informants had the impression that the Ministry’s small national team have been stretched.

**8.2.3 Leadership arrangements**

The Governance Group was initially formed out of partners supporting the response to the Healthy Families NZ tender which were mostly health organisations. The group was re-evaluated in 2015 and a wider group of participants selected to join. It was renamed the Strategic Leadership Group in 2017 and has been operating consistently over the past three years, with a consistent chair, regular meetings and a core of consistent membership. Some initial members are still on the group, while participants from education, health and iwi have changed and a business leader has joined the group.
8.2.4 Understanding of the prevention system and systems change

Consistently the prevention system was considered to be wide and inclusive, with a strong message that it goes wider than health services to include housing, welfare, natural and built environment, transport, settings, households, and more.

... it doesn’t have to be health sector, it doesn’t have to be just social sector, it doesn’t have to be even decision makers, could be children it could be you know elders, and everyone in between... (LH9)

A perspective was that the collection of elements becomes a prevention system through leadership and collective action towards a health goal. This relates within Healthy Families Lower Hutt of describing an aim of ‘creating a movement for health’.

As described by key informants, there are multiple levels to systems change, including communities and resources within communities, but also including central government policy that influences the community context. Action is therefore needed at multiple levels. Some informants considered that Healthy Families Lower Hutt were able to work at the community level, but less able to influence at national government policy level.

Several different ideas were expressed in how a systems approach was being implemented in practice.

Almost all work undertaken was done in collaboration with other groups and organisations. Creating connections between organisations for collaborative work was clearly articulated as important. However, since the early implementation there has been a shift in thinking about how to build connections with a move, to ‘working with the willing’ on particular initiatives.

A developing area was that engaging perspectives of communities should feature more prominently in the work of Healthy Families Lower Hutt, utilising co-design approaches. It was described that, whilst there has been engagement with organisational stakeholders in the work, such stakeholders do not always provide or represent the full range of perspectives held within diverse communities.

How the Principles were used for systems change

The seven principles were known by workforce and Strategic Leadership Group members. The Principles were most actively considered by the Strategic Leadership Group members within Action Budget proposals, guided by the Action Budget Decision Support Tool. Outside of this process,
some Strategic Leadership Group members suggested the Principles were used to guide discussion at meetings, while workforce key informants described various Principles as underpinning much of their focus and approach.

When asked within the surveys how useful the Principles were, respondents to both leadership and workforce surveys most consistently identified Equity as most useful and Line of Sight least useful. Experimentation and Collaboration for Collective Impact were viewed as useful in both leadership and workforce survey responses. Within the workforce survey Implementation at Scale had the most number of ‘not useful’ survey responses.

Through both key informant interviews and survey responses, sustainability was identified as a principle that is thought about, but not included within the initiative Principles. Several participants described sustainability as creating long-term system change and being underpinned by principles of experimentation and collaboration for collective impact.

Collaboration is a really big one for us because we don’t want to go out and just do something by ourselves because it is not sustainable. (LH4)

8.2.5 The Principles and Building Blocks for a strong prevention system

A key feature of the Healthy Families NZ initiative are the Principles and Building Blocks to guide the development of a strong prevention system. The following summaries are organised by this framework as action in these areas are indicators of the fidelity and quality of implementation of Healthy Families NZ approach in each location.

Building Block 1: workforce

The Healthy Families Lower Hutt workforce has had a core group of four consistent staff throughout the initiative, including the Manager. There has been turn over on the communications staff member. Additional staff have been added, including a part time staff member to support administration functions, and a fixed term staff member to further advance the smokefree work related to the Hutt City Council’s Smokefree Outdoor Public Places Policy.

Key informants and partner survey respondents described the Healthy Families Lower Hutt workforce as skilled, knowledgeable and helpful. In terms of potential areas where additional experience or skill might be beneficial, key informants identified: additional connections with iwi and mātauranga Māori; additional connections with Pasifika communities; knowledge of local
government planning and healthy urban design; evaluation data and analysis. A need for greater flexibility in the team was discussed, to respond to developing opportunities and priorities, suggesting some flexibility in how budget is set and use of shorter term employment contracts to supplement a core team.

The workforce was generally positive about the professional development provided, including leadership training provided nationally, specific training purchased for the Lower Hutt team, and access to training from with Hutt City Council as lead provider. Opportunities to share experiences with other Healthy Families NZ locations were appreciated, although the national hui were seen as generally not meeting needs. An area of perceived weakness was training in systems thinking and systems change approaches.

**Building Block 2: leadership**

The Healthy Families Lower Hutt Strategic Leadership Group has had a consistent chair since the beginning, and several consistent members. The Strategic Leadership Group meet regularly, with good attendance. Membership with influence in education, Māori and Pasifika settings had changed during the last two years. Connection on the Strategic Leadership Group with iwi was viewed by some as a potential area for development. Through the Survey of Strategic Leadership Group members, six respondents thought there were gaps in participation in the group identified as: Māori connections; Pasifika connections and business connections. Comments from partner key informants suggest they saw the Strategic Leadership Group as having a good range of appropriate and influential members.

Of the eight respondents to the online Strategic Leadership Group survey, seven agreed or strongly agreed that they were able to apply systems thinking to their role on the Strategic Leadership Group.

There were mixed opinions within the Healthy Families Lower Hutt workforce about whether or not the Strategic Leadership Group has been helpful in the work of the team. Some considered that the Strategic Leadership Group were somewhat distant from them, with little direct interaction. Others, identified areas where they considered a Strategic Leadership Group member had supported making connections or directing resource within their own organisation to support initiatives.

Outside of the Strategic Leadership Group, the support and leadership of the Mayor was viewed as an advantage for communicating about Healthy Families Lower Hutt and initiatives, and for getting support within Council. Leadership within particular settings, such as marae, schools and within Council were identified as important for particular initiatives.
Building Block 3: relationships and networks

Initially Healthy Families NZ locations were asked to establish prevention partnerships, to join up people and organisations that have an influence and interest in prevention and there were varying ways this was done across the locations. Healthy Families Lower Hutt chose to develop a database of people and organisations to keep informed of work through newsletters and other communication channels, rather than a formal group. In terms of collaborating with other organisations, the Healthy Families Lower Hutt team have been initially focused on ‘working with the willing’.

Several key relationships for the Healthy Families Lower Hutt workforce were identified as pre-existing relationships staff brought with them into the role. Other relationships have been brokered through existing Hutt City Council connections, and through being physically located alongside the Leisure Active team in Council and several Regional Sporting Organisations. The Strategic Leadership Group had on occasion been useful in ‘opening doors’ to new relationships. Effectively communicating the purpose and systems approach of Healthy Families NZ was a challenge in establishing some relationships. Now that Healthy Families Lower Hutt was more known, another challenge was prioritising potential relationships and opportunities.

Responses to the partner survey indicated that there were mixed views across respondents about whether the level of collaboration had increased (38 percent increased; 41 percent stayed the same, 3 percent less collaboration); although 54 percent of respondents thought the range of organisations they worked with had increased over the last two years. Healthy Families Lower Hutt were generally seen as positively supporting collaboration, with 67 percent of respondents agreeing that the team had supported collaborative working (10 percent disagreed; 5 percent neutral; 18 percent didn’t answer); and 54 percent agreed the team had influenced organisations to align their work more (15 percent disagreed; 10 percent neutral; 23 percent didn’t answer).

Healthy Families Lower Hutt had been involved with establishing new networks focused around workplace wellbeing and connecting communications staff across organisations such as the DHB, Council and PHO.

Building Block 4: resources

From the survey of partner organisations 44 percent (17) of respondents agreed their organisation had altered their work to better align with collaborative working. Comments from workforce, leaders and partner key informants all gave examples where they thought there was better coordination of, in particular, staff resource – to collectively work on initiatives and to avoid duplication.
New resources being brought into prevention within Lower Hutt were identified. One was Health Families NZ introducing the WorkWell programme for workplace wellbeing, with FTE now dedicated to WorkWell by the local PHO and Public Health Unit. Additional Hutt City Council expenditure on water fountains and hydration stations was also noted, as were the pool passes and printing for Player of the Day certificates.

The Action Budget was considered useful for direct expenditure on seeding initiatives.

**Building Block 5: knowledge and data**

The larger initiatives with which the Healthy Families Lower Hutt team were involved with had drawn upon various types of data to understand the current situation and opportunities for action, including census, DHB data, Council data and surveys. Workforce key informants described processes in place for team reflection and sharing, jointly considering what is working and what opportunities for adaptation there are. More focused evaluation activities have been set up in relation to certain initiatives, such as the smokefree policy implementation.

Informants identified further developments to data and knowledge as getting better at collecting insights from communities, and understanding the best way to present information back to support initiatives.

### 8.2.6 Prioritising settings and activities

Initial prioritisation of settings drew upon the 2015 stocktake the team undertook of what was occurring within the community. Through the stocktake it was identified that was a lot going on within schools, while not much was happening in workplaces. Physical activity was identified as another area with a large amount of existing programmes and resources.

Over 2016 and 2017 there was considerable effort put into establishing a network and range of supports for workplaces. At the time of the interviews, the team were considering how they move away from direct and intensive support around workplace wellbeing. Action with schools has increased as part of the focus on water, likewise with community events and sports clubs.

The team were less focused on working in settings now, and more focused on working within the systems – smokefree system, food systems, water system. The approach used by Healthy Families Lower Hutt is focused on developing resources (in collaboration with partners), and establishing ways of promoting these resources, to encourage change led by champions within
settings and communities. The Turning the Tide initiative is one way to identify, ‘champions’ and aims to amplify the change occurring within individual settings.

**Te Tiriti o Waitangi**

While Te Tiriti o Waitangi has not explicitly informed discussions within Healthy Families Lower Hutt, iwi through the rūnanga were involved in supporting the proposal for Hutt City Council to be the lead provider for Healthy Families Lower Hutt, and nominated a representative to be part of the Strategic Leadership Group. It is recognised that communication between the Strategic Leadership Group and iwi leaders could be improved. At a community level, relationships with several marae and Māori led organisations are strong, particularly around the Fruit Trees 4 Marae initiative. Including the voice of Māori and integrating concepts with a te ao Māori lens were actively considered in the work of the team, but also recognised as an area to further learn and develop.

**Equity**

Equity was a high priority for both the Healthy Families Lower Hutt workforce and Strategic Leadership Group members. It was recognised that there was a cross-over between geographical areas of higher deprivation and concentrations of higher Māori and Pasifika populations. Several initiatives, such as installation of community water fountains and work on smokefree town centres, were concentrated in the more highly deprived neighbourhoods. There was also consideration of prioritising work with settings within which priority population groups are located, such as low decile schools and certain sporting codes.

### 8.3 Outcomes and changes in the prevention system

In looking for positive changes within the prevention system, the evaluation has focused upon change stories (a story of change that is identified across multiple types of data) relating to:

- increase in breadth or depth of relationships;
- increased recognition of health within organisations not traditionally focused on health;
- strengthened leadership for health within community;
- new resources dedicated to prevention;
- and changes to policy and environments to support health.

Within Healthy Families Lower Hutt the following change stories were identified that illustrate one or more areas of change within the prevention system:

- Multiple actions from Hutt City Council to support health and wellbeing of staff and community, Hutt City Council’s Smokefree Outdoor Public Places Policy and $42,000 Council resource allocation for implementation of the policy, review of Local Alcohol Bylaw and Local
Alcohol Plan, supporting water provision in public spaces and at events and beginning to engage wellbeing perspectives within urban design.

- Sports Clubs taking up the Player of Day certificate with free pool passes, often replacing certificates with fast food vouchers and accompanied by support for healthy side-line initiatives, such as water only and use of portable hydration stations.
- Promotion and provision of water in public spaces – installation of 7 new water fountains, with commitment by Council of $10,000 per year for additional water fountain infrastructure.

Following are other positives change in the prevention system that were identified by one source of data.

- Lower Hutt CBD walks, encouraging use of existing spaces for activity.
- Fruit Trees 4 Marae, a Healthy Families Lower Hutt collaboration that has resulted in planting 24 fruit trees, as well as delivered numerous workshops to support planning and care of fruit trees and building local capability.
- Lower Hutt branch of Human Resources Institute of New Zealand (HRINZ) established a workplace wellbeing special interest group in partnership with Healthy Families Lower Hutt. Provided forum to coordinate several workplace wellbeing initiatives, as well as coordinating workplace wellbeing professional development and events.
- WorkWell programme established in Lower Hutt, with FTE dedicated from Regional Public Health and the Public Health Organisation.
- Network of communications staff from across health organisations.
- Turning the Tide initiative to support action within settings, with 33 organisations signed up to make changes and 10 success stories published at December 2017.

### 8.3.1 Descriptions of outcome stories

**Story One: Promotion and provision of water in public spaces**

This outcome description identifies a series of activities and initiatives that contribute to making water the first choice in public spaces, including within communities and sporting events. Activities include leadership from Council and wider Hutt Valley Governance Group, new resources dedicated to water fountains and portable hydration stations, encouraging event organisers to make events water-only, and engaging with sporting bodies and clubs to promote water for members.
Early in 2016, Healthy Families Lower Hutt spoke with the Hutt Valley Governance Group (HVGG) about the potential of an initiative focused on water within the workplaces of HVGG organisations. HVGG is made up of both Lower and Upper Hutt City Councils, the DHB and several other public sector organisations. A period of consultation began with a range of organisations to consider what the water initiative may consist of, during which time Māori champions supported the “Go the H20” “Pai te Wai” messaging. The initiative sought to build a movement around water as the first choice of drink, while also reducing the availability of sugar sweetened beverages.

A range of activities have occurred within the Go the H20 initiative including Hutt City Council’s commitment to increasing the number of water fountains on parks and sports grounds of high use; seven new fountains being installed in high priority communities; portable hydration stations have been purchased that can be loaned out for events; all Council funded events are prompted to be water promoting within funding application guidelines. A range of sporting bodies and clubs have signed up to promote water, supported by access to the portable hydration station and Go the H20 branded Player of the Day certificates, which provide a free family pool pass. Often the player of the day certificate with pool pass is replacing a certificate with fast food vouchers. The number of sporting clubs taking up the Player of the Day certificates and associated water promotion appears to be consistently growing.

A resource kit for schools to support water-only policies has also been developed through a collaboration of several organisations and led by Regional Public Health unit. Examples of organisations, clubs and schools promoting water and being water only are promoted through media and social media, as well as through the “Turning the Tide” website, where organisations can commit to health promoting focused challenges and successes. Numerous water-only events have been staged over the past two years, supported by portable hydration stations.

Several workforce, leadership and partner key informants identified the focus on water across the community as an important change in the prevention system, with one key informant suggesting there has been so much interest in water that ‘…it’s kind of exploded out across multiple settings …’ (LH9). Several key informants noted the support for the Go the H20 initiative from the Mayor and Councillors, other members of the HVGG and leaders within sporting organisations. The adoption of water only in schools (8 respondents) and events (6 respondents) were some of the most frequently noted changes from respondents to the partner survey. Most partner survey respondents rated the water focus as extremely or very important, while there was a mixture of views about whether the change would have occurred without Healthy Families Lower Hutt.
Contribution of Healthy Families Lower Hutt

Healthy Families Lower Hutt has played a vital role coordinating activities facilitating conversations and creating momentum. The team have also taken an active role in a water-only schools collaboration led by Regional Public Health. The Healthy Families Lower Hutt team have played an important role in gaining commitment of resource from within Hutt City Council, and particularly in brokering and following up a number of relationships with sporting codes and clubs.

Story Two: Hutt City Council support for healthier environments and practices

This outcome description identifies a commitment by Hutt City Council to support health through provision of services and in setting local policy. The Council have displayed leadership in strengthening the prevention system, and committed resources behind that leadership. Efforts have also been made to make the council a health promoting workplace.

The Hutt City Council holds the contract for Healthy Families Lower Hutt, as the lead provider. Key informants describe the Council as prepared to take on the contract because community partners indicated they were the best placed to do so. Since having the Healthy Families Lower Hutt team within Council, and a senior manager within Council chair the Strategic Leadership Group, numerous changes have been made by Council that suggest they see a role for leadership of Council in health and wellbeing within Lower Hutt, and potential for directly impacting health and wellbeing through Council policy and services.

A number of the changes made by Council include: A revised smokefree outdoor public places policy was agreed by Council in May 2016. The previous policy had been agreed in 2009 and included swimming pools and playgrounds. The 2016 changes added smokefree sports grounds, parks, beaches, bus shelters, train stations, outdoor pavement dining, areas outside Council buildings and Council run and sponsored events. The Healthy Families Lower Hutt team actively worked on the policy within Council and with partners, and have been taking a coordination role in implementing the policy through working with partners and telling stories of organisations going smokefree. Implementation of the policy also includes several units within Council, such as parks and gardens updating signage. To support the policy within Council, staff have been provided with information on smoking cessation services. Further developments to the policy are being developed including smokefree suburban shopping centres, the first of which was approved by Council in October 2017.
Promotion of water has been supported by Council, including leadership on the Hutt Valley Governance Group, which supported Healthy Families Lower Hutt developing a Hutt Valley wide initiative around water. The Council has funded provision of seven new water fountains in community spaces, with an additional $10,000 per year allocated to providing new water fountains on parks and sports grounds of high use.

Council has also supported the Player of the Day certificates, that include a free pool pass, for use in junior sports clubs as a replacement for fast food sponsored certificates. The Leisure Active team within Council have also used their connections with sporting organisations and clubs to support promotion of the player of the day certificates.

Other initiatives with involvement of teams within Council include Fruit Trees 4 Mārae and supporting events to be water-only, smokefree, promoting healthier food and beverage options and sustainability.

At the end of 2017, discussions were starting around how Council can work with the Healthy Families Lower Hutt team to integrate health considerations into several upcoming urban design projects.

All workforce key informants described advantages of being located within Council as aiding the ability to work alongside Council colleagues to support health in their work. All leadership and partner key informants echoed these sentiments that the influence the team can have within Council is different to other existing health focused organisations, and important. A number of the changes noted above were identified by partners within the partner survey, including: promotion of water within community and sporting events; planting of fruit trees, the smokefree policy changes, and a change in food and beverage products within Council facilities.

**Contribution of Healthy Families Lower Hutt**

A common theme from key informant interviews was that having the Healthy Families Lower Hutt team within Council had helped both elected officials and council staff to consider the potential impacts on health of council policy and services. Most key informants agreed that the smokefree outdoor spaces policy would not have been as comprehensive without the influence of the Healthy Families Lower Hutt team, supported by the Healthy Families Lower Hutt Strategic Leadership Group. Another common theme was that Council involvement in many of the other initiatives described above would have either been less, or slower, or both without Healthy Families Lower Hutt team influence.
**Story Three: Player of the Day Certificates**

This outcome description identifies a change in practice and commitment from a variety of regional sporting organisations and sporting clubs to promote healthy options through junior sports. While starting in the Hutt Valley, the player of the day certificate has now received support from all four local councils in the region, with a region wide pool pass.

In discussions with the Healthy Families Lower Hutt team, Total Touch noted that they would like to explore an alternative Player of the Day (POD) certificate option than those provided by fast food companies. The Divisional Manager of the Leisure Active Division within Council and who sits on the Strategic Leadership Group, offered to provide free pool passes and to print the POD certificates. The Hutt City Council communications team helped with design of the certificates. As leverage within the club, it was decided that provision of POD certificates with pool passes would be dependent upon a commitment to promoting water within the club. This linked the POD certificate initiative into the wider Go the H2O initiative. Total Touch was happy to provide water-only side lines, use the new certificates, and contribute to media stories.

Following the roll-out of the POD certificates with Total Touch, Wellington Rugby League were interested in taking up the certificates. However, Wellington Rugby League are region wide. Drawing upon existing connections through third parties, discussions began with Wellington, Porirua and Upper Hutt City Councils. All three other Councils agreed to create a region wide pool pass for access to any Council pool in the region.

The Healthy Families Lower Hutt team reported that as at June 2017 around 5000 fast food vouchers had been taken out of junior sport and replaced with pool passes, with 281 pool passes used in Hutt City Council pools. As of December 2017, the team had an additional four clubs on board across cricket, rugby, netball, and softball. This equated to a total of approximately 10,000 certificates per year. Also, Toi Te Ora Public Health Unit had been in contact about using the player of the day certificates across the Bay of Plenty; New Plymouth District Council had been in contact about also adapting the certificates; and Healthy Families Invercargill were trialling similar certificates with junior basketball teams.

Both the Healthy Families Lower Hutt workforce and Strategic Leadership Group key informants identified the POD certificates as a success in several ways. First, that sporting codes and clubs were thinking about how actions within the club support the health of their members. Second, that fast food vouchers were being replaced by vouchers to encourage physical activity. Third, that the POD certificates themselves, and required commitment of club to work towards promoting
water, supported the other Go the H20 work being undertaken. Lastly, that there was support from all four Councils in the region and it appeared to be a growing interest in the POD certificates and water movement. Within the partner survey, six respondents identified the POD certificates as changes to support health, with five considering this change as extremely or very important, and one respondent as moderately important. Two of the six respondents thought the POD certificates would not have occurred without Healthy Families Lower Hutt, while one thought they probably would not have occurred and two were neutral.

**Contribution of Healthy Families Lower Hutt**

The Healthy Families Lower Hutt team engaged with sporting codes around sponsorship from fast food companies within junior sport. Total Touch identified an interest in replacing fast food vouchers and marketing in player of the day certificates. Healthy Families Lower Hutt worked with staff within the Leisure Active Division of Council in the development and testing of a player of the day certificate that included a free pass to Council pools.

A range of existing relationships held by members of the Healthy Families Lower Hutt team and staff within the Leisure Active Division of Council helped to broker relationships with clubs and the other Councils to establish the region wide pool pass.

**8.4 The challenges and successes**

Key informants were asked to consider the key challenges and successes for Healthy Families Lower Hutt. They can be summarised as:

**8.4.1 Challenges**

- Joining up action at level of organisational leadership and operational staff was seen as needed. Tension between levels is possible, as is tension between community voice and organisational leaders. There was also a view that action at a national level is required to support local level change.

- Effective collaboration was viewed as difficult and there were some real challenges in being able to achieve collective action, and prevention system change without effective higher-up actions. The way government usually contracts with communities was seen as a potential barrier to collaboration, with more flexibility in contracting required. It was also viewed that there were limited resources across agencies to commit to new collaborative initiatives.
• There was a commonly held view that coming to an understanding of what systems change is was a real challenge, for those outside Healthy Families Lower Hutt, as well as the team.

• Given the nature of the outcomes being focussed on, and types of activities undertaken, it was felt that there was a difficulty in measuring, and evidencing, impact.

• Achieving Māori participation, involvement and ownership had been a challenge. As was getting some people and organisations on board with the initiative who, in theory, should be natural allies – particularly those in the public health sector.

8.4.2 Successes

• Having the Hutt Council as the Lead Provider was viewed positively because of their role as a large employer as well as their ability to influence local policy.

• A commonly held view was how effective and skilled the Healthy Families Lower Hutt team were and their ability for local communications was seen as a real strength.

• The Strategic Leadership Group was commonly viewed as successful and effective.

• Commonly discussed successes included influencing the Hutt City Council smoke-free policies and also the work on increasing access to water, and reducing consumption of sugary drinks.

There was a strong sense from the majority of interviews that the work of Healthy Families Lower Hutt was ready to accelerate.
9 Healthy Families Christchurch

9.1 Local context

9.1.1 Geography and demography

Healthy Families Christchurch initially covered only the Spreydon-Heathcote area, just south of the city centre, with a population of about 55,455 at the time of Census 2013. Figure 1 below shows the Spreydon-Heathcote area with meshblocks colour-coded by deprivation in which the darker blue areas are the most deprived.

*Figure 8 Map of Healthy Families Christchurch (Spreydon-Heathcote) area, by deprivation*
In 2016 the boundaries of the Healthy Families Spreydon-Heathcote initiative were broadened to encompass all of Christchurch, to cover a larger population of approximately 375,000. This change was partly due to the Spreydon-Heathcote electorate area ceasing to exist but also to widen the scope for impact, and to align with the area covered by most partner organisations. For the purposes of the evaluation, the health data focuses only on Spreydon-Heathcote since this change was relatively late and resourcing had not been changed to fit the increase in scale.

In 2016, Spreydon-Heathcote had the city’s highest number of social housing sites and was situated next to one of the more affluent areas of the city. However, the wider Christchurch area was overall less deprived than the average across the New Zealand population with only 33.6 percent of the population in the lowest four deciles and 25.6 percent in the highest two deciles. Ethnic diversity in Christchurch was also relatively low compared to the rest of New Zealand with 86.4 percent of the population identifying as European (compared to 74 percent) and lower proportions of other ethnic populations.

9.1.2 Health status and chronic disease risk factors

We used pooled, age-standardised New Zealand Health Survey data, between 2011/12 and 2014/15, to look at health status and chronic disease risk factors in Spreydon-Heathcote, with comparisons to the total New Zealand population for our interim evaluation. Adults in Spreydon-Heathcote were healthier than the total New Zealand adult population in relation to rates of chronic disease risk factors. In particular, they were more likely to meet vegetable consumption and physical activity guidelines, and were less likely to be physically inactive and be obese.

Adults appear to experience better chronic health conditions than the total New Zealand adult population; in particular, they were less likely to have high cholesterol. However, adults were more likely to have been diagnosed with a mood or anxiety disorder.

Children in Spreydon-Heathcote had rates of physical activity patterns, obesity and/or teeth removal due to decay similar to the total New Zealand child population. However, children were more likely to eat the recommended amount of vegetables each day, and have good or better parent self-rated health. In addition, they were less likely to have an unmet need for primary health care.
9.1.3 Collaboration context

Traditionally, Christchurch has been seen as socially segregated and despite the lower deprivation level overall, has pockets of serious deprivation. Following the earthquakes in 2010 and 2011, Christchurch has been in a state of change. The population had declined and has been in a state of flux for a number of years while the area was rebuilding both physically and socially. While the rebuilding process is expected to take many more years, by 2017 the population appeared to have stabilised to its pre-earthquake levels.

Before the earthquakes, the Canterbury region had a reputation for being relatively more innovative and integrated in their ways of working in the health and social sectors. In response to the disruption, the rebuilding process involved re-establishing as well as building new social enterprises and community development networks. Key informants frequently mentioned that this had led to changes in how people and organisations worked together and in most cases they were more closely connected than they had been before. There was also a heightened awareness of mental health issues related to the ongoing trauma and chronic stress from aftershocks, employment impacts, and insurance and rebuilding issues.

As a new initiative, Healthy Families Spreydon-Heathcote aimed to create links between people and organisations for systems change. However, in Christchurch this mandate was less clear to some people because many of the groups who needed to work together often already knew each other well and struggled to see the added value.

9.2 Implementation

9.2.1 Lead Provider

Sport Canterbury has been the Lead Provider for Healthy Families Christchurch since mid-2016. In 2016, the original lead provider (Pacific Trust Canterbury) went into liquidation and the Ministry of Health moved the Healthy Families Spreydon-Heathcote initiative to Sport Canterbury, along with three of the original workforce. The initiative was also renamed Healthy Families Christchurch to reflect the widening of the boundary to the whole of Christchurch. The former General Manager at Sport Canterbury, who had been involved with the Strategic Leadership Group for Healthy Families Spreydon-Heathcote, transitioned into the role of Manager for Healthy Families Christchurch. It was clear that the change in Lead Provider had an impact on the team, Strategic Leadership Group and their focus.
9.2.2 Healthy Families Christchurch team

Initially there were five FTE funded for Healthy Families Spreydon-Heathcote (now Christchurch) when Pacific Trust Canterbury was the Lead Provider. When the shift was made to Sport Canterbury, three FTE were employed (two roles were vacant), and the total number of FTE was increased to six. The positions included a Manager, Partnerships and Engagement Coordinator, two Activators and two Settings Coordinators. There had been some turnover of staff while at Pacific Trust Canterbury including several changes to the communications adviser role.

Three FTE from the original Healthy Families Spreydon-Heathcote team transferred from Pacific Trust Canterbury to Sport Canterbury to continue working in the initiative. There were several things that impacted on the initiative’s progress and profile among community stakeholders including the limited progress made while the initiative was at Pacific Trust Canterbury, disruption of change-over to a new Lead Provider, the time taken to embed the existing workforce into a new organisation and the re-establishment of the Strategic Leadership Group.

Relationship with Lead Provider

Team members noted a good fit with community-oriented Sport Canterbury following the strategic change within Sport NZ and Regional Sports Trusts (RSTs) toward systems thinking and community-led delivery. The RST was seen as a competent organisation to support the initiative.

There were both benefits and challenges integrating the workforce from Pacific Trust Canterbury into Sport Canterbury. The three Pacific Trust Canterbury staff were recognised for having brought some new strengths to Sport Canterbury and had positively influenced Sport Canterbury to focus more on equity and connecting with diverse priority communities in the area. The challenges related to integrating a new team within the organisation.

Relationship with the Ministry of Health

The relationship with the Ministry of Health was viewed overall as strong and positive. The team particularly appreciated the support from the Ministry’s Healthy Families NZ national team during the changeover in the Lead Provider. They also noted that the national team had been good at maintaining national level relationships with organisations and government agencies, such as The Warehouse. The team said it would be useful if the national team could do more to help them access insights about what is working well or not in other Healthy Families NZ locations, so that the team could learn and transfer approaches and good practice.
9.2.3 Leadership arrangements

The original Governance Group for Healthy Families Spreydon-Heathcote had been under review by the Ministry of Health prior to the dissolution of Pacific Trust Canterbury. When the contract with Pacific Trust Canterbury was terminated, the Governance Group was disbanded. Under the new Lead Provider, a new group was established as the Strategic Leadership Group, focusing on influencing. It took time to establish the new Group with membership negotiations occurring from late 2016 to mid-2017. The new cross-sector Strategic Leadership Group held its first meeting in September 2017, about a year after Sport Canterbury started the contract. The reasons for the timeframe were to the:

- time needed to embed the existing workforce, recruit the new members of the workforce and develop the necessary relationships with community leaders.
- limited availability of key leaders because they were already involved in many other collaborative initiatives.
- difficulties getting a Māori leader to participate.
- time needed to recruit a Pasifika leader.

9.2.4 Understanding of the prevention system and systems change

Although understanding of the “prevention system” varied among the workforce, leaders and partners, the idea was generally understood as going wider than the health sector and encompassing social networks and environments. The Healthy Families Christchurch team found that while they understood the concept of the “prevention system”, the language was difficult to explain to stakeholders.

There did not appear to be a common view between the workforce and management / Strategic Leadership Group on their understanding of systems change and how to implement it. It appears that all understood it to involve relationship-building and supporting collaboration between groups who could usefully share resources. There was a distance between the Strategic Leadership Group’s focus on higher level strategy and committing resources to policy or environment change, and the workforce view on systems change which tended to focus on community development approaches. The workforce were also uncertain about whether they should be engaging community or large organisational leaders. There were mixed views among the five workforce about whether they were confident they could apply systems thinking to their work.
The Healthy Families Christchurch team noted there was a mixed understanding among stakeholders of what a “systems approach” meant. However, comments reflected a growing understanding about prevention being embedded within wider systems and a growing interest among various sectors in taking a systems approach. It was pointed out that while the systems approach brings diverse organisations and activities together, they found it could also differentiate and polarise those moving to a systems approach and those who are not.

9.2.5 **The Principles and Building Blocks for a strong prevention system**

A key feature of the Healthy Families NZ initiative are the Principles and Building Blocks to guide the strengthening of prevention systems. The following summaries are organised by this framework as action in these areas are indicators of the fidelity and quality of implementation of Healthy Families NZ approach in each location.

**How the Principles were used for systems change**

Healthy Families Christchurch team’s view of the Principles and Building Blocks is that their role is lead in partnership with and/or build leadership capability in others so they can lead and own change. Most the five team members said they understood the guiding Principles. Team members reported using the Principles to plan and reflect on their work. “Collaboration for Collective Impact” and “Equity” seen as particularly useful, and “Line of Sight” and “Implementation at Scale” less so. Several key informants, particularly Strategic Leadership Group members, noted that while sustainability was not on the official list it should be used as a Principle to guide the work, especially given the long timeframes needed to show changes in health outcomes.

**Building Block 1: workforce**

Some key informants thought that getting the appropriate workforce had been a challenge. Māori connections and familiarity with tikanga were noted as key attributes that were missing from the team. The team was seen as being skilled and well-connected for engaging with communities and community leaders but having less capacity at strategic influencing, including higher-level connections. Some leaders questioned whether this was the right balance of skills, which was linked to the tension about the overall balance of efforts for an effective systems approach and change at scale. There was a view that there needed to be flexibility to add, change or co-opt additional personnel with specific skillsets so the team could be more responsive and adaptive.

The workforce found the broader Networks of Practice that were externally facilitated were useful, particularly the focus on workplaces and food systems. In general, the team though there could...
be more sharing of learning across locations with staff finding visits to other locations had been useful. Although the workforce national hui had potential, they were seen as not effective for cross-location learning. The Crucial Conversations and leadership training organised by the national Healthy Families NZ team were highly valued.

**Building Block 2: leadership**

The Strategic Leadership Group members were still relatively new at the time of the interviews but overall they were very enthusiastic about what they knew of the Healthy Families Christchurch kaupapa, and saw it as an opportunity to create useful networks and influencing in their communities.

*It’s not a committee structure where we have to be in teams doing things. Actually the meetings are our business. But the meeting is full of making connections and then I guess seeding those out in the community or making the links and being aware of Healthy Families through our other work. That’s a really different approach.* (Chch12)

The new Strategic Leadership Group expressed optimism about the potential of their contribution to Healthy Families Christchurch. Apart from the lack of Māori participation, the new Strategic Leadership Group appeared to have useful strategic connections and indicated they wanted to develop a more strategic approach for the initiative. However, they had had little time so far to embed any new strategies and there were few examples of leaders activating and supporting change as yet. But the team found the Strategic Leadership Group to be engaging effectively within community settings that had contacted.

**Building Block 3: relationships and networks**

Although there were clear indications that relationships and networks in Christchurch had strengthened in recent years, it was not clear whether Healthy Families Christchurch had a significant role in this change given wider changes in collaboration the region following the earthquakes. About half of the partners surveyed said that in the last two years they had worked with a greater range of other groups than previously. Partner views varied on whether Healthy Families Christchurch had contributed or was working well in certain networks as there were already strong networks and collaborations in Christchurch.

About two-thirds of the 30 partners made broadly positive comments about Healthy Families NZ in the Survey. Some partners noted that Healthy Families Christchurch had provided good
support for them to make new connections. Some partners saw the team’s strengths in certain communities, such as Pasifika and faith-based. While the Healthy Families Christchurch team were noted as having strong relationships in some sectors of the community, they were seen as lacking connections with iwi or Māori stakeholders.

Relationships in the health sector were regarded as important but had been among the most challenging for the team. There were different views about the strength of the Healthy Families Christchurch team’s relationships with partner organisations.

**Building Block 4: resources**

It was not clear that Healthy Families Christchurch had influenced resources available for prevention yet. In the wider Christchurch community, there were examples of existing resources increasingly being shared and concerns that resources were not necessarily being used optimally. Some felt that it was easier for organisations to align staff resource than money in order to collaborate. The Healthy Families Christchurch team and leaders were still developing strategies about how resources should best be deployed. They noted some tensions between the expectation by some organisations that they would help fund community projects and their need to work between organisations aligning existing resource rather than investing in new initiatives.

**Building Block 5: knowledge and data**

The use of data and knowledge did not feature strongly in the way the team approached their work. The team appreciated having access to national-level data to discuss with community stakeholders and some thought they could improve their sharing and communication of information and data. The team found insights and information from the community were a more valuable data source than the community stocktake information they collated at the outset.

The team embedded some useful developmental evaluation practices, such as collecting change stories and reflective evaluative practices for planning work. However, the workforce noted it took time to build their evaluation capacity and it would have been better if developmental evaluation processes had been built into their work more effectively from the beginning.

**9.2.6 Prioritising settings and activities**

Under Pacific Trust Canterbury, the team had prioritised Pasifika church settings, the education sector and the food system. They had been working on relationships with food systems networks and with the education sector. Under the new Lead Provider, Sport Canterbury, the team had more opportunities to influence with local government and the sport and recreation sector.
The team at Sport Canterbury prioritised reaching the Pasifika population and did this largely by focusing on specific settings. The five respondents to the Workforce Survey indicated that community events and spaces was the setting they most frequently worked in. This was followed by education, health, sports and recreation, Pasifika communities and places of worship.

_The settings that we have prioritised are education, workplace and faith-based organisations —because they are very important settings for the Pasifika community. And of course the sports club which as a workforce we just collaborate because we have a team of seven people here with Community Sport and they do the whole in school, community, sports club thing together._ (Chch1)

Recently the team were looking to focus on overall networks rather than individual settings. Some examples included school communities of practice and the food resilience network which addressed the food system.

Most of the actions aimed at system change that Healthy Families Christchurch have been involved in focused on the food system and physical activity. The team reported connecting organisations from different sectors to work on strategic projects and supporting a wide range of activities by other organisations. There was a view that the focus of activities related to the interests and skills of staff, rather than being set by strategic priorities. The Strategic Leadership Group saw their challenge was to identify mechanisms and processes to help staff select activities to align with strategic priorities.

**Te Tiriti o Waitangi**

Overall, key informants including stakeholders, leaders and team members all acknowledged that Healthy Families Christchurch had not yet been able to involve many local Māori perspectives in their networks. It had been difficult to recruit a Māori Strategic Leadership Group member. The team recognised the importance of the Te Tiriti o Waitangi, were making an effort to incorporate more tikanga into their practices and were involved with Sport Canterbury’s “cultural journey”. The team were also connected with other Healthy Families NZ locations who had strong Māori leadership. The organisation had engaged with local iwi and would continue to endeavour to strengthen the relationship.

**Equity**

Healthy Families Christchurch has had particularly close relationships with Pasifika communities who have been a focus of most of their activities. These connections have been largely through Pasifika churches which are now more connected into a wider range of health and social agencies.
There was also a strong indication that connections with Pasifika communities and the staff coming from the original Lead Provider, Pacific Trust Canterbury, had helped to influence the new Lead Provider to shift toward taking more of an equity lens on their activities.

### 9.3 Outcomes and changes in the prevention system

The main changes to the prevention system in Christchurch, that were identified by multiple data sources, are outlined below.

- The Star Media Surf2City event – enabled and influenced the event to adopt pro-water practices as well as healthier food options.

- Tutupu project - enabling local community leadership to create healthy environments at eight different Pasifika Churches in the Canterbury region. Healthy Families Christchurch, in partnership with PHO Pegasus Health and Rural Canterbury, Etu Pasifika and CDHB, coordinated culturally appropriate professional development for 24 local church champions with a reach to over 800 congregation members.

- Water Only Schools – Healthy Families Christchurch galvanising the collaboration and partnership of Canterbury DHB, Ministry of Education, PHO Pegasus Health, Community Dental Services, NZ Dental Association and Heart Foundation to enable tools and professional development for local champions to support more schools become Water-Only.

- Sport Canterbury became more focused on health through collaboration with a wide variety of organisations and increasing their consideration of Equity.

Following are additional positive changes to the prevention system that were identified through only through one source of data.

- Sports Canterbury positively influenced the sport system by supporting Sport NZ community sport to align with a community-led systems approach as well as influencing the regional sports strategy to include focus on workplace wellbeing.

- Getting “health through systems change” on the agenda on South Island Mayoral Forum

- Edge/Rage event in Christchurch Hospital supported 600 people to participate in peer supported physical activity. Use of social and mainstream media supported impact of Edge/Rage and helped create interest within a wider range of CDHB departments.

- The Koru Games moved to a Water Only policy, potentially affecting two hundred participants at the Games.

- Bikes in Rowley - development of bike exchange as new facility to support cycling for those
who do not have access to bikes.

- Influencing increased collaboration for health promotion and prevention in Christchurch
  - An increase in organisations approaching Healthy Families Christchurch to collaborate, indicated by key informant interviews and three of five respondents agreeing to this statement in the Workforce Survey.
  - In the Partner Survey, some organisations reported being better connected within Christchurch that was helped by Healthy Families Christchurch. Also examples in the Survey of improved connection to community voice and engagement in collaborations.
  - In the Partner Survey, eight respondents provided examples of changes in the prevention system indicating a shift in focus within organisations to promoting health.
  - In the Partner Survey in the last two years:
    - a majority of respondents agreed the range of organisations worked with had increased.
    - 45 percent agreed that level of collaboration between organisations had increased.
    - Thirty-eight (out of 88) respondents agreed their organisation had redirected resources to better align with collaborative initiatives.
  - In the Workforce Survey in the last two years:
    - three out of five respondents agreed that organisations were allocating more funding or staff resource into collaborative projects.

9.3.1 Description of the outcome stories

Story One: Influence on Sport Canterbury (the Lead Provider)

The Healthy Families Christchurch contract (formerly Healthy Families Spreydon-Heathcote) moved to Sport Canterbury in mid-2016. Three staff transferred with the contract. Healthy Families Christchurch brought a different perspective on health, equity and community engagement that has challenged and supported new ways of working for the community sport and recreation activities within Sport Canterbury. Practical impacts of these new perspectives on equity, health and systems thinking have been shown through: weekly Te Reo and tikanga Māori classes; increasing awareness of how to engage with Māori and Pasifika organisations; acting to improve health options at events (see City2Surf outcome description).
Contribution of Healthy Families Christchurch

Through multiple interviews, inside the Healthy Families Christchurch team and outside, and within survey data, changes in Sport Canterbury have been directly attributed to both holding the Healthy Families Christchurch contract and the direct impact of the Healthy Families NZ team members. Links to Pasifika communities in Christchurch noted.

Story Two: Changes to the City2Surf event

The Star Media City2Surf is a running event held in Christchurch. In 2017, Sport Canterbury was a sponsor of the event. Through the influence of Healthy Families Christchurch team within Sport Canterbury, the position of event sponsor allowed for discussions with the event organiser around healthy options at the event. The event organiser is reported to have embraced the healthier option kaupapa, including: replacing Powerade with water; having only food vendors with healthy options; providing guidelines for corporate tents; used the Choice as Sizzle guide. Links were also made with the work being undertaken in Pasifika churches by the Healthy Families Christchurch team; with subsidised entry for church teams, which has supported further discussions with churches on what wellbeing looks like for them.

Contribution of Healthy Families Christchurch

The key driver of changes made in the 2017 City2Surf event was the event manager embracing the idea of supporting healthy food and beverage options at the event. The Healthy Families Christchurch team were identified by one interview participant outside of the Healthy Families Christchurch team driving the discussions that led to the event manager making changes. Within the Partner survey, five respondents identified healthier options at events as a change in the prevention system, with three of them identifying Healthy Families Christchurch as important in these changes.

Story Three: Tutupu Project

The Tutupu Project was conducted throughout 2017 and was a collaboration of Healthy Families Christchurch with Pegasus Health (PHO), Community and Public Health (CDHB), Etu Pasifika and Rural Canterbury PHO. The aim was to support 22 health champions from seven Pasifika churches in Canterbury, who can lead conversations and changes regarding health within their churches. Through training sessions, the partner organisations and a number of other Canterbury health and wellbeing providers engaged with the 22 health champions.

Within the partner survey, seven different respondents discussed impacts of the Tutupu project. From within churches themselves there were reports of changes in food available, regular
conversations around health, and peer support for church members making lifestyle changes. Also noted were some churches starting vegetable gardens, walking groups or introducing water only policies. The City2Surf running event provided discounted entry for Pasifika church groups through interaction with Healthy Families Christchurch.

Relationships between the Pasifika churches and health and wellbeing services were strengthened. Out of the Tutupu project a series of Pasifika cultural awareness training sessions for health providers were delivered, and mentioned as a positive outcome by one partner survey respondent, while another noted a change to “culturally effective communication”.

As a result, the Healthy Families Christchurch team were invited to talk to some of the church denomination regional bodies regarding creating healthier church settings.

**Contribution of Healthy Families Christchurch**

Most partner survey respondents that identified changes within church settings, or the Tutupu project directly, indicated that the project is unlikely to have occurred without Healthy Families Christchurch. The Action Budget was used to support this project.

**Story Four: Water Only Tool Kit for schools**

Promoting water only in schools was the most commonly identified change in the prevention system within the Partner survey (12 respondents). Water only schools were also identified within the Leadership survey and from the Healthy Families Christchurch workforce as an outcome supporting change within school settings.

A collaborative group formed in 2016 to support schools to become water only, within the context of a national push for schools to consider water only policies jointly made by the Ministry of Health and Ministry of Education in early 2016. Healthy Families Christchurch organised a water only hui – a space for teachers, principals, parents, health, education and sport champions and workforce to discuss water only and share experiences.

From the hui, the creation of a local toolkit to support schools in working towards being water only was developed and sent to all schools in May 2017.

To support use of the water only toolkit, Healthy Families Christchurch and Pegasus Health hosted a second water only hui, as well a competition during term three of 2017 to raise awareness of the toolkit and support other water only initiatives – the Koru Games and NZ Dental Association ‘adopt a school’ and ‘water challenge’.
**Contribution of Healthy Families Christchurch**

The water only work was identified by the Healthy Families Christchurch staff as a key set of system change action they were involved with. From the partner survey, there were 12 respondents who identified water only promotion in schools as a change in the prevention system.

### 9.4 The challenges and successes

#### 9.4.1 Challenges

Three key challenges constrained the progress of Healthy Families Christchurch. The most significant challenge was finding their place in a relatively active collaboration context where their added value was not immediately obvious to potential partners. They also had a difficult start with the original Lead Provider not effectively implementing the initiative and subsequently going into liquidation. This created delays associated with re-establishing the team within the new Lead Provider and the establishment of the Strategic Leadership Group.

#### 9.4.2 Successes

Healthy Families Christchurch had engaged in a range of community forums and had particular success with activities in Pasifika communities and recently in the community sport area. A further notable success was the team’s positive influence on Sport Canterbury’s increasing engagement with wider communities and on Equity issues.
10 Healthy Families Invercargill

10.1 Local context

10.1.1 Geography and demography

Invercargill is New Zealand’s southernmost city. The geographic area covered by Healthy Families Invercargill had a population of 51,696 at the time of Census 2013 (see Figure 1 below).

Figure 9 Map of Healthy Families Invercargill area by deprivation
The population is relatively older and less culturally-diverse compared with other locations, with 88 percent New Zealand European population (compared with the average of 74 percent) and 15 percent Māori (same as the national average) and a lower proportion of other ethnicities. The population is marginally more deprived than average in New Zealand with 47 percent in the lowest four deciles based on NZ Deprivation Index 2013.

10.1.2 Health status and chronic disease risk factors

We used pooled, age-standardised New Zealand Health Survey data, between 2011/12 and 2014/15, to look at health status and chronic disease risk factors in Invercargill, with comparisons to the total New Zealand population for our interim evaluation. Adults in Invercargill experienced similar rates of chronic health conditions and many chronic disease risk factors as the total New Zealand adult population. While adults in Invercargill were more likely to have an adequate intake of vegetables and are physically active, they were also more likely to be current smokers and obese.

While children in Invercargill had better fruit and vegetable intake than the total New Zealand child population, they had similar levels of obesity.

10.1.3 Collaboration context

It was noted that there were increasing issues around poverty and access to services and healthy products in Invercargill.

Some partners noted that in Invercargill a sense of isolation from the rest of the country could be a challenge. They noted that the Southland Regional Development Strategy was trying to bring more people to the area to stem a potential decline in the population.

There are several marae and iwi organisations in the wider area. Some key informants observed that the local Māori population do not all identify with marae or iwi in the area, with mainstream settings also considered important to engage Māori.

The local Invercargill Licensing Trust controls the supply of alcohol in the area and has a unique social mandate: to sell alcohol with care, moderately and responsibly. The Trust has a publicly elected Board and is accountable to the community since profits are not its sole objective.
10.2 Implementation

10.2.1 Lead Provider

Sport Southland is the Healthy Families Invercargill Lead Provider. Although predominantly a sports and active recreation organisation with the vision “Everyone Active Every Day”, Sport Southland already had a health focus with a team working on Green Prescription\(^\text{10}\) prior to undertaking the contract for Healthy Families Invercargill.

10.2.2 Healthy Families Invercargill team

Healthy Families Invercargill was initially funded to employ four staff members, a Manager, Settings Coordinator, Partnerships and Engagement Coordinator and Health Promoter. This was increased to six and one third full-time equivalent (FTE) for 2017, funded through operating surplus for a fixed term. While the manager and settings coordinator have been constant throughout there have been some changes in team members and more specialist roles added, including an evaluator.

Relationship with Lead Provider

Healthy Families Invercargill was seen as a good fit with the Lead Provider. Some noted that it was an advantage to be associated with a regional sporting organisation because it helped open doors to a wider range of the Invercargill community. On the other hand, public health sector partners were sceptical about the team’s skills in health promotion because they were not based in a public health organisation (even though over half the Healthy Families Invercargill staff had a public health background).

At the time of the interviews, Sport Southland was undergoing significant structural change to align with new direction of Sport NZ and were using this opportunity to align their strategy and approach with Healthy Families NZ. This included a shift away from focusing only on physical activity, towards wider wellbeing and systems approaches. As part of this they were also increasing their focus on connecting with the local community for collaborative action, and were drawing on both the Healthy Families NZ approach and a community development model to do this.

\(^\text{10} A\ Green\ Prescription\) is a health professional’s written advice to a patient to be physically active, as part of the patient’s health management.
Relationship with the Ministry of Health

Healthy Families Invercargill considered their relationship with the Ministry of Health was very good and productive, and reported having a close and supportive relationship with the Ministry’s Healthy Families NZ national team. The team particularly appreciated the Healthy Families NZ national team’s sharing of new approaches or ideas from other locations and the chance to present what they were doing in other forums. The team suggested there should be additional FTE in the national team to create more capacity in national communications and to enable further connections to be made at the national level, particularly across and outside government.

Some key informants noted that the way the Ministry of Health had initially put forward for Healthy Families Invercargill in their local community (competitive tender process for contract) had created some issues with potential partners, particularly in the health sector. This was seen as being a contributing factor to challenges in forming trusting relationships with some partners.

10.2.3 Leadership arrangements

Healthy Families Invercargill has a Strategic Leadership Group that was initially called the Governance Group. This was renamed because they saw their role as more advisory and leadership than governance. Initially there were eight group participants from a range of sectors selected by the Lead Provider for their leadership, and their wide spheres of influence linked to settings of “live, work, learn and play”. Local iwi Waihōpai Rūnaka was represented on the Group and the Bluff-based iwi, Awarua Rūnanga, were invited but due to time commitments agreed with Waihōpai Rūnaka that Waihōpai Rūnaka would represent both iwi. Healthy Families Invercargill had also established a local Māori Advisory Group for the initiative.

10.2.4 Understanding of the prevention system and systems change

Key informants in Invercargill saw the prevention system as comprised of multiple, connected settings or “the community” in general. The Healthy Families Invercargill team saw a systems approach as:

• engaging willing community participants to spread ideas through the system.
• taking into account the wider environment.
• finding places to take action and measuring additional ripples throughout the system.
• aiming for sustainability so others could continue the momentum with or without Healthy Families NZ.

• understanding the context of the wider environment and opportunities to take action, including how different parts, policies or practices may interact and affect each other.

• Developing and aligning the vision and models for systems change.

### 10.2.5 The Principles and Building Blocks for a strong prevention system

A key feature of the Healthy Families NZ initiative are the Principles and Building Blocks to guide the development of strong prevention systems. The following summaries are organised by this framework as action in these areas are indicators of the fidelity and quality of implementation of Healthy Families NZ approach in each location.

**How the Principles were used for systems change**

The workforce key informants said they actively considered the seven Principles and found them useful to guide their everyday work. All but one agreed they understood them all. While they noted that different initiatives align more or less strongly with the different Principles, “Collaboration for Collective Impact” was seen as the most useful. “Line of Sight” was seen as the least useful but still half agreed it was useful. Several key informants pointed out that sustainability is a principle they consider carefully within their work for system change yet it is not included among the seven Principles.

**Building Block 1: workforce**

The Healthy Families Invercargill workforce appear to have been effective in establishing and contributing to several initiatives across the health focus areas of physical activity, nutrition, reducing alcohol related harm and smoking. The workforce appeared to have a largely consistent view of approaches to systems change, with investment in professional development geared towards this goal and additional staff being employed to support the work. Areas in which they were upskilling included developmental evaluation, with the help of a new specialist team member, and responsiveness to Māori. While there has been staff expansion and small turnover, there has also been consistency in several positions that appears to have allowed the team’s momentum to continue to build.
Building Block 2: leadership

The Strategic Leadership Group were using their networks and spheres of influence effectively to support Healthy Families Invercargill. Healthy Families Invercargill cited in their monitoring reports many instances where Strategic Leadership Group members advanced initiatives, or challenged existing policies and practices, to create a healthier Invercargill.

Most key informants saw the Strategic Leadership Group as having a good mix of people and sectors. Particularly important were the participants from the City Council, Licensing Trust and the health sector. However, initially some in the local health sector expressed concerns about potential conflicts of interest by having an Invercargill Licensing Trust member on the Strategic Leadership Group and this was effectively managed by the lead provider. While Invercargill is often seen as a well-connected close-knit community, several of the Strategic Leadership Group members from different sectors and organisations had never worked together before and were now partnering on initiatives for the first time.

Building Block 3: relationships and networks

About half of the partners surveyed reported that collaboration between organisations had increased in the past two years. Healthy Families Invercargill was recognised by most key informants as engaging widely in the community and influencing and supporting collaboration and communication across organisations. New organisational and community networks have been established. The workforce and Strategic Leadership Group also reported having extensive existing networks to draw on in the Invercargill area. They noticed some inter-organisational relationships improving, sometimes with partners they had not expected.

The strength of relationships with Prevention Partners were seen as being at different levels and linked to the partners’ understanding of how Healthy Families Invercargill operates.

*Partners are all different in different levels. I think the more we’ve built a relationship with Prevention Partners and they’ve got an understanding of what we do practically it has helped hugely. Especially as we’re not delivering, we’re working to build sustainable, healthy systems change, which is difficult to explain without examples. And once they understand our approach, and how we operate, you find that they’re coming back to us to expand on the partnerships, initiatives or discuss other ideas, or bring in other opportunities or other people/organisations into the conversations.* (INV9)
Some initiatives had been particularly effective at bringing diverse stakeholders together which led to several subsequent collaborative initiatives, such as Murihiku alcohol action, Choice As Sizzle, Let’s Play Southland, Our Local Good Food Network, Plunket Community Garden, creation of a Disc Golf Course in Queens Park, establishment of the Community Events Network and the Healthier Choice. Healthy Families Invercargill acknowledged the positive role of the Ministry of Health’s national team in helping them to develop relationships at the national level. Key informants also reported ongoing relationship challenges with some of their local health sector partners.

**Building Block 4: resources**

Key informants identified that in recent years there was a growing alignment and sharing of resources through collaborative initiatives. Community Trust of Southland, Invercargill Licensing Trust and the Invercargill Active Communities Funding Scheme funding had been secured for some key initiatives. Key informants also cited examples of agencies jointly funding work, either in-kind or financial, for collaborative initiatives. Some of the workforce found the Healthy Families NZ approach to be a distinctively new way of working in relation to expectations of resourcing.

> Before I had this job ... it always was felt that really to get change you ... had to come with some resource of something. But in this job I realised you actually don’t need to do that, you can use what’s in the system already. (INV7)

The Action Budget was seen as useful as it could help seed sustainable systems changes at appropriate points in an initiative. So while at times the team had used the Action Budget it was not considered necessary for the majority of the Healthy Families Invercargill work. Arriving at this view had evolved over time as Healthy Families Invercargill had increasingly seen their role as more about leveraging resources that already existed and understanding that effecting systems change did not require Action Budget funding.

**Building Block 5: knowledge and data**

The Healthy Families Invercargill team viewed data as really important to inform their work to help understand, frame and communicate issues and action, and sought a range of qualitative and quantitative information. The value they placed on knowledge and data is reflected in their decision to employ an evaluation specialist that they report has increased their team’s capacity to use data to inform their work, and improve their own practice. The team used data and knowledge across most stages of their initiatives and particularly valued the use of multiple methods and sources such as official statistics, local surveys, community stories and observation to develop insights.
It also appears that the evaluation specialist has assisted the team to develop a more systematic approach to data and underpinning structure. This appears to be helping them to interrogate and explore their activities, impact and thinking from a systemic perspective with greater ease. They also noted that it could be a challenge to access data specific to Invercargill because statistics are often reported for larger geographical areas.

10.2.6 Prioritising settings and activities

As part of their prioritisation, Healthy Families Invercargill initially focused on settings. The settings included early childhood education, workplaces, public spaces, sports clubs, events and marae. The six respondents to the Workforce Survey indicated that the settings that staff most frequently work in are education, health, and community events and spaces. The most common focus area that Healthy Families Invercargill had in their initiatives was nutrition, closely followed by physical activity, then alcohol and smoking.

The workforce learned to manage expectations when working in settings, though this was sometimes difficult when partners expected service delivery or “quick wins”. The team reported a gradual shift over time towards considering the system that includes settings, rather than focusing simply on settings alone. The team used co-design and community-led approaches to develop initiatives within particular settings. Existing relationships of the workforce and Strategic Leadership Group members were used, where applicable, as the entry point into settings, particularly during design and prototyping of initiatives. Entry points were determined by the team as the best place to engage the system that could serve as an entry point for broader changes and were informed by community voice, data and local knowledge. The team considered it important to listen to what potential partners believed was needed in their communities and emphasised a strengths-based approach.

Te Tiriti o Waitangi

Healthy Families Invercargill had a local marae leader on their Strategic Leadership Group and had established a Māori Advisory Group for the initiative. The team reported positive relationships with local runanga and iwi representatives and were learning more about how to be culturally responsive, including three staff passing certificates in Te Ara Reo in 2016. Nevertheless, like most other Healthy Families NZ locations, a focus on equity was a bigger driver for engaging with Māori than an explicit consideration of Te Tiriti o Waitangi, consistent with the Health Families NZ Equity Principle.
Initially the team’s focus was on building relationships, understanding strengths and identifying local Māori leaders who could use their influence to help lead sustainable healthy systems changes for and within Māori communities. This had evolved into exploring a range of opportunities with Māori leaders and communities, some of which had been implemented by late 2017. Healthy Families Invercargill reported that their respectful approach to working with Māori communities that allowed them to lead and set the pace, was particularly appreciated by local Māori leaders.

Some examples of initiatives the team had done with Māori includes the sugar-free Matariki and the Marae Fun Day. They were also exploring a number of other ideas with Māori leaders.

**Equity**

While leaders wanted Healthy Families NZ to reach those most in need, many were wary about initiatives that singled out individual groups too much, because it had the potential to negatively stigmatise those groups and make it harder to reach them. This concern was one reason the Strategic Leadership Group believed initiatives should be pitched largely at the population level and be sensitive about the messages they send. Nevertheless, the team found ways to reach Equity populations with positive approaches.

In addition to activities and approaches noted above that help address Māori equity in health outcomes, the team also prioritised settings and activities to reach other priority equity groups, such as Pasifika, vulnerable families that have little support or poor food security. Many of these activities were in the exploration phase but some looked promising.

### 10.3 Outcomes and changes in the prevention system

The main changes to the prevention system in Invercargill that were identified through multiple data sources are outlined below.

- The “Our Club” collaboration led by Healthy Families Invercargill has developed an approach to working with sports clubs to support healthier club environments.

- Establishing an Events Network that enabled a focus on making events healthier, including food, beverage and alcohol. Specific initiatives have developed from the Network, including training for mobile food vendors about healthier options; Invercargill City Council policy change for healthier options being available at events; and co-creating tools and systems with event organisers to support healthier events.

- Murihiku Alcohol Action –brought a wide variety of organisations together to consider Invercargill and Southland centric alcohol issues and plan action to reduce harm. An alcohol
research report was undertaken and four action teams with specific collaborative initiatives have developed as a result, continuing momentum.

- Invercargill City Council adopting a “Smokefree Areas Policy”. Healthy Families Invercargill within Smokefree Murihiku, an existing collaboration, activated significant local leadership to successfully advocate for an Invercargill City Council Smokefree Areas Policy.

- The “Choice as Sizzle” guide for healthier fundraising barbecue opened the door to conversations about creating healthier environments across sports clubs, schools, workplaces and community events. Choice as Sizzle has been adopted in regions across the country.

- Establishing Invercargill’s first Disc Golf Course through a partnership between Invercargill City Council, Youth Council and Disc Gold South.

Following are additional positive changes to the prevention system that were identified but only through one source of data.

- The level, range and resources toward collaboration has increased over the last two years, with the following results from the Partner survey:
  - 44% (26 of 58) said the level of collaboration with other organisations had increased; 19% (20 of 58) said it was the same; one said there was less collaboration; 20% (12 of 58) didn’t answer
  - 41% (24 of 58) said the range of organisations they worked with had increased; 40% (23 of 58) said it had stayed the same; 19% (11 of 58) didn’t answer
  - 45% (26 out of 58) said their organisation had redirected resources to better align with collaborative initiatives.

- Multiple members of the Strategic Leadership Group identified actions they have taken to make or advocate for changes aligned with smokefree environments, reducing hazardous drinking, improving nutrition or physical activity within their organisation and beyond.

- Influencing leaders in the community to champion prevention within their spheres of influence, such as The Warehouse Invercargill becoming interested in promoting health through supporting Choice as Sizzle and disc golf, and Invercargill Licencing Trust engaging in collaborative processes to consider healthier environments.

- Sport Southland, with the Healthy Families Invercargill team, have increased efforts to promote health and wellbeing through sports/physical activity focused events and programmes. Supported increasing awareness within Sport NZ of systems approaches and role of wellbeing in community sport.
• Instigating the Chamber of Commerce Business Excellence Award for Workplace Wellbeing which was launched in 2017, with ‘12 applicants’ (INV5), supporting and recognising a focus on wellbeing in workplaces. Business award activity supported by other workplace focused activities over preceding 18 months.

• Secondary school food environments commitment to Water Only school policies and participation in “Rethink your Drink” campaign as well as work with school canteens.

• Resources, training and guidance developed or enabled to support healthier food and beverage options through events and retail outlets such as:
  • Choice as Events Guide and prompts in funding applications
  • Café healthier options signage
  • Healthy Conversations Training
  • Chip training for food vendors.

• Working with Pita Pit who agreed to remove fruit juice from school lunch menu. Of the 29 schools in Southland Pita Pit provide lunches, no school has requested juice be put back on menu.

• Establishing the Plunket Community Garden.

• Basketball Southland trialling ‘Water Only’ player of day certificates.

• Let’s Play Southland Network established and working together to identify professional development for teachers around physical activity within early childhood centres.

• New opportunities for physical activity by encouraging CBD walks by creating walking maps.

• Play pods developed and distributed through Invercargill for groups to book and use.

10.3.1 Descriptions of the outcome stories

Story One: Murihiku Alcohol Action

The outcome description below suggests a strengthened system developed for action on alcohol, through more organisations involved, more sections of the community providing input, and sustained action building momentum and feedback within the system.

During the establishment phase of Healthy Families Invercargill, hazardous drinking was highlighted as an issue for Invercargill in two ways. First, the existing data suggested that Southland had the highest rate of hazardous drinking of any District Health Board area; second, the data did not tell a useful picture for hazardous drinking rates and issues specific to Invercargill.
To address this, Healthy Families Invercargill formed a partnership with Accident Compensation Corporation (ACC) and the Health Promotion Agency to run a community alcohol hui in March 2016. Drawing upon contacts within the three organisations and the Healthy Families Invercargill Strategic Leadership Group, 25 organisations attended the hui. These included:

- health organisations
- Invercargill Licencing Trust
- sports clubs
- youth organisations
- Invercargill City Council
- local representatives of government ministries
- schools.

A key outcome of the first hui was the commissioning of research to get a better understanding of alcohol use and issues for Invercargill, including insights gathered from the hui itself. This report, “Our Voice: Addressing alcohol harm in Murihiku / Southland”, was produced in early 2017 with a second hui organised to consider the report findings. The second hui resulted in four action teams being established to match the recommended areas for action in the “Our Voice Report”.

The “Our Club” initiative grew out of the hui. Several other activities can be identified coming out of the working groups. For example, the Youth/Parent Action Team that seeks ongoing engagement with young people and the co-design of messages for parents about the social supply of alcohol, and exploring funding for alcohol and drug kaimahi attached to secondary schools. The Events / Venue Action Team have also worked on several other activities, some of which cross-over with the Events Network, such as changes to Christmas at the Races.

In the Partner Survey, 10 respondents identified alcohol harm reduction as a change in the prevention system. The Healthy Families Invercargill workforce and members of the Strategic Leadership Group consistently identified the “Alcohol Action Hui” and subsequent work by action teams as important work. Key informants from partner organisations were aware of their work.

The connection between ACC, Health Promotion Agency and Healthy Families Invercargill has been strengthened through this work. Some key informants also identified an increase in the type and number of organisations involved in discussing alcohol. The engagement of the Invercargill Licensing Trust and event organisers was identified from multiple perspectives as important to changing practices, despite the misgivings of the local public health sector.
Contribution of Healthy Families Invercargill

The Healthy Families Invercargill team have been heavily involved in establishing the Alcohol Action Group, developing the partnerships from which the “Alcohol Action Hui” and subsequent action teams occurred. The team coordinate two of the four action teams and provide the communications. The Our Voice research report was funded in collaboration with Accident Compensation Corporation and Healthy Families Invercargill. In the Partner survey, of the 10 respondents who identified alcohol harm reduction work as a change in the prevention system, nine thought the change would have been less likely to occur without Healthy Families Invercargill.

Story Two: Events Network

A Community Events Network has been established in Invercargill, involving a number of event planners, Invercargill City Council, funders of community events, venue managers and mobile food vendors. The network was initiated by Healthy Families Invercargill and now co-facilitated by Healthy Families Invercargill, Sport Southland, and Venture Southland. The network is a new resource within the local prevention system and creates new connections across the system. The Community Events Network was identified as an outcome by workforce and Strategic Leadership Group key informants. Twenty-three respondents in the partner organisation survey identified healthier options at events as a change in the prevention system, with half of these identifying the change as ‘extremely’ or ‘very’ important.

The Community Events Network has grown from focused activities starting in early 2016, to work with individual events to increase the range of health food and beverage options available. An example is the 2016 Invercargill City Council “Surf2City” event, where a “Choice as Sizzle”, fresh fruit and water were the options available. A criteria was set with sub-contractors to not allow deep fried food, confectionary or sugary drinks. These example events acted to promote the work of the Healthy Families Invercargill team and also testing the concept of a healthier option event.

The Healthy Families Invercargill team worked with a small number of event organisers to develop a “Choice as Events” guide as well as guidelines for food contractors. Two major funders of community events have made available on their websites the “Choice as Events” and food vendor contracting resources as well as adding a question to funding applications about what healthy food options will be available, if food and beverages are being offered at the funded event.

An ongoing Community Events Network was established through the connections and momentum built from the focus on specific events and developing resources. The Network has since identified areas for further development, such as identifying and working with mobile food vendors, sugary
free events and providing healthier options. The Network’s focus on alcohol has also grown, with support given to reducing alcohol harm at the Christmas at the Races event. The Network is also discussing the potential of mobile water stations for events.

**Contribution of Healthy Families Invercargill**

The Healthy Families Invercargill team established the network and continue to co-facilitate the network. The team were highly involved in early efforts to support individual events and creation of the network. Out of the 22 respondents within the Partner Survey identifying healthier options at events as a change in the prevention system, nearly half (10) thought that these changes would ‘probably’ or ‘definitely’ not have occurred without the involvement of Healthy Families Invercargill.

**Story Three: Choice as Sizzle**

This outcome story relates to development of a product that has been used as an entry point for conversations about promoting health across a variety of settings. It was also an early example and testing of a co-production approach with key Prevention Partners with whom the Healthy Families Invercargill team continue to work closely.

In the early phase of establishing Healthy Families Invercargill, the team identified that sausage sizzles were very common across Invercargill and were a regular feature of fundraising events. Working with the Heart Foundation, WellSouth, Invercargill City Council, Cancer Society, Southland DHB, Sport Southland, Health Promotion Agency and New Zealand Fire Service, they developed a “Choice as Sizzle” guide to provide advice on holding a healthier sausage sizzle.

They trialled “Choice as Sizzle” at some events, such as Invercargill City Council Surf2City in 2015, ILT Kid Zone, as well as individual rugby clubs and schools where they had existing relationships. A sustained trial then took place at The Warehouse store, where community fundraising BBQs are held most weekends. They collaboration made changes to the guide based on these early trials.

Since then, the initiative has grown. Following is a list showing the steady spread and pick up of the “Choice as Sizzle” guide.

- A number of schools have run “Choice as Sizzle” events.
- The Warehouse Limited Invercargill agreed to trial “Choice as Sizzle” in 2016 and then adopted as policy from January 2017 for those who book community BBQ.
- Sport Southland will only run “Choice as Sizzle” at any events they organise, and all events have the criteria of no deep fried food, confectionary or sugary drinks.
A number of events have run “Choice as Sizzle” as well as considering healthier food and beverage options more widely supported by the “Choice as Events” guide.

Invercargill City Council events team agreed to promote “Choice as Sizzle” for events.

Workplaces agreed to trial “Choice as Sizzle” for staff BBQs.

Hawke’s Bay District Health Board has picked up “Choice as Sizzle” and is interested in picking up the Event guide.

Healthy Families Christchurch, Lower Hutt and Far North have picked up “Choice as Sizzle”.

The Warehouse stores in Oamaru and Queenstown have committed to adopt “Choice as Sizzle” as the preferred approach for fundraising barbeque at their stores.

As one key informant stated, “Choice as Sizzle” has been “neat” because it targets the system around sausage sizzles including those who conduct the sizzle, the sizzle venues, food suppliers and funders of community events.

In terms of the prevention system, “Choice as Sizzle” appears to help open the door for conversations with schools, workplaces, event organisers and community groups about ways of promoting healthy or healthier options. As a partner survey respondent stated, more people are talking about healthy options because of implementing the “Choice as Sizzle”.

During the earlier stage of the initiative, “Choice as Sizzle” helped to raise awareness of the Healthy Families Invercargill team. It seemed to provide a message that Healthy Families Invercargill were interested in supporting healthy options, rather than taking away choice, which some key informants thought was important from their perspective. A number of the organisations that initially agreed to give “Choice as Sizzle” a go have been key partner organisations to get involved in, or trial, other initiatives.

**Contribution of Healthy Families Invercargill**

The Healthy Families Invercargill team have been integral, leading the co-production of “Choice as Sizzle”, and to the continued promotion and availability of “Choice as Sizzle”. They have made numerous connections with organisations to give “Choice as Sizzle” a go, as well as worked with event funders to promote it. Action Budget was used for design of the “Choice as Sizzle” guide.
Story Four: Smokefree Areas Policy

Coming into effect in November 2017, the Invercargill City Council adopted a “Smokefree Areas Policy” that covers much of Invercargill CBD. The policy includes cigarettes and e-cigarettes. Raising awareness of the policy will begin in 2018.

Having a “Smokefree Areas Policy” adopted by Council is an example of policy change within the prevention system. Getting to the point of having a policy is an example of collaborative and sustained effort.

The Invercargill City Youth Council initially raised the idea of a smokefree CBD. Advocacy on the policy was taken up by “Smokefree Murihiku” which is a collaborative between the Cancer Society, Heart Foundation, Public Health South, Nga Kete mātauranga Pounamu Charitable Trust, Awarua Whānau Services, WellSouth Primary Health Network and Healthy Families Invercargill.

Several key informants identified the Council adopting the Policy as an important achievement. Within the Partner Survey, 11 respondents identified “Smokefree Areas Policy” as a change within the prevention system, with nine of these rating the change as ‘extremely’ or ‘very’ important.

Contribution of Healthy Families Invercargill

The Healthy Families Invercargill team, as part of “Smokefree Murihiku”, have contributed by leading, what multiple key informants described as innovative and important submissions to Council on the policy. This included getting people to write their thoughts on smokefree public spaces on a vacant shop window and submitting these images to the Council. Healthy Families Invercargill also made a video submission of people from across Invercargill supporting the “Smokefree Areas Policy” which some key informants viewed as having had a positive impact on Council decisions to support the Policy.

Story Five: Disc Golf Course

The Disc Golf Course opened in November 2017 within Queens Park, Invercargill. The Disc Golf Course provides an additional means of actively using an existing park space. The Course represents a new investment in physical activity infrastructure, funded by Invercargill Licensing Trust, Community Trust of Southland and Active Communities Fund of Invercargill City Council.

Healthy Families Invercargill initially got involved in discussions between the Invercargill City Youth Council and Disc Golf South, with both showing interest in establishing a course in Invercargill. Over 12 months of collaborative planning and advocacy between Disc Golf South, the Invercargill
City Council and Healthy Families Invercargill led to the course being approved by Council, funded and built.

Several relationships developed through other Healthy Families Invercargill activities have been used to support the free to public Disc Golf Course. For example, The Warehouse Invercargill store hosted a “give it a go” day, with portable disc golf baskets set up in their carpark. An official launch was hosted with Sport Southland, with over 250 attendees.

The free Disc Golf Course has been embraced by local schools and families as a way to get active outdoors.

It was identified as a successful initiative by several key informants and six participants in the Partner Organisation survey.

**Contribution of Healthy Families Invercargill**

The Healthy Families Invercargill team have led much of the work in getting approval for the Disc Golf Course, applying for funding, organising supports for shops that will supply discs and course maps. The team have also been involved in promotion of the new course with Disc Golf South and Invercargill City Council. Five of the six respondents in the Partner Survey who identified Disc Golf Course as a change in the prevention system thought Healthy Families Invercargill were important in this occurring.

**Story Six: Our Club initiative**

Coming out of the community Alcohol Action hui, a sports club action team was established, responding to a need identified from within sports clubs. This has grown into the “Our Club” collective (10 agencies). “Our Club” is an approach to working with sports clubs to identify the values and aspirations of the club around health and being family friendly. A series of supports and programmes are then tailored to suit the club. While originally focused upon alcohol, the focus has broadened to include a range of health related areas.

The “Our Club” initiative has initially focused upon rugby. It has strengthened relationships between Rugby Southland and the NZ Rugby Union, and local alcohol licencing and health agencies. In late 2017, four rugby clubs had engaged in “Our Club”. From work of this collective, they identified and delivered specific support and training for clubs around alcohol licencing.

Several key informants identified “Our Club” as an important initiative, showcasing a collective approach to creating health promoting environments. As one key informant noted, no external
funding has been required to date because agencies have been able to align their existing
resources to support the collective initiative. Key informants saw it as a positive development that
clubs themselves were identifying the need to consider how their clubs could promote health, and
were bringing regional and national rugby sporting bodies along.

**Contribution of Healthy Families Invercargill**

The Healthy Families Invercargill team have taken a co-coordination role in the “Our Club”
collective. They provided staff time and communications and design support.

### 10.4 The challenges and successes

From 2014-2016 achieving sustainable, long-lasting change was seen as a challenge in terms of
showing that change in the short term. This was exacerbated by the team’s experience of some
local resistance to change from entrenched public health attitudes and interests, and a perceived
lack of policy support at the government level on some key issues. The team initially also felt
pressure locally to keep being seen to be “doing” things which could detract from their longer term
focus on systems change. This tension contributed to the difficulties they experienced initially, in
deciding how to prioritise their work and how to measure success over the generational change
required.

The major successes identified for Healthy Families Invercargill were twofold. First, their wide
community consultation and the relationships they have built with diverse partners. Second, their
innovative thinking, or new way of doing things, that was seen to have increased the number
and influence of a number of individual initiatives in Invercargill that have led or contributed to
change. This includes the Invercargill City Council’s “Smokefree Areas Policy”, Sports club initiatives
“Our Club”, Disc Golf, Let’s Play Southland, Choice As Sizzle, the Healthier Choice, Community
Events network, Murihiku Alcohol Action and the Our Local Food network. Because of their focus
on sustainability, these initiatives had now taken on a life of their own, including some, such as
“Choice As Sizzle” and “Choice as Events”, which are now being trialled in other Healthy Families
NZ locations and other non-Healthy Families NZ regions.