Community-up system change for health and wellbeing

Healthy Families NZ
Summative Evaluation Report 2022

VICTORIA UNIVERSITY OF WELLINGTON
TE HERENGA WAKA

Community-up system change for health and wellbeing

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Foreword

Healthy Families NZ aims to create a healthier Aotearoa by addressing the systems and environments that impact our health and wellbeing. We know that in healthy environments, children learn better, workplaces are more productive, people are healthier and happier, and communities thrive.

When Healthy Families NZ was launched in 2014, it represented a new approach to preventing chronic disease, one that recognises the importance of a systems change approach, along with existing population health efforts. Healthy Families NZ recognises that many of the conditions that hold complex problems in place can be influenced by organisations that sit outside of the traditional health sector, and that no one organisation, sector or community can work alone in achieving pae ora (healthy futures).

This Summative Evaluation Report is the fourth report for the initiative and has a specific focus on the last four years of implementation (or 'Phase 2'). It is clear that Healthy Families NZ is delivering a unique and game-changing approach for the health and wellbeing of communities. This initiative has taken, and continues to take, an explicit focus on improving equity and health and wellbeing outcomes for Māori.

This evaluation report also demonstrates the importance and impact of true partnership in design and implementation. This report highlights the significant role the Healthy Families NZ teams have played with and alongside their communities. It is clear from this report that Healthy Families NZ is not only community-led, but systems-focussed in its design and grounded in mātauranga Māori.

I would like to thank to the Healthy Families NZ location teams, the evaluation team and other partners for their commitment, passion, and hard work over the past eight years and look forward to seeing the impact of the next phase of Healthy Families NZ.

Deborah Woodley
Interim Director, Population Health Commissioning
Te Whatu Ora — Health New Zealand

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*** See also Appendices — separate documents**

Key Findings

Healthy Families NZ teams are contributing to improved health and wellbeing in their communities

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- Healthy Families NZ teams' are increasing the leverage of relationships and funding in innovative ways to act for health and wellbeing (p. 79, 124)
- Healthy Families NZ teams' are shifting power to communities through the tools and methods they use, enabling communities to assert more ownership, voice and influence on issues that affect them (p. 74–80, 100–104)
- Healthy Families NZ is contributing to growing momentum for system change practice relating to health, wellbeing and equity (p. 55, 109, 112)
- Healthy Families NZ is creating opportunities for improving community health, wellbeing and equity through increased actions and policies of local government (p. 74–79)
- Healthy Families NZ has been effective within different Lead Provider contexts (Sports Trusts, Māori and Pacific providers and social change agencies as well as local councils)
- Healthy Families NZ takes a holistic approach to wellbeing, in response to Māori knowledge and drawing on community leadership capacity, to act on multiple, interconnected health issues (p. 108–112)
- Healthy Families NZ could build futher on current activities, and focus more directly on tangible changes within social, physical, natural and policy environments at different levels (organisationally, locally and nationally) (p. 132)

Healthy Families NZ is delivering significant value for money

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Across all Healthy Families NZ locations there is an intentional focus on Māori and Pacific health and equity

- Healthy Families NZ provides tangible insights and examples about how teams are working well with Māori, (and non-Māori) in pursuit of Māori health and equity (p. 100–102)
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- Healthy Families NZ teams are taking the lead in their wider community networks on promoting kaupapa Māori (normalising Māori ways of knowing and being), mātauranga Māori and the use of traditional knowledge such as maramataka (p. 55, 100–102).
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Healthy Families NZ continues to make successful progress, keeping integrity with the purposes of the initiative

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- The Healthy Families NZ workforce are seen as highly skilled in shifting mindsets, influencing local policy, connecting different partners and communities and facilitating effective collaboration practices (p. 54)
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Executive Summary

Introduction

This Summative Evaluation Report describes the findings of the national evaluation of Healthy Families NZ following the last four years of implementation of the initiative ('Phase 2' or late 2017 until end of 2021). This evaluation builds on the previous evaluation findings (2014-2017).

Healthy Families NZ is a community prevention initiative that focuses on creating healthy, more equitable communities.

Healthy Families NZ recognises that communities are best placed to understand and prioritise their own health and wellbeing.

The initiative aims to improve people's health where they live, learn, work, and play by taking a 'systems change' approach to preventing chronic disease. Healthy Families NZ focuses not only on the multiple risk factors for chronic disease but the 'wider determinants' of health and takes a placed-based frame that enables the initiative to be driven by local leadership and responsive to the local context.

Healthy Families NZ has an explicit focus on improving equity and health and wellbeing outcomes for Māori.

Healthy Families NZ currently has 11 teams (only 10 are included in this evaluation) across nine locations embedded in a range of Lead Providers including Iwi, Whānau Ora, Local Government, Regional Sports Trusts and Pacific-led Social Change organisations. The current Healthy Families NZ locations are: Far North, Waitākere, South Auckland, East Cape, Rotorua, Whanganui Rangitīkei Ruapehu, Hutt Valley, Christchurch and Invercargill (see Figure 1).

Waikato has also recently become a location but is not included in this Evaluation Report.

Each location has its own unique systems and environments that impact the health and wellbeing of the people who live, learn, work or play there. Each Lead Provider was chosen as they were best placed to work in partnership with the communities and organisations in their location to create sustainable change. Taking a location approach acknowledges that the most effective and sustainable solutions to health and wellbeing challenges are best driven by the people who are most affected.

The Healthy Families NZ journey has been to implement a national initiative that responds to the unique context of each location. Through aligning guiding principles, being outcome focused, maintaining a high-trust partnership with the Ministry of Health, Lead Providers, and community champions, the approach has been tested, learnt and adapted along the way, to create impact within the involved communities. A workforce has been built that is skilled in social innovation, systems thinking and comfortable to learn by doing.

The Healthy Families NZ national evaluation was commissioned/lead by Ministry of Health until 30 June 2022. On 1 July 2022, the Healthy Families NZ national team, and all provider contracts (including the contract for the Healthy Families NZ national evaluation) moved to Te Whatu Ora — Health NZ. For the purposes of this evaluation, the Ministry of Health reflects the context of the Healthy Families NZ national team at the time of writing.

The prevention system

A key goal of Healthy Families NZ is to strengthen the prevention system. For this evaluation, the prevention system is defined as the systems of actors, information and relationships that are working to improve health and wellbeing. These are the environments, infrastructure, and societal structures that can enable health and wellbeing, and includes:

Mauriora (cultural identity)
Waiora (physical environment)
Te Oranga (participation in society)
Toiora (healthy lifestyles)
Ngā Manukura (leadership)
Te Mana Whakahaere (autonomy)

Evaluation design and questions

For this second phase of Healthy Families NZ (2019-2021), the evaluation continues to use a comparative case study design. A range of analytical strategies have been deployed including Qualitative Comparative Analysis (QCA), multi-perspective case analysis, longitudinal analysis of health and wellbeing status, and cost-consequences analysis (economic evaluation). Data has been collected through interviews, provider reports, cost information, stakeholder surveys, extracts of national survey and administrative datasets, and outcome narratives.

The evaluation builds on previous evaluation phases. The focus however has shifted from specific health risk factors as outcomes to consider health and wellbeing more broadly and looks for evidence that the overall prevention system has been strengthened.

This evaluation is guided by six key evaluation questions (KEQs). Each of these is addressed in turn.

1

KEY QUESTION

What has been the quality of Healthy Families NZ implementation in each location?

Healthy Families NZ continues to be implemented with integrity to its intention and purpose. Across all locations there is a clear sense that the teams have progressed their application of systems thinking work and their approaches are more tailored to local community priorities, as determined by communities. Core practice includes systems informed tools and methods. The framework, *Six conditions of systems change*, was widely used by teams coupled with mātauranga and tikanga Māori and Māori systems approaches. Community stakeholders reported positive experiences of co-design and other planning initiatives facilitated by the Healthy Families NZ teams.

Storytelling and narrative change stories are shifting mindsets. They make visible how change happens, and that change is possible, influencing decisions and reducing perceived barriers. Shifting mindsets can also lead to systems change and better prioritisation of system-level responses, the application of mātauranga Māori and strengths-based approaches. Storytelling has also been important because it speaks to intentionality, and a broader view of wellbeing.

At a community level, a new 'community-up' leadership approach is evident, one that enables more people to be leaders particularly those with less structural power such as rangatahi.

The tikanga of māhaki (humility) is emerging. Teams increasingly know when to step back and let other partners or community members take the lead. Elevating community voices also has an important advocacy function and helps teams to decide priority activities to focus on.

In all locations, there was a clear valuing of local insights as a data source. While teams made use of many mainstream quantitative data sources, they equally prioritised community insights.

The leadership abilities of the Healthy Families NZ teams, particularly their readiness to promote and support the leadership of others in the community was well received. A more behind the scenes and distributed leadership approach is apparent.

The Healthy Families NZ workforce were seen as highly skilled; shifting mindsets, influencing local policy, and for their ability to connect different partners and communities. Consequently, they are highly sought after by other organisations which in turn has created workforce retention issues for some Healthy Families NZ teams.

The evaluation finds that the quality of implementation across the location teams is high and there is evidence they are generating momentum for prevention.

2

KEY QUESTION

What have been the most important factors/aspects that have contributed to changes identified in the prevention system of each Healthy Families NZ location?

A number of factors have been identified that are contributing to changes in the prevention system.

The tools and methods used by the Healthy Families NZ teams are shifting power to communities enabling them to assert more ownership, voice and influence on issues that affect them. The role of community voice, leadership, priority setting, and solution generation have been especially evident.

As the evaluation concluded in the last phase, local government is a central actor for leading and supporting local health and wellbeing. The different Healthy Families NZ teams have had varying degrees of connection and substantial success with local councils advocating for healthier local policy and healthier events and public spaces.

Intentional collaboration and more distributed and 'community-up' leadership is showing the potential for shifting the local system 'purpose' towards health and wellbeing. With collaboration and local engagement working well when it is intentional, deliberative and resourced.

The teams' have been using innovative ways of leveraging relationships and funding for action on health and wellbeing. And their capacity for promoting evidence-based action was highlighted during the COVID-19 pandemic.

Other factors that have contributed to prevention system strengthening include the permissive nature of systems thinking and practice within different community and cultural contexts; the strong focus on equity which has enabled it to spread, to become a more concrete goal of other organisations.

The collective impact of all the teams, the sharing and learning across locations, has enabled effective practice to be accelerated. And a close and responsive relationship between the Healthy Families NZ teams and the Ministry of Health has led to high levels of trust, with practical consequences for sharing challenges and opportunities which can be acted upon.

3

KEY QUESTION

To what extent has there been an improvement in health and wellbeing in Healthy Families NZ locations?

According to Te Pae Māhutonga the Healthy Families NZ teams are contributing to improved health and wellbeing. Healthy Families NZ teams are taking a 'whole-system' approach and their mahi/activities are impacting Mauriora, Waiora, Te Oranga, Toiora, Ngā Manukura and Te Mana Whakahaere.

Te Oranga (participation in society) shows the strongest emphasis with a very clear focus in the Healthy Families NZ initiative on ways and methods for increasing meaningful societal participation. Mauriora (cultural identity) is being impacted through the permissive nature of systems thinking and the resonance with Māori ways of knowing. Ngā Manukura (leadership) is a central focus of the teams particularly building local leadership in the context of system strengthening through distributed leadership. There is some impact on Waiora (physical environment) and Toiora (healthy lifestyles), but this impact could be strengthened and accelerated. The prevention strengthening activity is contributing to greater community agency on the pathway to Te Mana Whakahaere (autonomy). This is achieved through the ownership the teams themselves feel and the goals, tools and methods the teams are using to engage with their local communities.

Quantitative data sources (New Zealand Health Survey, B4 School Check) were explored to understand the health trends that are impacting the location areas.

Hutt Valley (Lower Hutt) showed the most improvement in health and wellbeing over time, followed by East Cape. Both areas had a greater number of indicators showing more improvement than worsening (within the locations and/or in comparison to the Rest of New Zealand).

Waitākere showed the least improvement over time, followed by Invercargill. More specifically, improvements tended to be seen in child health, particularly in body size and immunisations, along with tobacco use in adults. Aspects of health and wellbeing that tended to show deterioration were mental health, cardiovascular-related indicators, and unmet need for primary health care. Changes in physical activity and oral health varied across the location areas.

On balance, Māori living in Lower Hutt, East Cape, and Far North, experienced improvements in health and wellbeing with most indicators showing improvement over time (within the location areas and/or at least in comparison to the Rest of New Zealand). Improvements in these areas all came from improvements in health and wellbeing in Māori children. Māori living in Waitākere, Manukau and Invercargill experienced the least improvement in health and wellbeing.

4

KEY QUESTION

To what extent is Healthy Families NZ making a difference to Māori and Pacific health and equity; how and in what ways?

Healthy Families NZ teams have embraced the importance of Māori health and equity. Across all locations there is an intentional focus on Māori and Pacific health and equity. There is rich source of evidence which describe how and in what ways Healthy Families NZ teams are working with Māori (and non-Māori) in pursuit of Māori health and equity.

Healthy Families NZ is taking a leadership role in applying kaupapa Māori principles and enabling changes in the community and wider prevention system. They do this by using mātauranga Māori and te ao Māori concepts to explain activities, using tikanga to collaborate and build relationships and embrace ways of working that share power, which let communities lead and take ownership. In the Māori-led locations, teams were taking the lead in their wider community networks on promoting kaupapa Māori (normalising Māori ways of knowing and being), mātauranga Māori and the use of traditional knowledge such as maramataka. The teams in non-Māori Lead Providers have all made more obvious effort in this phase to integrate te ao Māori perspectives into their practice, and to work on deeper connections with local Māori stakeholders.

As a result, practical changes that impacted on Māori and Pacific health and equity particularly centred around the kai system were clearly evident. These included community gardens, food hubs, composting and education on growing food, marae initiatives, changes to food provision in education settings, kaupapa Māori approaches to engaging with communities to share their priorities for the food system and develop prototypes. In some locations, notably Whanganui Rangitīkei Ruapehu, mental health was identified as a major community issue resulting innovative solutions being implemented.

Kaimahi Māori (the Māori workforce) have been fundamental to leading, modelling and supporting tikanga and mātauranga Māori informed ways of knowing, being and seeing. In some locations, it has been harder to recruit for specialist Māori roles. Looking forward, the teams have agreed with the Ministry of Health national team that there will be specialist kaupapa Māori lead roles provided for in the next phase.

There has been a strong focus and resourcing of the Pacific workforce, especially in South Auckland, in recognition of the population size and entrenched inequalities at play. Whilst in other locations there has also been strategy to employ Pacific staff and identify and respond to needs of Pacific communities. As with other teams they found the underlying systems kaupapa of the initiative permissive in terms of these different and more comfortable ways of knowing and acting. The South Auckland teams see their biggest successes are in changing mindsets and disrupting the status quo towards more focus on health and wellbeing.

5

KEY QUESTION

To what extent has the prevention system in each Healthy Families NZ location been strengthened; how and in what ways?

Healthy Families NZ has contributed to strengthening the prevention system through:

- A uniquely skilled and sought-after workforce
- Improved local community agency
- Improved cultural and place identity
- Strengthened local food systems
- Strengthened collaboration for health and wellbeing
- Strengthened leadership for health and wellbeing
- Spreading and scaling of equity as a goal
- Spreading and scaling healthy settings and environments
- Better innovative local engagement methods
- Systems thinking and practice made more accessible
- Wider understanding of the role of local government in health and wellbeing

The prevention system has been strengthened in the locations through improved collaborative methods, growing local leadership capacity and finding new ways to leverage resources and relationships to disrupt the status quo.

Healthy Families NZ teams are working on issues that have been defined by local communities with local capacity to act on health and wellbeing improving.

Three indicators developed for the evaluation, *Leadership, Communities defining issues and solutions,* and *Systems practice* were identified as having the most leverage to impact the prevention system. All three indicators were consistently shown in most locations. This suggests that prevention is being seen as important across multiple organisations in the locations.

Across the locations the standout areas for change were: the food/kai system, development of resources promoting Māori systems thinking and mātauranga Māori, and physical environment change particularly relating to physical activity opportunities. Relatedly, policy was a key focus area in some locations but was not consistently influenced in all.

Healthy Families NZ is clearly demonstrating that comprehensive and effective action guided by local voices and local needs to address the determinants of health and wellbeing can be achieved. All Healthy Families NZ locations are being effective and generating momentum for prevention. The most potentially transformative changes in the prevention system were relational. The intentional and rigorous nature of collaborations, the enabling of more distributed leadership and the leveraging of relationships and resources for greater impact were common activities across the locations.

6

KEY QUESTION

How and to what extent is the initiative showing value for money?

This analysis provides evidence to assess and understand how and to what extent the Healthy Families NZ initiative is providing valuable outcomes relative to the investments made, i.e., value for money (VfM). The analysis uses a cost-consequences approach, exploring the costs and consequences of the Healthy Families NZ initiative.

The Ministry of Health funding for Healthy Families NZ is about $10 million annually in the second phase, totalling NZ$82 million over eight years, with funding averaging about NZ$8 per person per year across the 10 locations.

In responding to the *how* part of the VfM question, the analysis highlights multiple pathways by which Healthy Families NZ shows VfM, including: changing mindsets and systems; nurturing a strong workforce; following Māori principles; focusing on reducing inequities; investing and acting as a game changer in prevention systems; leveraging other resources; generating economic savings; being a pioneer on how work is conducted; filling a gap that no other organisation has occupied; effecting changes sustainably; and having ripple effects beyond the initiative.

It is more challenging to be conclusive in responding to the to *what extent* part of the research question. This is mainly due to methodological limitations associated with the complex nature of a systems change approach. Nevertheless, interview data show a unanimous agreement and appreciation of the 'enormous' and 'unmeasurable' worth of the initiative among staff, both in terms of what it is done with so little resource, as well as the value of how it is done. The initiative is in fact perceived as essential and indispensable for achieving effective prevention systems, a game changer, among others.

The cost of Healthy Families NZ seems relatively small or even marginal compared to other funding in the prevention field. There is not sufficient robust and comparable information to draw conclusions on funding or VfM across similar disease prevention and health promotion initiatives. The comparisons included in the analysis, however, serve to point at the relatively minimal funding size of Healthy Families NZ in comparison to the overall health prevention and promotion public budgets, including when compared to funding for specific interventions.

Intentional collaboration and more distributed and 'community-up' leadership is showing the potential for shifting the local system 'purpose' towards health and wellbeing.

FIGURE 1: HEALTHY FAMILIES NZ

1. Introduction and overview of Healthy Families NZ

What is in this report?

This Summative Evaluation Report describes the findings of the national evaluation of Healthy Families NZ following the latest four years of implementation of the initiative ('Phase 2' or late 2017 until end of 2021). This evaluation builds on the previous evaluation findings (2014-2017).

This report describes the Healthy Families NZ initiative; the evaluation approach and analytic strategies selected in response to the six Key Evaluation Questions (KEQ); and our evaluative conclusions and recommendations for the future of the initiative, and for contributing to better health, wellbeing and equity in general.

What is Healthy Families NZ?

Healthy Families NZ is a community prevention initiative that focuses on creating healthy, more equitable communities. Healthy Families NZ recognises that communities are best placed to understand and prioritise their own health and wellbeing. The initiative aims to improve people's health where they live, learn, work, and play by taking a 'systems change' approach to preventing chronic disease. Healthy Families NZ focuses not only on the multiple risk factors for chronic disease but the 'wider determinants' of health and takes a placed-based frame that enables the initiative to be driven by local leadership and responsive to the local context. Healthy Families NZ has an explicit focus on improving equity and health and wellbeing outcomes for Māori.

Healthy Families NZ currently has 11 teams (only 10 are included in this evaluation) across nine locations embedded in a range of Lead Providers including Iwi, Whānau Ora, Local Government, Regional Sports Trusts and Pacific-led Social Change organisations.

The current Healthy Families NZ locations are: Far North, Waitākere, South Auckland, East Cape, Rotorua, Whanganui Rangitīkei Ruapehu, Hutt Valley, Christchurch and Invercargill (see Figure 1). In late 2020, the Ministry ran an open tender process to identify provider(s) with the capability and capacity to lead the implementation of Healthy Families NZ in the Waikato region. In mid-2021, Healthy Families Te Ngira became the eleventh Healthy Families NZ location team but is not included in this Evaluation Report.

> Taking a community approach acknowledges that the most effective and sustainable solutions to health and wellbeing challenges are best driven by the people who are most affected.

The journey has been to implement a national initiative that responds to the unique context of each location. Through aligning guiding principles, being outcome focused, maintaining a high-trust partnership with the Ministry of Health, Lead Providers, and community champions, the approach has been tested, learnt and adapted along the way, in order to create impact within the involved communities. A workforce has been built that is skilled in social innovation, systems thinking and comfortable to learn by doing.

Healthy Families NZ was funded by the Ministry of Health, but from 1 July 2022 will be funded and lead by Te Whatu Ora — Health New Zealand. The initiative was initially funded for four years, extended for a further four years from 2018 to 2022 and recently extended again from 2022 to 2026.

For more information on the evolution of Healthy Families NZ since its inception, see Appendix A.

What is the prevention system?

A key outcome this evaluation is exploring is how and to what extent the prevention system has been influenced by the activities of Healthy Families NZ. This evaluation defines the prevention system as the systems of actors, information and relationships that are working to improve health and wellbeing. Strengthening the prevention system is a key goal of the Healthy Families NZ initiative. The evaluation is therefore interested in **observing any shifts towards a more comprehensive and community-led focus on the wide range of determinants that are known to influence health and wellbeing**.

As there is no definitive understanding of the prevention system, this evaluation draws on findings and feedback from the first phase of the evaluation (2014–2018) where interview participants shared their views of the prevention system. Participants described the prevention system as:

- **The environments, infrastructure, and societal structures that can enable health, including addressing barriers to access.** *"It's about finding ways to remove the barriers that make it difficult for people to live in a healthy way and so you do get into issues around inequalities and poverty"* (Strategic Leadership Group member)[1]
- **Involving every person and organisation.** *"The prevention system would look at who is doing what, where and how they're doing it, how that's going for them, what everyone's role is, where there might be opportunities to change/adapt, where the system might be failing or doing good things, how we can learn from that and replicate it for other areas. It's about a big group of interlocking people and organisations and contracts and resources."* (Workforce member)
- **Requiring policy action.** *"In the local government sense, it's about policy… It's about from a much broader perspective what's happening above at central government level and I think one of the huge advantages that we're probably not making the most of as a Healthy Families (NZ) Collective is leadership upwards in terms of their policy setting in particular."* (Strategic Leadership Group member)
- **Enabling intervention before a crisis.** *"We've got a lot of organisations that are, I see them as ambulance at the bottom of the cliff kind of things… I think a lot of organisations also are operating in isolation here, so there's not a lot of collaboration between organisations or if they are collaborating it's at you a kind of basic level, it's not, from an operational level or from a more in-depth kind of level."* (Workforce member)
- **Including indigenous knowledge and strengths-based approaches.** *"The stuff that we're doing in the Māori clusters around systems return and looking at maramataka and pātaka and rāhui and those systems, they've always been there, I guess it's just been a matter of how have we, as a team, as a community, what do we think about those systems? And can they be applied in a contemporary context? And what does that look like? And then who will drive it?"* (Manager)

- **Needing to be driven by communities.** *"The community usually has things done to them, and so what we are trying to share with our stakeholders is that our community are a part of the solution, and they hold a lot of the answers, so their input is valuable, and that whole process takes time."* (Workforce member)

  "We want to strengthen community leaders and to see that they're not outside of this prevention system. They are at the very heart of it. In fact, their role and influence is more powerful than ours in some situations because they influence people in a way that we can't." (Workforce member)

Key considerations that come from these findings include: action to connect different groups more effectively together; taking into account diverse knowledge systems; and ensuring locally-based solutions and higher-level policy actions all incorporate views of affected communities.

To help frame our understanding of what 'quality' in prevention system strengthening looks like, we have used Donella Meadows work on system change (Meadows & Wright, 2009) as well as Sir Mason Durie's framework for action on health Te Pae Māhutonga (Durie, 1999, 2004). Appendix B and Appendix C illustrate what 'quality' looks like against the two frameworks.[2]

1. There are three sources of data within this report which have generated participant quotations. Because of the nature of each data source and the particular ethics, the way we have referenced quotes is different for each of the three sources. In all cases, however, there is a trail back to the original transcript — held by the evaluation team — from which the quote came.
2. A more detailed discussion can be found in the Interim Evaluation Report 2020 here: www.health.govt.nz/publication/interim-evaluation-report-2020-healthy-families-nz

Through these frameworks we (the evaluation team) have proposed some core changes expected if the prevention system were being strengthened. These include:

Paradigms, values and goals

- Shifts in mindset towards prevention; better incentives to focus on prevention
- Shifts in mindset towards greater equity
- Community voice in prevention policy processes
- Structural change: policy and who has power to change it; power-sharing

System structure, regulation and interconnection

- Collaboration (cross-sector, local and national, community-led)
- Greater alignment of resources between organisations
- Evidence for actors within the system being more joined up to address systemic issues
- Evidence for the commercial determinants of health being addressed
- Policy systems becoming more responsive to local needs

Information, feedback and influencing relationships

- Non-health organisations promoting health through their practices, partnerships or organisational goals
- Increase in organisational use of mātauranga Māori and other Māori systems knowledge
- Emergence of champions and distributed leadership
- Evidence of leveraging influence and resources to promote community priorities

Structural elements, resources and actors

- Infrastructure improvements
- Improvement in access to health-promoting facilities and services
- Healthy environment change

The community usually has things done to them, and so what we are trying to share with our stakeholders is that our community are a part of the solution, and they hold a lot of the answers, so their input is valuable.

Vignette 01:

Connecting the garden and play for tamariki

Far North: Edible Playground initiative

The Edible Playground is an initiative facilitated by Healthy Families Far North. The Edible Playground emerged as a prototype from the Tupu Tahi Whangaroa Growing Together co-design workshops. The initiative's intent is to bring together whānau and key stakeholders to design a space where whānau and tamariki can learn and engage in a garden designed around 'play'.

Since the Edible Playgrounds conception in 2020, Healthy Families Far North have held several co-design workshops with community and stakeholders, identified six local champions, begun prototyping and have leveraged funding and resources. Healthy Families Far North have responded to community voice and, focused on shifting resources, power sharing and increasing whānau capability.
Following regular engagement and advocacy with the local community board, three potential sites for the edible play space have now been offered.

- Far North District Council — Land behind the Kaeo Library, with the thought of providing an extension to the library services and community offerings
- Whangaroa Health Services — Has offered land next to their community gardens
- Individual community member — Private land next to the existing playground in Kaeo to revitalise the space and include an edible component

Co-design workshops have been a critical tool to the progression of the initiative.

2. How we are evaluating Healthy Families NZ

The Evaluation, which uses a comparative case study design, is funded by the Ministry of Health and led by Dr Anna Matheson based at Te Herenga Waka, Victoria University of Wellington in partnership with Nan Wehipeihana (Director of Weaving Insights Ltd) and alongside a cross-institutional team (Health Services Research Centre, Te Herenga Waka; Environmental Health Indicators Group, Massey University; and Institute of Environmental Science and Research — ESR).

Evaluation Design and Questions

For this period of the evaluation (2019–2021) of the second phase of the initiative, the evaluation continues to use a comparative case study design as shown in the updated infographic (Figure 2). **The focus this time, however, has shifted away from specific health risk factors as outcomes, to evidence of whether and how the overall prevention system has been influenced.**

The Evaluation aims to answer and offer insight into six Key Evaluation Questions (KEQs) developed in consultation with the Ministry of Health.

The KEQs are:

1. What has been the quality of Healthy Families NZ implementation in each location?
2. What have been the most important factors/aspects that have contributed to changes identified in the prevention system of each Healthy Families NZ location?
3. To what extent has there been an improvement in health and wellbeing in Healthy Families NZ locations?
4. To what extent is Healthy Families NZ making a difference to Māori health, Pacific health and equity; how and in what ways?
5. To what extent has the prevention system in each Healthy Families NZ location been strengthened; how and in what ways?
6. How and to what extent is the initiative showing value for money?

FIGURE 2: HEALTHY FAMILIES NZ EVALUATION INFOGRAPHIC

HOW WILL HEALTHY FAMILIES NZ BE EVALUATED?

View 3 (to 2022) comparative local case studies

Case studies for each of the 9 Healthy Families NZ locations.
Case studies will draw on multiple types of data to show a detailed story of:

- how the initiative has been implemented, and
- what has changed, for whom and why.

Comparative analysis (including qualitative and indicator analyses) will identify what is helping or hindering success in different contexts. A cost-consequence analysis will show evidence for return on investment.

Final reporting (mid-2022) will describe impacts on the prevention system and lessons learned from Healthy Families NZ implementation.

What is Healthy Families NZ?

a large-scale initiative that brings together community leadership in a united effort for better health

What are we looking at?

For each Healthy Families NZ location:

- Quality of implementation
- Strengthening the prevention system
- Factors contributing to change
- Change in health and wellbeing
- Making a difference to Māori health and equity
- Relationship between initiative costs and consequences

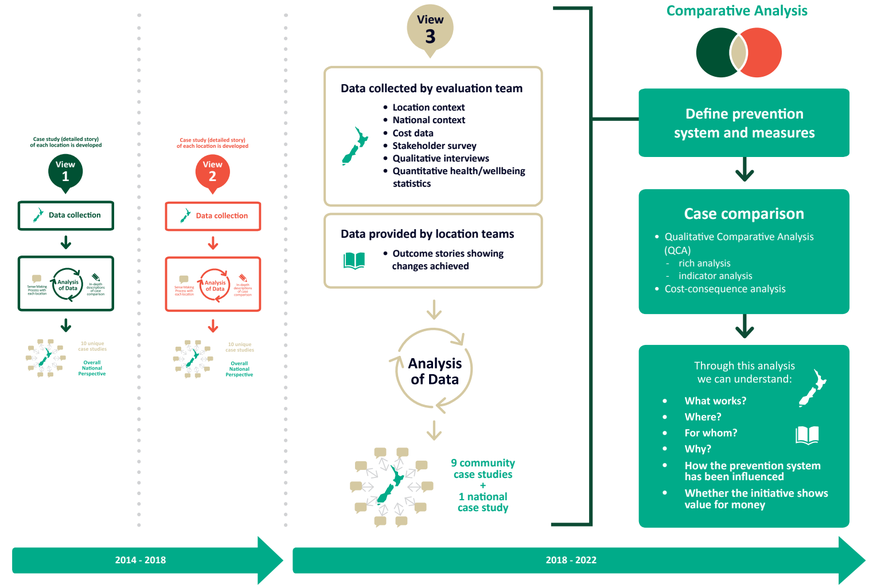
Where is it being implemented?

- Far North
- Waitākere
- South Auckland
- Rotorua
- East Cape
- Whanganui Rangitīkei Ruapehu
- Hutt Valley
- Christchurch
- Invercargill

EVALUATION DESIGN

Is Healthy Families NZ strengthening the prevention system to improve health and wellbeing?

VICTORIA UNIVERSITY OF WELLINGTON TE HERENGA WAKA



3. Methods and data sources

The Evaluation has taken a longitudinal, reflective, and learning approach to data collection and interpretation. We have also taken this approach when adapting the methods used over time at each evaluation point.

The KEQs have been answered by bringing together a range of methods (see Figure 2) and analytical strategies. These include:

- Qualitative Comparative Analysis (QCA)
  - » Rich cross-case comparison
  - » Indicator analysis
- Longitudinal analysis of health and wellbeing status
- Cost-consequences analysis (economic evaluation)

The evaluation uses a Qualitative Comparison Analysis (QCA) design using rich cross-case comparison and indicator analysis (Matheson et al., 2018). Mixed method case studies were developed of each Healthy Families NZ location. Appendix I contains these case studies, which have been used as the basis for the analyses carried out in this Evaluation. Appendix E is a fuller summary of cross-case comparison findings.

More detailed descriptions of the methods and data sources used in the Evaluation can be found in the Appendices to this report. Strengths and limitations of each method are discussed in the relevant Appendices and a broader discussion of the appropriateness of the qualitative comparative case study design can be found in this published article (Matheson et al., 2018).

Here is a brief summary of the data sources drawn on and the indicators developed.

Data sources

The evaluation employs a mixed method approach resulting in a variety of data sources being utilised. These are briefly described as:

Outcome Narratives (up until December 2021)
Outcome Narratives are descriptions of key outcomes and successes as identified and communicated by each Healthy Families NZ team. The information has been provided to the Evaluation team via an Outcome Narrative template co-created by the Evaluation team, Healthy Families NZ and the Ministry of Health.

Interviews (August-September 2021 and April-May 2022)
Interviews were face to face in person or via Zoom using a semi-structured format. Interviews were undertaken with Healthy Families NZ location team Managers, other key staff, Chairs and other key members of the Strategic Leadership Groups, wider stakeholders and key Ministry of Health staff. Interviews were recorded and transcribed verbatim and lasted between 40 minutes and one and half hours. Interviews were also carried out separately for the Cost-consequences (economic evaluation) analysis.

Survey (April 2021)
An online stakeholder survey of organisations identified by each Healthy Families NZ location team about their relationships, wider collaboration and changes in the environment.

Performance Monitoring Reports PMR (2019-2022)
Performance Monitoring Reports (PMRs) are 6-monthly reporting that each Healthy Families NZ team are required to submit to the Ministry of Health for feedback on progress and lessons learnt.

Financial data
Budget data from the Ministry of Health is used as the basis of the costs of the initiative. Other data sources used to explore about value for money and financial resources include PMRs, and interviews with key informants in the locations and national team.

Nationally available quantitative datasets (New Zealand Health Survey, Census, B4 School Checks and Te Kupenga Māori Survey of Wellbeing)
Data from the NZHS and B4SC, matched to the geographical areas of each Healthy Families NZ location, was analysed to show change in health and wellbeing context indicators. Change over time refers to the four-year time point (2011/12–2014/15) before Healthy Families NZ, and the most recent four-year time point (2016/17–2019/20) following initiation of Healthy Families NZ. Data from Te Kupenga 2018 provided additional health and wellbeing indicators for Māori. Census 2018 provided a range of socio-demographic context indicators. These quantitative indicators also formed the basis of several 'analytical' conditions for the QCA indicator analysis.

Indicators developed to guide evaluative judgments

Through a process described in the 2017 Interim Evaluation Report[3] the Evaluation Team developed a series of indicators to guide the overall evaluative judgements. They are:

Prevention System Outcome Indicators

- Communities defining Issues and solutions
- Leadership
- Systems Practice

Explanatory Indicators

- Connection and Collaboration
- Policy changes that support prevention
- Funding and contracting practices that support prevention
- Health Promoting Environments

Analytical Indicators

- Deprivation
- Disruption to implementation
- Location setting

Further reading on the Evaluation and findings from previous phases:

2017 Interim Evaluation Report. This report describes findings from the first round of interviews with teams in 2016 www.health.govt.nz/publication/interim-evaluation-report-healthy-families-nz

2018 Summative Evaluation Report. This report brings together a variety of data to make evaluative judgements and identify lessons www.health.govt.nz/publication/healthy-families-nz-summative-evaluation-report

2018 This article describes, summarises, and argues the case for the overall methodology, design and the methods used in the evaluation (Matheson et al., 2018).

— Matheson, A., Walton, M., Gray, R., Lindberg, K., Shanthakumar, M., Fyfe, C., Wehipeihana, N., & Borman, B. (2018). *Evaluating a community-based public health intervention using a complex systems approach*. Journal of Public Health (Oxford, England), 40(3), 606–613. doi.org/10.1093/pubmed/fdx117

2019 This article summarises some of the key findings of the evaluation to date especially focusing on the development of the workforce (Matheson, Walton, Gray, Wehipeihana, & Wistow, 2019).

— Matheson, A., Walton, M., Gray, R., Wehipeihana, N., & Wistow, J. (2019). Strengthening prevention in communities through systems change: lessons from the evaluation of Healthy Families NZ. Health Promotion International. doi.org/10.1093/heapro/daz092

2020 Interim Evaluation Report. This report describes our ongoing approach to determining indicators and analysis frames for the evaluation findings. www.health.govt.nz/publication/interim-evaluation-report-2020-healthy-families-nz

3. https://www.health.govt.nz/publication/interim-evaluation-report-healthy-families-nz

4. Summary tables of outcome activities

Outcome Narratives (ONs) are descriptions of key outcomes and successes as identified and communicated by each Healthy Families NZ location team. The information has been provided to the Evaluation team via an ON template co-created by the Evaluation team, Healthy Families NZ and the Ministry of Health. Each location team has provided between 6 and 17 ONs on what they see as key successes between 2019 and end of 2021. Appendix D is the ON template used by location teams. This section provides an overview of the ONs using thematic categories based on analysis of ON across all nine locations.

Outcome Narrative (ON) summary tables
Table 1 are the names given to the outcomes described by each team; Table 2 shows the types or categories of activity areas; Table 3 shows the type of outcomes being achieved; Table 4 shows the role the Healthy Families NZ team has taken in achieving the outcome; Table 5 shows the approaches and methods used to achieve outcomes; and Table 6 shows the main population focus of the ON activity.

TABLE 1: Outcome Narrative description by Healthy Families NZ location

Healthy Families NZ Location	Outcome Narrative title description
Far North	• Kai Town Design Challenge • QRC Healthy Food Policy • Te Totorongā (Fruit in Schools) • Tupu Tahi • Edible Playground • FNDC HEA Approach
Waitākere	• Pro-water movement • Te Kura Kaupapa Māori o Hoani Waititi and the Hoani Waititi Marae transforming to become a health promoting environments • Kai West community collective • Normalising maramataka • Strengthening relationships and trust amongst Pasifika organisations in West Auckland • Te Puna Market • Systems change in Action webinar series • School Eats • Influencing built environment to promote active travel and physical activity

	• Ensuring that Māori and Pasifika communities thrive through the West Auckland Together Kaupapa • Enhancing ECE kaiako wellbeing • Play Streets • Nurturing tamariki development and wellbeing using a kaupapa Māori based approach in an English-medium ECE setting • Rosebank Wellbeing Collab — Engaging a business community in workplace wellbeing • Tāfesilafa'i reclaiming wellbeing for West Auckland Aoga Amata teachers through Samoan indigenous practices
South Auckland	• Workplace Wellbeing Design Challenge • Healthy Environments Approach Leisure Centres • Papatoetoe Food Hub • Workplace wellbeing ecology • Wairua Centred Design & Celestial Systems • Foodcourt 2 Foodbowl: Te Ahi Kōmau • Journeys of Manu • Healthy Environments Approach HEA to Community Leases • Healthy Environments Approach HEA in Community Grants • The village games movement • Healthy Environments Approach HEA - Leisure Programming south to north • Healthy Environments Approach HEA - Events to Community Grants • Play Streets • Early Years • Reducing alcohol related harm in South Auckland
East Cape	• Prevention System • Everyone Eats Ōpōtiki • Reimagining Streets • Te Mahinga kai o Tairāwhiti • Ōpōtiki Plays
Rotorua	• Ka Pai Kai • Ka Pai Kai Update • Māori Systems Return • Healthy Families NZ Kahui Māori • Developing Te Arawa Sleep Strategy • Maramataka in Action • Matariki
Whanganui Rangitīkei Ruapehu	• Te Reo o te Rangatahi • Kai Snapshot • Maramataka Insights Report • Kai Ora Collective Te Ao Hou Marae • Kai Collective & Whanganui District Council • Growing Collective Wellbeing • Ruapehu Wellness Centre • Rangatahi Innovation and Prevention Shotcuz • Mātauranga Māori maramataka in action
Hutt Valley	• Smokefree Hutt Valley • Te Awa Kairangi Play system • Understanding and Activating Māori Systems • Auaha Evolving Spaces Hutt Valley • Hutt Valley Kai System • Smokefree Vape Free Hutt Valley • Investment in Communications • COVID-19 Food system response • Local government partnership • Equity in active transport • Pro-water Hutt Valley • Strengthening Māori Systems
Christchurch	• Te Hauora I te Waahi Mahi' Workplace Wellbeing Challenge • Development of play in a crisis • 20:20 COMPOST PILOT PROJECT • Reducing alcohol related harm • Te pou o te Whare • Power of play • Ōtautahi Play Streets • Te Pā o Rākaihautū Compost Project • Influencing and Sharing the Cultural Narrative of Parakiore • Ki o Rahi in Ōtautahi • Influencing Play across Christchurch City Council
Invercargill	• Our Club • Choice As • Disc Golf • Workplace Wellbeing • Māori Settings Tahi • Māori Settings Rua • Active Transport Tahi • Play Settings Rua • Investment in Wellbeing • Kai System

TABLE 2: TYPES OF ACTIVITY OUTCOME

Types of activity outcome area	# of ONs focusing on activity
Māori system	37
Food systems	30
Play/Physical activity	23
Policy Change	20
Health promoting education/training	20
Physical environment change	11
Strengthening local relationships	8
Workplace wellbeing	5
Pacific health and wellbeing	4

TABLE 3: OUTCOMES DESCRIBED AS ACHIEVED

Outcomes described as achieved	# of ONs reporting these outcomes
Learning events/insight gathering	53
Relationships strengthened	45
Education/Knowledge sharing	28
Resource development	25
Provision of tangible resource	22
Collaborative group organised	18
Policy change	16
Norm/paradigm changing	11
Physical environment change	10
Community event held	10

TABLE 4: ROLE OF THE HEALTHY FAMILIES TEAM IN CONTRIBUTING TO THE OUTCOMES

Role of Healthy Families NZ teams	# of ONs reporting this role
Facilitator/backboning	64
Relationship builder	47
Connecting and leveraging resources	44
Leader	36
Engaging stakeholders	25
Advisor	15
Advocating	14
Communicator/storyteller	13

TABLE 5: TYPES OF APPROACHES CONTRIBUTING TO

Types of activity outcome area	# of ONs focusing on activity
Co-design methods	59
Systems change tools and methods	52
Leadership, championing, advocacy	38
Prototyping and experimenting	31
Explicit focus on collective impact	13
Scaling/spreading activity	10

TABLE 6: MAIN POPULATIONS TARGETED WITHIN ACTIVITIES

Main populations targeted within activities	# of ONs reporting targeting these groups
Māori	66
General	49
Children	31
Pacific peoples	17

Vignette 02:

Creating opportunities for wellbeing via access to physical recreation

Christchurch: Te Pou o te Whare

Te Pou o Te Whare is a pilot project that supports providers to better meet the needs of young people in care. The project tested ways to increase access for young people to sport, play and active recreation opportunities.

Each child referred by their social worker is matched with a Special Friends sports mentor who provides the encouragement and support required for each child to engage in sporting activities.

The project is a collaboration between Sport Canterbury, Oranga Tamariki and several other community providers. Healthy Families Christchurch worked to leverage relationships to support the project and advocate for it at a higher level (eg Ministry of Health, Sport NZ and Oranga Tamariki). They were involved with the co-design team and helped to plan and frame the direction of the project. They also leveraged funding to support the project's implementation.

The pilot involved 12 mentors being trained and 10 young people participating in the programme in which they tried out different types of sports. All remained involved after the piloting process, and showed a high attendance rate.

Main Outcome Narrative category descriptions

The categories developed to summarise the ONs are described in more detail below. Table 7 summarises the main activity area of each outcome narrative. Each ON may contribute to more than one main activity area.

TABLE 7: DESCRIPTION OF MAIN ACTIVITY AREA FOR OUTCOME NARRATIVE

Main Activity Area of outcome Narrative	Description
Māori systems	Initiative/outcome is focused on strengthening Māori systems. For example, mātauranga Māori, Māori health and wellbeing and maramataka.
Pacific health and wellbeing	Initiative/outcome is focused on improving the health and wellbeing of Pacific populations.
Food systems	Initiative/outcome narrative is focused on strengthening food systems. Including, food security, food sovereignty and sustainability.
Policy change	Initiative/outcome reported focused on Policy change at the organisational, local and/or national level.
Physical environment change	Initiative/outcome reported focused on creating change in the physical environment.
Strengthening local relationships	Initiative/outcome reported focused on strengthening relationships between local communities, and/or organisations.
Health promoting education/training	Initiative/outcome reported focused on implementing health promoting education and/or training.
Workplace wellbeing	Initiative/outcome reported focused on workplace wellbeing in local organisations.
Play systems/Physical activity	Main activity area of outcome reported focused on the play system in communities, for example increasing opportunities for play or improving play infrastructure.

TABLE 8: OUTCOMES EVIDENCED IN OUTCOME NARRATIVES

Outcomes evidenced in ONs	Description
Policy change	A policy change at the organisational, local or/ national levels on for example smokefree, healthier food, access to alcohol, urban planning.
Provision of tangible resource	A tangible resource such as water fountains, healthier food environment, greater funding leveraged.
Physical environment change	A physical environment change, such as cycle ways, better place for kids to play, making urban environments more conducive to social interaction.
Community event held	Community events promoting better practices and sharing information for example on food, physical activity, natural environment.
Relationships strengthened	Strengthening of relationships within local community and/organisations through goals, resourcing, collective impact.
Norm/paradigm changing	Changing of norms in local community or organisations for example spreading goals and understandings of equity and healthier environments and practices.
Collaborative group organised	Bringing groups together for purposes such as food systems, urban planning, maramataka.

Vignette 03:

Promoting Smokefree policies and environments

Hutt Valley: Smokefree policy in local council

Healthy Families Hutt Valley has had a significant role in the expansion of Smokefree messaging and policies in the Hutt Valley. The introduction of smokefree policies is a systems level approach aiming to increase the number of health promoting environments across the Hutt Valley. Smokefree and vapefree public places positively impact the health and wellbeing of a large number of the population by targeting the places where people spend their time.

Located within Hutt City Council, Healthy Families Hutt Valley has been working to help create a Smokefree Hutt Valley since 2014 through initiating a review of Hutt City Council's Smokefree Policy. Healthy Families Hutt Valley has become an important link between stakeholders and community voice, as well as continuing to backbone Smokefree messaging, and policies.

Healthy Families Hutt Valley has successfully supported the development and implementation of Hutt City Council's Smokefree Outdoor Public Places Policy and embedded the policy across Council teams. Hutt City Council's Smokefree Outdoor Public Places Policy and Upper Hutt City Council's Smokefree 2025) are considered to be two of the most comprehensive smokefree and vapefree polices across Aotearoa New Zealand. This is directly attributable to the work of the Healthy Families Hutt Valley team and the Hutt Valley is well on the way to being a smokefree region.

5. Answering the Evaluation Questions

Six key evaluation questions (KEQs) guided this evaluation.

To answer the key evaluation questions, the evaluation team looked across the findings from each of the main analytical strategies (see Appendices for further detail on each). The evaluation team then synthesised the analytic results to reflect on the initiatives progress, successes and challenges to reach an overall evaluative conclusion. Each of the evaluation questions is addressed in turn.

1 **What has been the quality of Healthy Families NZ implementation in each location?**

2 **What have been the most important factors/aspects that have contributed to changes identified in the prevention system of each Healthy Families NZ location?**

3 **To what extent has there been an improvement in health and wellbeing in Healthy Families NZ locations?**

4 **To what extent is Healthy Families NZ making a difference to Māori health, Pacific health and equity; how and in what ways?**

5 **To what extent has the prevention system in each Healthy Families NZ location been strengthened; how and in what ways?**

6 **How and to what extent is the initiative showing value for money?**

KEQ 1: What has been the quality of Healthy Families NZ implementation in each location?

Summary of Findings: Across all locations there is a clear sense that the teams have progressed their application of systems thinking work and their approaches are more tailored to local community priorities, as determined by communities.

Māori systems thinking for prevention has been a strength and success of the initiative. Storytelling and narrative change stories are shifting mindsets.

A new 'community-up' leadership approach is evident, one that enables more people to be leaders particularly those with less structural power.

Some achievements have varied noticeably by Lead Provider type, particularly because organisations have existing networks that are easier to tap into (Māori providers, sport and recreation sector, local government) and others that take more work to develop new relationships with.

The workforce are seen as highly skilled at shifting mindsets, influencing local change, and for their ability to connect different partners and communities. Consequently, they are highly sought after by other organisations. There is some ongoing tension between competing priorities and finite resources. This can include decisions about whether to prioritise local community action or seek to influence wider national levers.

Collaboration and local engagement works well when it is intentional, deliberative and resourced but gaining trust and engaging some communities is still a challenge. Implementation has been variable between locations with differences observed between locations which have had significant disruption and those that have had continuity. Overall, the teams' influence on raising community voice, building leadership, local priority setting, and solution generation was evident.

Most locations experience a wide range of health and wellbeing issues, with Māori and Pacific peoples experiencing ongoing multiple inequities. Thus, a high quality of implementation — that includes community leadership and priority setting, and Mātauranga Māori — is important for successful impact.

In assessing how well Healthy Families NZ has been implemented the evaluators looked for evidence of alignment to purpose and intention, a systems orientation and mindset, systems practice, community self-determination, communities defining issues and solutions and leadership (the QCA indicators). These findings and evaluative conclusions are drawn largely from the qualitative methods (ONs, interviews, stakeholder surveys and QCA) and to a lesser extent the health and wellbeing data.

Healthy Families NZ continues to be implemented with integrity to its intention and purpose. Across all locations, there is a clear sense that the teams have progressed their application of systems thinking work and their approaches are more tailored to local community priorities, as determined by communities.

Core practice includes systems change tools and methods. For example, the *Six conditions of systems change* (Kania, Kramer, & Senge, 2018) were being used widely by the location teams coupled with kaupapa Māori, mātauranga Māori and Māori systems. These ways of working, elevate the voice and priorities of communities, support communities to define issues, identify solutions and affirm and encourage community ownership and leadership. At a community level, an emerging new 'community-up' leadership approach is evident, one that enables more people to be leaders particularly those with less structural power such as rangatahi.

The QCA findings indicate that most Healthy Families NZ locations are being effective and generating momentum for prevention. The three outcome indicators, related to level 1 of the prevention system framework *Communities defining issues and solutions*; *Leadership*; and *Systems practice* were consistently shown for a majority of Healthy Families NZ locations. There is less consistency shown for indicators that relate to levels 2 and 3 of the prevention system framework. The exception was Level of connection and collaboration, which was consistently shown for all locations. In terms of quality of implementation, we placed more importance on level 1 of the prevention system framework. We can therefore conclude from the QCA analysis that implementation quality is high.

Table 9 provides an overview of Healthy Families NZ implementation practices and principles grouped under the evaluation quality dimensions. Most of the practice elements were evident across all locations.

TABLE 9: IMPLEMENTATION PRACTICES AND PRINCIPLES

Practice elements and principles: There is good evidence of:

Alignment to Healthy Families NZ purpose and intention

- A community-led approach which acknowledges that change happens best when it is driven and owned by the people who are most affected
- A systems thinking/systems change orientation and mindset
- The use of systems thinking practice e.g. tools and methods
- Communities being self-determining and defining issues and solutions
- Leadership enables and supports the aims of Healthy Families NZ

Systems orientation and mindset

- Use of systems theory e.g. Six Conditions of Systems Changes
- Use of kaupapa Māori, mātauranga Māori and Māori Systems
- Use of systems theory and mātauranga Māori as complementary approaches
- Use of storytelling and positive change narratives to shift mindsets
- The valuing of local traditional knowledge, fosters connection to culture and environment
- Identifying gaps in leadership and helping to fill them

Systems thinking practice

- Use of systems tools e.g. mapping, prototyping, co-design, theories of change
- Use of community insights and official data given equal weight
- Use of data and evidence supports a focus on equity
- Use of co-design and community insights supports communities to identify what works for them, acknowledging no one-size-fits-all and strengthens trust and longer-term relationships
- An openness to adaptation supports a change in focus to take on board and reflect community interests and concerns
- The sharing of knowledge around kai systems, systems change, mātauranga Māori and policy insights through seminars and less formal on-the-job learning. Some examples of locations adapting each other's prototypes
- Requires the valuing/hiring of specific expertise, to work with Māori communities and leaders

Communities defining issues and solutions

- Te Tiriti and Māori autonomy shifts decision-making and power to Māori
- Explicit focus on Māori communities aspirations, priorities and ways of working e.g. tikanga embedded in practice, guiding engagement with Māori and non-Māori
- Facilitating community ownership means Healthy Families NZ teams do not take credit for community ideas, celebrate community leadership of initiatives and encourage rangatahi champions

Leadership

- In the more Māori-led locations, teams were providing leadership supporting the use of kaupapa Māori, mātauranga Māori and tikanga within their teams and with wider community networks and partners
- At a community level, an emerging new 'community-up' leadership approach is evident, one that enables more people to be leaders particularly those with less structural power as rangatahi. This approach seeks to grow and expand the pool of community leaders and mitigate the challenges of Strategic Leadership Group members being time poor and not able to contribute to or regularly participate in local meetings
- Strengthened relationships with the Ministry of Health mean that Healthy Families NZ teams are increasingly able to take a leadership stance, suggesting changes to process, role recruitment and focus activities

This section explores in more detail aspects that have supported or challenged implementation quality.

The Six Conditions of Systems Change and mātauranga Māori approaches are complementary

In terms of theory behind their systems-informed methods, the *Six conditions of systems change* (Kania et al., 2018; Meadows & Wright, 2009) were being used widely by the location teams, who found this framework very helpful for deciding on, and articulating their priorities. Some locations used system theories, which were seen as coming from a Western perspective, alongside and in combination with mātauranga Māori perspectives (Hikuroa, 2017). These ideas and knowledge systems were largely seen as overlapping or complementary, but with some notable differences particularly when it came to the type of evidence needed. Māori approaches emphasise the connections and interdependence between tangata (people) and taiao (the environment) and the inherent kaitiaki (care and protection) responsibilities. Both the *Six conditions of systems change* and mātauranga Māori and tikanga Māori approaches were seen as complementary — and necessary.

We live in two worlds, we live this te ao Māori world and this Pākehā system world and so if we're systems practitioners, we need to know you know that framework or that western way of thinking but also holding on to a te ao Māori perspective… it's like a hybrid approach you know, tikanga as the direction, the six conditions of change is a framework we use. (AKL004)

Most locations also talked about system thinking tools for planning and creating systems informed theories of change, logic models and roadmaps.

Storytelling to shift mindsets

Beyond just communications, storytelling was mentioned as a core activity in many locations and supported by expertise from the national team. Storytelling was seen as partly about engagement and partly about shifting narratives around health issues and solutions in the locations.

Storytelling and narrative change stories are shifting mindsets. Locally driven, positive change narratives make visible both how change happens, and that change is possible and achievable. This positively influences decisions and actions, reducing perceived barriers. Shifting mindsets can also lead to systems change and better prioritisation of system-level interventions, the application of traditional Māori knowledge models and strengths-based approaches.

Storytelling helps to reconnect people to place and to local identity (iwi, hapū, community). It also supports communities to take ownership.

Positive change for Te Arawa and Rotorua communities is grounded in returning to systems (principles, processes and practices) that ensure communities and whānau are sharing their story (thoughts, actions and experiences) of positive change in ways that are relevant and meaningful to them. (ROTON03)

Storytelling is important because it speaks to intentionality and a broader view of wellbeing. For example, from a te ao Māori perspective this encompasses the wellbeing of the environment and the interdependence of tangata and taiao. This in turn results in local priorities which for example might combine māra kai with the inherent kaitiaki (care and protection) responsibilities.

This fits with more holistic and interconnected views of Māori wellbeing which include taha tinana (physical health), taha wairua (spiritual health), taha hinengaro (mental health), and taha whānau (whānau wellbeing) (Durie, 1982; Rochford, 2004). And broader areas for action on health as described in Te Pae Māhutonga (Durie, 1999).

Valuing community voice and community interests driving decision-making

In all locations, there was a clear valuing of local insights as a data source. Coupled with a key focus on evidence, the Outcome Narratives were an important mechanism to show how the location teams were working in an evidence-based way.

…all of the reports that are written up and I'm sure that you may well see some of them is a part of this evaluation look at the wider research as well. So we often see comments from the whānau, comments from the specialists, and then comments from the research; whether they're aligning or otherwise. (WRR002)

Teams thought broadly about evidence, combining local insights and more traditional approaches. A common theme was that while teams made use of many mainstream quantitative data sources, they equally prioritised community insights. This provided community specific information and important context about what was happening and what was needed.

Seeking and elevating community voices had an important advocacy function, and well as helping to decide priority activities for the team to focus on. This in turn reinforced the practice of community-led and communities as the decision makers. The approach to the gathering of insights and evidence has been very well received (as part of influencing) as it puts community in the driver's seat. It has been a trust building tool as well as an information-gathering mechanism.

Māhaki (humility) is an emerging collaboration practice

Outcome Narratives described collaboration approaches as intentional, recognising the need to bring people in different parts of the system together, to build trust and understand partners' priorities. The collaboration approach showed adaptability, changing along the way to find ways of working that worked best for partners.

The tikanga of māhaki (humility) is emerging. For example, it was important for the teams to know when to step back and let other partners or community members come to the fore or take the lead. This could be challenging at times but was appreciated when they got it right.

The attitude of the staff was 'how can we assist you to achieve the outcome that you're looking for' when they were working collaboratively, if it wasn't necessarily a project that they were looking to drive. And again, that's rare. (INV006)

In Waitākere, several participants talked about Healthy Families NZ having the capacity and, increasingly, the community-approved mandate, to take a convening (or 'backboning') role to bring people together. This was echoed in comments in from other locations (Far North, Rotorua, East Cape, WRR, Hutt Valley, and Invercargill) about the role that Healthy Families NZ teams took to engage respectfully and to strengthen others' collaborations.

There was some concern that without Healthy Families NZ, there might not be another obvious organisation that would take up this backboning role.

Community ownership, co-design and communities identifying priorities

Community groups were reported as being highly positive and enthusiastic about their experience of co-design and other planning initiatives facilitated by Healthy Families NZ teams. For some, this was a new experience and for others they had not enjoyed co-design before working with Healthy Families NZ.

These processes were often credited with dual outcomes of shifting power to get communities more involved with the specific issues that mattered to them, and also getting communities to see Healthy Families NZ teams as a resource and a source of support they could utilise. Through these strengthened relationships, Healthy Families NZ teams could help communities advocate for their priorities.

It was about three- or four-months' worth of Kitchen Table Talks sitting down with community and listening to them about what they have to say in terms of kai. What we have done is create artifacts along that journey that pull out the challenges, the barriers, the enablers, the opportunities from that voice and that's their voice, so that's what we're saying to our stakeholders or the powers that be… This isn't us. This isn't us saying it. This is your community, and we need to ensure that their voice is at the decision-making table. (EC001)

Supporting a 'community-up' distributive leadership approach

When interviewees spoke of the teams' leadership abilities, they particularly noted their readiness to promote and support the leadership of others in the community. Leadership also took the form of lending expertise to support others in their communications, advocacy and planning for activities aimed at changing the local system.

During the COVID-19 crisis and response, Healthy Families NZ location teams demonstrated leadership by supporting other organisations in practical activities, by sharing information, but also by taking a wider view of the system and the gaps that were becoming apparent.

Throughout Phase 2, there has been a change of focus from getting specific high-level leaders to activate spheres of influence (i.e. the Strategic Leadership Groups) towards a more behind the scenes leadership, more distributed rather than top-down. This approach has been maturing as the initiative has evolved. Growing and expanding the pool of community leaders it also responds to the multiple demands on some members of the existing Strategic Leadership Groups and the challenge of supporting the Healthy Families NZ kaupapa given they are often time poor.

Strategic leadership input is being secured directly or through the existing leadership groups

The Strategic Leadership Groups format had continued to work well in some locations (particularly Hutt Valley, Invercargill, and Rotorua), who were still holding regular meetings and reported that the teams and leaders found these valuable. However, a number of location teams had found that it was increasingly difficult to get their Strategic Leadership Groups together. In response, they had developed different ways of engaging their Strategic Leadership Group members, either via smaller subgroups who could contribute on specific topics, one-on-one engagement with Healthy Families NZ location managers, or in one case, an unofficial disbanding and cessation of meetings.

Views were mixed on how effective the changes in the Strategic Leadership Group approach were. For example, in Waitākere, the change to topic-focused meetings inviting people with an interest in that area seemed to be well-received. In Christchurch, the switch to one-on-one meetings was seen as a reasonable idea in theory but had been harder to keep up regularly and had led to Strategic Leadership Group members feeling disconnected. In response there was a move to strategic networks focused around specific issues.

In East Cape, a switch to a mixture of one-on-one and more structured group meetings was seen as an improvement. In South Auckland, former Strategic Leadership Group members appeared confused about what had happened to the group. In Whanganui Rangitīkei Ruapehu, the core Strategic Leadership Group was not functioning well, so the team had decided to draw on the expertise of other partners instead. Some national team members saw the changes as a positive example of how teams were able to, in consultation with the Ministry of Health, change their approach to better suit their local context.

Successes, hopes and challenges relating to implementation and relationships

A range of methods were being used by the Healthy Families NZ teams when engaging and supporting communities. These are summarised in Table 10. While most methods were used in all locations, only some talked about scaling activities up or focusing explicitly on collective impact, as part of their method. Co-design and other system change tools were used extensively.

Healthy Families NZ teams identified a range of implementation and relationship successes. In most locations, people felt they had been successful in increasing their community's capacity regarding leadership, understanding of system change, design capability and/or knowledge about Māori systems.

The workforce themselves were seen as key successes for their skills, influence on local policy, shifting mindsets, and ability to connect others. For this reason, other organisations have been keen to employ Healthy Families NZ team members.

Table 11 summarises the successes specifically related to the teams' implementation and relationship practices, in order of how commonly they were mentioned, for each location in the interviews. An asterisk means one mention, two means multiple mentions.

TABLE 10: SYSTEM CHANGE METHODS AND APPROACHES USED BY THE HEALTHY FAMILIES NZ TEAMS

Outcomes	FN	WAI	SA	ROT	EC	WRR	HV	CHC	INV	
Co-design methods	8	8	12	6	7	1	4	7	6	**59**
System change tools and methods	7	7	9	3	2	3	12	4	5	**52**
Leadership, championing, advocacy	5	5	5	3	6	4	2	5	3	**38**
Prototyping and experimenting	2	2	4	2	2	5	4	7	3	**31**

Hopes for the future

Hopes for the wider community included paradigm shifts, particularly systems thinking or health considerations becoming core to more organisations. This included communities leading more change, more partner organisations embracing systems thinking and action, and more respect for te ao Māori and non-Western thought models becoming mainstreamed.

Hopes for Healthy Families NZ included: More resources, more expertise in the teams, more collaborations with different sectors, more influence at local and national level, more ability to take risks, continuing to use storytelling to contribute to shifts in attitudes around prevention.

There was a split between those who hoped for more focus on fewer or local things, and those who wanted more activities and more national-level influence and involvement.

Challenges for implementation

Relationships, deciding on areas of work to focus on, location-specific factors and workforce recruitment and retention were the main implementation challenges.

In most locations, there were longstanding challenges in certain sector relationships, particularly the health sector. The overall trend in commentary was that these situations were improving during the second phase of Healthy Families NZ.

Tensions included:

- Difficulty in understanding or appreciating the Healthy Families NZ systems approach, both at the community and national level (although this was improving in many areas)
- Teams in less Māori-oriented Lead Providers having weaker ties with iwi and mana whenua groups
- Politics and rivalries between potential community partners, sometimes exacerbated by the funding and contracting system
- Systems change requires long-term commitment, and in many areas key leaders appear overcommitted or difficult to bring together consistently

Deciding what areas of work to focus on was a challenge. With limited resources and big goals, the teams were frequently observed to have too many potentially valuable activities they could work on, so they had to prioritise. There was some concern that the smaller teams in particular could be drawn in too many directions. There was also some disagreement about how much energy should be directed towards national-level policy and advocacy. A recent shift in approach from the Ministry of Health was that the teams should focus back more on local impact.

TABLE 11: SUCCESSES RELATING TO IMPLEMENTATION AND RELATIONSHIPS

Success	FN	WAI	SA	ROT	EC	WRR	HV	CHC	INV
Shifting mindsets/culture change		*	**		*			**	*
Leadership/expertise in Māori systems/kaupapa Māori		**	*		**		*		
Backboning collaborations/ connecting		**		*	**				*
Workforce: skilled teams			*	*	*		**		*
Influencing local govt policy through engagement	*		*				**	*	*
Growing community leadership capacity	*			*		**		*	
Elevating community voice/ empowering	*	*			**		*		
General community relationships	*				**	*			
Developing prevention/ design capability in community		*	*			*			
COVID-19 response and collaborations	**	*							
Producing evidence/ reports/analysis			*		**				
Upskilling Lead Provider/ changing way of working							**		*
Getting partners to understand Healthy Families NZ approach				**					

The main location specific challenges are outlined below	
Far North	Encouraging local policy-makers to be more open-minded about systems change approaches
Waitākere	Difficulty explaining the impact of their work
South Auckland	Being an area with longstanding ineffective approaches to social investment, and the associated scepticism among some partners
Rotorua	Learning how to implement system change while working within a dominant health contracting system that constrains system-style collaborations
East Cape	Working out how to get the best value from the Strategic Leadership Group.
Whanganui, Rangitīkei, Ruapehu:	Finding staff (particularly communications, also some time without a manager)
Hutt Valley	Integrating into a Council organisation while working under a different style of contract
Christchurch	Clarity with stakeholders; cultural burden on few Māori staff
Invercargill	Managing relationships: how much to take ownership versus prompting others, how to engage with newer communities

Recruitment and retention of the Healthy Families NZ workforce was an ongoing concern. The time-limited contracts were, again, a source of uncertainty that could prove a challenge for workforce recruitment and retention. Further, the health reforms coupled with the attractiveness of the expertise and skillset of the Healthy Families NZ teams could further exacerbate workforce retention. The complete turnover of all staff in one location is an example of this. We know that progress is maintained and increased in locations with a stable workforce and momentum is lost and there is less progress in locations with high staff turnover.

While several locations had major disruptions in recruiting staff (and two had a change in Lead Providers), these disruptions did not seem to hold up activities to the degree that was observed in first evaluation phase. However, whilst all teams are making progress, some have had different starting places in this evaluation round — most notably Far North and East Cape.

An overall evaluative assessment of implementation for each location is outlined below.	
Far North	A new team, making good progress working with a new Lead Provider. Excellent examples of their approach to community and leadership engagement, and some good work on getting community voices heard, if less evidence on policy change.
Waitākere	The team appears to have learned a lot from the previous phase and made significant progress in this phase. They do a lot of work on the ground and on environment change, if less with policy. They have strong relationships with leaders and stakeholders in the community.
South Auckland	A strong focus on disrupting systems within, and around, this large and complicated location. Healthy Families South Auckland is being delivered by two Lead Providers in the one location, which has been both a strength given South Auckland's diversity and a challenge in terms of team cohesion. There are some very good examples in South Auckland of embedding innovative system change thinking, using te ao Māori approaches, and working to change local government practice.
Rotorua	The team is made up of very strong practitioners and promoters of te ao Māori approaches. All work is viewed with this lens, which does not always fit straightforwardly with government-contracted work. The team are seen as strong connectors, particularly evident during COVID-19, and most of their notable achievements appear to be in the kai system.
East Cape	A new team in a new Lead Provider, they are making good progress in a challenging geographical location. The team and their stakeholders have a sense that they are on the right track but have yet to reach their full potential. They are passionate about storytelling, community insights and te ao Māori approaches.
Whanganui, Rangitīkei, Ruapehu	Despite a difficult start with gaps in their team leadership, this location is currently seen as 'one to watch'. They are making great progress with new initiatives aiming at empowering communities, particularly in the mental health area and promoting mātauranga Māori and rangatahi leadership.
Hutt Valley	This is an established team with demonstrated high skills and strong local and national networks. They are overachievers with regards to the amount of information and reporting they produce. Notable outcomes particularly relate to local government, healthy town planning and the kai system.
Christchurch	A new team, doing well with applying systems thinking and making progress with using more te ao Māori approaches than before. Working in a sports trust has enabled the team to influence practices in that sector, and there is a developing partnership with local council, although influence beyond these sectors remains somewhat limited.
Invercargill	This is an established team with strong local networks. In the current phase, they developed a much closer relationship with the local Rūnaka, and this has influenced the Lead Provider to engage more with te ao Māori. Still very active in the sport and recreation area.

Vignette 04:

Strengthening high trust relationships for health and wellbeing

Waitākere: Pasifika health relationships

Healthy Families Waitākere has recognised Pacific peoples as a priority group within their community and have committed to the formation of strategic relationships with Pacific organisations and groups.

Through their Pasifika systems innovator Healthy Families Waitākere have developed high trust relationships throughout the network of Pasifika organisations and collectives in West Auckland. Healthy Families Waitākere has positioned itself to support Pasifika organisations to plan and deliver effective preventive health initiatives by encouraging them to; better recognise opportunities for effective action; more effectively navigate mainstream governing systems; and work more deliberatively to collaborate with local community and provider organisations. Strategic relationship building has allowed for successful collaboration between Healthy Families Waitākere and a number of Pacific organisations in South Auckland.

An example of their success is the formal partnership agreement between Healthy Families Waitākere and The Fono. One action evident through this partnership is the implementation of a water pledge, provided in seven Pacific languages. Use of the pledge has been scaled out to The Fono's Enua Ola wellbeing education and awareness programme sites across a wide range of community settings where the programme is provided by Fono-based coordinators (churches, community groups, community centres, etc). An estimated 20 Pacific church and community groups signed the water pledge in December 2021.

Qualitative Comparative Analysis — Indicator analyses

Qualitative Comparative Analysis (QCA) is one of the approaches taken in this evaluation. As well as comparing across case studies, Indicators were developed and assigned to assess how each location team has been going and what are the conditions that have helped or hindered the achievement of goals. Further detail on this part of the QCA process is in Appendix F.

Prevention System Outcome Indicators

- Communities defining Issues and solutions
- Leadership
- Systems Practice

Explanatory Indicators

- Connection and collaboration
- Policy changes that support prevention
- Funding and contracting practices that support prevention
- Health promoting environments

Analytical Indicators

- Deprivation
- Disruption to implementation
- Location setting

These series of indicators are also (known as conditions within QCA) have been developed to highlight different aspects of the Prevention Action Framework. The relationships between and among these Indicators (their configurations) have then been examined. When identifying configurations, one identified outcome of interest is considered at a time, with combinations of other indicators considered associated with that outcome.

In broad terms, the higher number of indicators classified as *consistently shown* suggests a Healthy Families NZ location is being effective and generating momentum for prevention. Most Healthy Families NZ locations could be classified as *consistently showing* a majority of indicators. A full summary table to indicators for each Healthy Families NZ location is shown below.

The three outcome indicators, related to level 1 of prevention system framework (Communities defining issues and solutions; Leadership; Systems practice) were consistently shown for a majority of Healthy Families NZ locations.

Systems practice was identified as consistently shown for all locations, suggesting this core feature of Healthy Families NZ model is understood and being integrated into how locations go about their activities.

Leadership was consistently shown in all but two locations, while *Communities defining issues and solutions* was consistently shown in eight of nine locations.

The picture is more mixed when looking at explanatory indicators. These are areas considered to be lower down the prevention framework in terms of impact. While they are important, they in turn depend upon prevention, and equity, being prioritised. All locations consistently showed a focus and increase in *Level of connection and collaboration*. Again, this is a fundamental part of the Healthy Families NZ approach, that activities are undertaken with collaborators to extend influence, access more resource, and share the kaupapa widely.

Funding and contracting practices that support prevention considers how resources are allocated to prevention activities across the community. Another aspect can be how communities are resourced to be engaged in co-design of prevention activities. Five out of nine locations consistently showed *Funding and contracting practices to support prevention*.

TABLE 12: SUMMARY OF HEALTHY FAMILIES NZ LOCATIONS AS INDICATOR CATEGORISATION

	Outcome indicators			Explanatory indicators			
Location	Communities	Leadership	Systems Practice	Collaboration	Funding	Policy	Environments
Far North	CS	CS	CS	CS	CS	IS	IS
Waitākere	CS	CS	CS	CS	IS	IS	CS
South Auckland	CS	IS	CS	CS	CS	CS	CS
Rotorua	CS	CS	CS	CS	IS	IS	IS
East Cape	CS	CS	CS	CS	CS	IS	IS
WRR	CS	CS	CS	CS	CS	IS	CS
Hutt Valley	CS	CS	CS	CS	CS	CS	CS
Christchurch	IS	IS	CS	CS	IS	CS	IS
Invercargill	CS	CS	CS	CS	IS	IS	CS

CS = Consistently Shown, IS = Inconsistently Shown

Policy changes that support prevention refers to changes in policy or regulations within local government and within settings (schools, workplaces, marae) that support prevention activities. Examples include water only policies in schools, healthy event guidelines for local government community funding, and sports club food and alcohol policies. We would expect policies to support prevention activities over time, on top of any one-off changes to the environment. For example, water fountains installed in public parks (one-off change) as part of council policy on healthy play settings (ongoing prioritisation of prevention). Only three out of nine locations consistently showed policy changes had been achieved.

Vignette 05:

Growing and supporting kaupapa Māori approaches to health and wellbeing

Rotorua: Kāhui hui on Māori systems return

Healthy Families Rotorua provided leadership in designing and implementing regular Kāhui Māori hui involving people from across Healthy Families NZ location teams. These hui focused on strategic positioning of Māori systems return and kaupapa Māori approaches in the social innovation and systems thinking environment.

Expert advisers include Matua Rereata Makiha, a tohunga and expert in Māori systems return, and Dr Isaac Warbrick from University of Auckland, who partnered with the Healthy Families Rotorua Kāhui Māori to co-design the study he is leading; *'Maramataka — reconnecting te Taiao to hauora'.*

These hui have resulted in a strategic plan, supporting locations who have initiatives based on kaupapa Māori approach and linking these initiatives to Whakamaua: the Māori Health Action Plan 2020–2025.

For example, Objective 1. Accelerate and spread the delivery of kaupapa Māori and whānau centred services was linked to initiatives in the Healthy Families NZ locations that uplift and promote traditional knowledge such as:

- teaching about mātauranga Māori
- traditional approaches to promote healthy water (for drinking and recreation)
- maara kai
- taonga puoro
- various applications of maramataka for promoting wellbeing
- rangatahi perspectives on wellbeing

KEQ 2: What have been the most important factors/aspects that have contributed to changes identified in the prevention system of each Healthy Families NZ location?

Summary of Findings

The tools and methods used by the Healthy Families NZ teams are shifting power to communities enabling them to assert more ownership, voice and influence on issues that affect them.

The teams' capacity for promoting evidence-based action was highlighted during the COVID-19 pandemic.

The initiative has uncovered the gaps and opportunities there are for improving community health, wellbeing and equity through the actions and policies of local government. A close and responsive relationship between the Healthy Families NZ location teams and the Ministry of Health has led to high levels of trust, with practical consequences for sharing challenges and opportunities which can be acted upon.

Although there has been a mixed experience with the effectiveness of formal Strategic Leadership Groups, building distributed leadership is known to be key to strong health and wellbeing systems and the initiative has maintained this goal of developing leadership as central to its kaupapa.

This section discusses the key factors have resulted in changes to the prevention system in the Healthy Families NZ locations. Each Healthy Families NZ location is unique with different strengths, assets and needs. Healthy Families NZ responds to this uniqueness by facilitating and supporting community-led interests for health and wellbeing. The initiative has been implemented differently in the different location and community contexts to contribute to impact in the prevention system.

Overall, Healthy Families NZ is contributing to a growing momentum around system change practice relating to health and wellbeing.

The focus on more intentional collaboration and distributed, and more appropriate, leadership is showing the potential for shifting the system purpose towards health and wellbeing. The tools and methods used by teams are contributing to system change through communities being able to assert more ownership, voice and influence on issues that affect them.

The most obvious area in which locations differed was in (consistently) showing progress on policy change, which was mostly at the local government level. Local government is an important collaborator around changes to events and public spaces. Those working in, or closely with, council organisations had made more progress on policy.

Other contributors to changes in the prevention system include

- Permissive nature of systems thinking and methods for use in different community and cultural contexts
- Focus on kai systems which are clearly failing communities
- Māori systems approaches have accelerated the systems practice amongst the teams
- Using rigorous methods for local engagement
- Focusing on equity has led to it spreading to become a more concrete goal of other organisations
- Building less traditional and distributed leadership
- Being intentional about collaborating
- Focusing of different ways of leveraging funding for action on health and wellbeing
- Building local 'communications' capacity to restore local and historical narratives and to promote evidence-based action (for example during COVID-19)
- Sharing lessons and insights among Healthy Families NZ teams
- Having a close and responsive relationship between the Healthy Families NZ teams and the Ministry of Health has led to high levels of trust
- The focus of teams on local government which can play a key role in local health and wellbeing
- The focus on Wellbeing in the Government's national Budget

Qualitative Comparative Analysis – Indicator analyses

What QCA says about Leadership
Table 13 shows the QCA configurations for Leadership. Only the Leadership Outcome Indicator (shown in seven out of nine locations) has been considered using QCA truth table analysis.

Seven out of seven locations that consistently show leadership also consistently showed communities defining issues and solutions. Out of the seven locations consistently showing leadership, a range of other conditions were consistently shown alongside *Communities defining issues and solutions*, with no discernible pattern.

A contradictory configuration was shown, where all conditions were consistently shown, with one location consistently showing leadership, and another location inconsistently showing leadership

Configurations suggest that *Communities defining issues and solutions* is an important component of leadership but is not sufficient to support leadership on its own.

What QCA says about policy change
Table 14 shows the QCA configurations for Policy Change. Configurations suggest there is a link between policy changes that support prevention (policy), funding and contracting that supports prevention (fund) and Health Promoting Environments (environments). *Fund* and *Environments* are neither necessary or sufficient, but most often at least one of *Fund* or *Environments* is consistently shown if *Policy* is also consistently shown.

Neither *Fund* nor *Environments* are necessary or sufficient for *Policy* to be consistently shown, either individually or in combination. This is because one location inconsistently shows *Policy,* with both *Fund* and *Environments* consistently shown, while another location consistently shows *Policy* with both *Fund* and *Environments* inconsistently shown.

TABLE 13: LEADERSHIP CONFIGURATIONS

Configurations	Leadership	Fund	Policy	Environments	Communities
2 locations	CS	CS	IS	IS	CS
2 locations	CS	IS	IS	CS	CS
1 location	CS	CS	CS	CS	CS
1 location	IS	CS	CS	CS	CS
1 location	CS	IS	IS	IS	CS
1 location	CS	CS	IS	CS	CS
1 location	IS	IS	CS	IS	IS

TABLE 14: POLICY CHANGES THAT SUPPORT PREVENTION CONFIGURATIONS

Configurations	Leadership	Fund	Policy	Environments	Communities
2 locations	CS	CS	IS	IS	CS
2 locations	CS	IS	IS	CS	CS
2 locations	CS	CS	IS (1) CS (1)	CS	CS
1 location	IS	IS	CS	IS	IS
1 location	CS	IS	IS	IS	CS
1 location	IS	CS	CS	CS	CS

CS = Consistently Shown, IS = Inconsistently Shown

Answering the evaluation questions

The results suggest that policies that support prevention, funding that supports prevention and changes to environments can all be worked on individually, however, change in all three can be linked. Looking at locations that consistently show *Policy changes* to support prevention, much of the activity is located with local government decision making. Other areas of success include sports clubs, schools and workplaces.

Some important indicators (e.g. *Systems practice* and *communities defining issues and solutions*) were consistently shown across locations, which is a positive finding (locations were consistently achieving well in these areas), but the lack of difference means the evaluation could not use these conditions to assess configurations with QCA.

All outcome and explanatory indicators were also examined for configurations with analytical indicators (Improvement in total population health, Improvement in Māori health, Improvement in health equity for Māori, High level of Māori population, High level of Pacific population, High proportion of population living in high deprivation areas). This analysis did not show up any discernible patterns, meaning the findings did not provide any insights into what has supported strengthened prevention systems. This finding also indicates that location characteristics such as high level of area deprivation have not acted as a barrier to progress on these indicators.

Case study themes about influences on prevention system change

The case study data has further shown that there are range of factors both within, and external to, the Healthy Families NZ initiative that have had influence on the prevention system. For example, leadership across organisations and sectors has been a key strength of the initiative.

Some locations described their Strategic Leadership Groups as less about specific projects of the teams, and more about coming together, understanding opportunities and needs within their communities, and thinking about coordinated responses — Waitākere and Hutt Valley in particular.

In the last evaluation there was some discussion about how the teams across locations were learning from each other and this was tangible in the frequent whole workforce hui. There have been fewer formal opportunities to share, with COVID-19 being a significant barrier, although sharing across teams has been evident with the work on kai systems, the Māori ropū, strategic communications, alcohol harm and Manager get togethers. Through the interviews it was clear that the workforce thought more opportunities for sharing would be beneficial to the work of all the teams in terms of developing, learning and scaling impact.

Factors of influence but external to Healthy Families NZ include:

- **COVID-19:** This may seem counterintuitive, but even though the COVID-19 pandemic created a lot of delays and obstacles, it also helped the Healthy Families NZ teams and their partners to identify priorities and strengthen some collaborations. This was particularly apparent in kai systems, where food distribution became an urgent priority during lockdowns, and the collaborations developed through this could then lead to more work on kai sovereignty and other food environment initiatives in the communities.
- **Change in government priorities and directives:** it was repeatedly observed that the current government placed more emphasis on contract holders showing they were collaborating with others, and on wellbeing as a policy goal.

Factors related to Healthy Families NZ contribution strengthening the prevention system include:

- **Improved opportunities for community groups to influence local government:** The ability of Healthy Families NZ teams to leverage relationships in council organisations, and to help communities express their priorities, had led to influencing policy change. This particularly related to food, active transport, smokefree spaces, urban design and play opportunities.
- **Collaborations:** the ONs detail examples of how collaboration on one project can lead to partners accessing resources for more sustainable support, and finding opportunities to expand projects further or work more closely in future. Collaborations were seen as empowering community partners and will be key to the sustainability of prevention system changes. Collaboration was also seen by many stakeholders as increasing generally with Healthy Families NZ often being mentioned as a reason. As noted earlier, Healthy Families NZ teams were credited for their approach to backboning these collaborations.
- **Communications:** Those teams who had capacity were supporting others with communications and storytelling. Public communications were helping to increase knowledge around system change and enthusiasm for getting involved. Over time, these activities could be expected to contribute to shifts in narratives and values around health and wellbeing.
- **Leveraging resources:** Teams helped community partners identify resource gaps and apply for funding (see also question 6).
- **Māori systems ideas:** Local and national systems were being influenced by Healthy Families NZ's championing of mātauranga Māori. The progress towards Māori systems return could be empowering for those communities who were becoming more involved (See also question 3).

Factors relating to both Healthy Families NZ contribution and external factors strengthening the prevention system include:

- **National-location relationships:** The Healthy Families NZ location teams and leaders were almost all of the view that the relationship with the Ministry of Health national team was stronger than ever, and unusually strong for a contracting relationship.

> Key words used were close, responsive, trusting, open and supportive. Location managers felt no fear around admitting failure or difficulty to their portfolio managers and were able to raise new suggestions confidently.

- As location teams have gained confidence in their close relationships with the Ministry's national team, they are increasingly able to suggest changes to process, role recruitment and focus activities. The national team concurred and noted that they were now working well with national-level stakeholders and finding more support for Healthy Families NZ at that level.

- Increasing understanding of systems thinking, and awareness that non-health-sector players can contribute to prevention system change: compared with when Healthy Families NZ began in 2014, there was a sense that the social and political climate was more welcoming to the values and paradigms underpinning the initiative. Therefore, there were more opportunities for changing values, goals and paradigms at the high level of the prevention system. Part of this change was happening regardless of Healthy Families NZ.
- At the national level, new approaches to local-based contracting were already of interest and Healthy Families NZ was being referenced as an example of how this could be done. There was some tension about this; although some people were showing Healthy Families NZ as an ideal model for better contracting, not all accepted the Healthy Families NZ approach and actual changes in practice were slower to come.
- In most Healthy Families NZ locations, interviewees and evidence from ONs showed that stakeholders felt Healthy Families NZ teams were playing a part in getting their communities and their national-level contacts familiar with system thinking ideas, and more open to playing a part in prevention system change to make their social and physical environments healthier.

The Healthy Families NZ design and focus on system change

The skills and methods of the Healthy Families NZ teams have high value as catalysts for system change.

Collaboration/co-design for example was 'consistently shown' in all locations. Good co-design will help address power relationships and give more opportunity to communities for decision-making. This fits with level 2 of PAF, but also Ngā Manukura of Te Pae Māhutonga. Getting this co-design way of working embedded can then be applied to any topic area, making it potentially more important than specific activity areas.

A key aspect of the initiative's design and implementation that is contributing to changes in the prevention system is the close, supportive and open relationship with the Ministry of Health. This has enabled teams to be more agile and adaptive, and to tailor their work more to local needs and priorities. Being able to think out loud and challenge directives with the Ministry's national team has helped teams to facilitate and support activities leading to the type of systems change that communities value.

Ongoing reflective practice supports teams to refine and adapt the initiative as it progresses. In parallel, the embedded evaluation within the initiative structure, something that has not always been provided for in other initiatives of this type, also contributes to learning and adaptation.

The quantitative indicator results point to a wide range of health and wellbeing issues in the locations, including clear inequities for Māori and Pacific people, reinforcing the importance of work to change the system. In the context of multiple, interconnected health issues, Healthy Families NZ's progress towards a greater focus on holistic approaches to wellbeing, Māori knowledge and community leadership capacity makes more and more sense.

KEQ 3: To what extent has there been an improvement in health and wellbeing in Healthy Families NZ locations?

Summary of Findings

The data collected cannot answer this question directly as it cannot 'prove' causality with health and wellbeing outcomes. It does however show the areas of focus and nature of efforts being made by Health Families NZ teams to influence system change towards better health and wellbeing. Because 'attribution' of quantitative changes to the initiative is impossible, the qualitative data, alongside Outcome Narrative data collected by the Healthy Families New Zealand teams can help to describe the 'contribution' of the initiative within the wider health and wellbeing environment.

According to Te Pae Māhutonga the Healthy Families NZ teams are contributing to improved health and wellbeing.

Healthy Families NZ teams are taking a 'whole-system' approach and their mahi/activities are impacting Mauriora, Waiora, Te Oranga, Toiora, Ngā Manukura and Te Mana Whakahaere.

Te Oranga (participation in society) shows the strongest emphasis with a very clear focus in the Healthy Families NZ initiative on ways and methods for increasing the meaningful participation of people and communities.

The health and wellbeing indicators, along with the socio-demographic indicators give us a picture of the wider context within which the locations sit and operate. The change in health and wellbeing indicators over time was variable among the location areas. But improvements were seen in child health, particularly in body size and up-to-date immunisations, along with tobacco use in adults. Aspects of health and wellbeing that showed deterioration were mental health, cardiovascular-related indicators, and unmet need for primary health care.

Answering this question is predictably complex. Given the nature of the Healthy Families NZ initiative — in that it is an evolving, adaptive initiative being implemented differently within different community contexts — comparable quantitative data is impossible to have. The Qualitative Comparative Analysis (QCA) evaluation approach responds to the reality of the different community contexts, and of this complexity (Matheson et al., 2018).

Through the first phase of the evaluation, it was learned that the national data sets of health status could provide a picture of how specific indicators were trending within the location areas as well as compared to the rest of NZ outside the locations. But the data could not tell us anything specific about the Healthy Families NZ initiative. Instead, it has provided useful context to help understand what is happening more widely in locations in terms of action on prevention and health determinants. The data has enabled the complicated relationships between trends and the initiative to be explored — including how Healthy Families NZ is impacting the prevention strengthening through the organisation of these communities.

In Phase 2, the evaluation team adapted data collection to include Outcome Narratives which could provide information about the impacts of activities close to where those activities are happening. The evaluation team have explored national data sets to gather an understanding of the current, and evolving contexts of the locations over time, and the challenges and opportunities present. Relevant and meaningful health and wellbeing indicators (for Healthy Families NZ) within the New Zealand Health Survey (NZHS), B4SchoolCheck (B4SC), and Te Kupenga Māori Survey of Wellbeing data sets have been examined. And given the area-based nature of the initiative, the data has been explored within the geographic boundaries of each location (see more in Appendix F).

The Healthy Families NZ locations were selected because they were areas with higher deprivation, health inequities and other entrenched challenges. There are also wider population trends that show inequality is increasing and that population mental health has been deteriorating, exacerbated by COVID-19 and the public health response to the pandemic (Bambra, Riordan, Ford, & Matthews, 2020; Fleming et al.; Government Inquiry into Mental Health and Addiction, 2018; Health and Disability System Review, 2020; Health Quality & Safety Commission, 2019; Ministry of Health, 2019).

The data collected also cannot answer this question directly as it cannot 'prove' the full extent of changes. It does however show the areas of focus and nature of efforts being made to influence system change towards better health and wellbeing by the initiative.

Because 'attribution' of quantitative changes in outcomes to the initiative is impossible, the qualitative data gathered, alongside evidence collected by the teams to back up local outcomes (via the Outcome Narratives), can help to assess 'contribution' of the initiative within the wider health and wellbeing environment. To do this the evaluation has drawn on Te Pae Māhutonga (Appendix B) to position the view of health — as more holistic and interconnected — and to determine whether there is evidence of activity happening that supports the progress or shifting of health and wellbeing outcomes. Data captured answering the other KEQs has been used to inform insights described here.

Main health and wellbeing findings

Are the teams addressing the key areas of health and wellbeing as described in Te Pae Māhutonga?

- The Healthy Families NZ location teams are taking a 'whole-system' approach to health through activities that impact Mauriora, Waiora, Te Oranga, Toiora, Ngā Manukura and Te Mana Whakahaere
- Te Oranga (participation in society) shows the strongest emphasis, with a very clear focus in the Healthy Families NZ initiative on ways and methods for increasing meaningful societal participation
- Mauriora (cultural identity) is being impacted through the permissive nature of systems thinking, and the resonance with Māori ways of knowing
- Ngā Manukura (leadership) is a central focus of the teams, particularly building local leadership in the context of system strengthening (through distributed leadership)
- Mana Whakahaere (autonomy) is being achieved through the ownership the teams themselves feel and the goals, tools and methods the teams are using to engage with their local communities
- There is also some impact on Waiora (physical environment) and Toiora (healthy lifestyles), but this impact could be strengthened and accelerated

What are the main insights from examining NZHS and B4 School Checks over time (pre COVID-19)?

The quantitative health status data discussed in this section is related to the Healthy Families NZ locations through the geographic boundary associated with the available data. The evaluation used 'area' in this section to refer to this geographic boundary for each Healthy Families NZ location. In most cases this geographic boundary (area) matches the location. However, in South Auckland the geographic area being used for analysis is Manukau and Manurewa-Papakura, while Christchurch includes Spreydon-Heathcote.

The quantitative health and wellbeing indicators were analysed using definitions of the geographical area of the Healthy Families NZ locations. In most cases, the geographic areas used align with the current Healthy Families NZ locations. However, analysis for South Auckland was separated into the areas of the two teams, Manurewa-Papakura and Manukau, and analysis for Hutt Valley was limited to the area of Hutt City (i.e. Lower Hutt). The evaluation used 'location area' or 'area' in this section to refer to these geographic definitions.

- Hutt Valley (Lower Hutt) showed the most improvement in health and wellbeing over time, followed by East Cape across the total population. Both these areas had a greater number of indicators showing improvement than worsening (within the areas and/or in comparison to the Rest of New Zealand[4]). Waitākere showed the least improvement, followed by Invercargill.
- More specifically, improvements tended to be seen in child health, particularly in body size and immunisations, along with tobacco use in adults. Aspects of health and wellbeing that tended to show deterioration were mental health, cardiovascular-related indicators, and unmet need for primary health care. Changes in physical activity and oral health varied across the areas.
- On balance, Māori living in Hutt Valley (Lower Hutt), East Cape, and Far North, experienced improvements in health and wellbeing with most indicators showing improvement over time (within the areas and/or at least in comparison to the Rest of New Zealand). Improvements in these areas all came from improvements in health and wellbeing in Māori children. Māori living in Waitākere, Manukau (South Auckland) and Invercargill experienced the least improvement in health and wellbeing.
- For Pacific peoples living in South Auckland, both Manukau and Manurewa-Papakura areas had a mixture of health and wellbeing indicators showing improvement and worsening over time. On balance, Manurewa-Papakura had more indicators showing improvement than worsening, but only by a single indicator compared with Manukau.

4. 'Rest of New Zealand' refers to all people living outside of Healthy Families NZ locations, including people living in Upper Hutt.

TABLE 15: SUMMARY OF THE QUALITATIVE DATA USING TE PAE MĀHUTONGA

Te Pae Māhutonga (Appendix B)	What do the qualitative evaluation findings tell us about the delivery of Healthy Families NZ in Phase 2?
Mauriora — Cultural identity and access to te ao Māori. Cultural identity is a pre-requisite for good health and requires access to te ao Māori. Meaningful contact with language, customs, and inheritance. Expression of Māori values.	• The ability to use Māori systems return, te ao Māori, and mātauranga Māori approaches with ease and permission has been important • The strong sense of ownership in the Māori and Pacific locations • A focus on practices around relating to kai/food systems, water and collaboration
Waiora — Physical environment, environmental protection. Spiritual element that connects human wellness with cosmic, terrestrial, and water environments. Nature and quality of the interaction between people and the surrounding environment.	• Contributing to advocacy and action on smokefree and healthier retail environments (ie food and alcohol), urban and community environments and practices (play, parks, schools, ECEs etc) • Restoring local, natural and historical narratives through storytelling, communication and projects connecting activities to local environments • A shift to focusing on activities which have potential to contribute to addressing climate change
Te Oranga — Participation in society Wellbeing is also about the goods and services people can count on and voice they have in deciding the way those goods and services are made available. Confidence with which people can access good health services, schools, sport and recreation. Wellbeing, Te Oranga, is dependent on the terms under which people participate in society.	• Spreading through and to other organisations, including a greater focus on equity • Greater community input into urban planning • Bringing community voice closer within local government • Explicit focus on power-sharing • Using methods to explicitly gather real community participation and to reach those whose voices are quieter • Ensure all voices are heard – collaboration, co-design • Building community agency – improving reciprocity in relationships, back-boning, facilitation, leveraging resources • Building distributed leadership • Influencing organisational, local and national policy
Toiora — Healthy Lifestyles Too many Māori, young and old, are trapped in risk-laden lifestyles and as a consequence will never be able to fully realise their potential. Risks are highest where poverty is greatest.	• Fostering environments to make play easier for children, exercise easier for everyone, positive social interaction easier, access to safe water and to healthy and nutritious food easier, workplaces and educational environments safer and more health focused
Ngā Manukura — Leadership Leadership for the promotion of health and wellbeing in our communities needs to occur at a range of levels from leadership for the community through community role models and among peer groups. Communication, collaboration and alliances between all social leaders and groups are important.	• Leadership is a strong focus with particular emphasis on distributed leadership which is understood to be necessary to strengthen complex health and social systems • There has been an emphasis on growing leadership skills within the teams alongside. But also supporting others to be leaders through facilitation, backboning and leveraging towards collective goals • Understanding that sometimes effective leadership is being in the background • Being intentional and deliberative about collaboration and the goals to be achieved • The Strategic Leadership Groups have been mixed in terms of success. While some teams have found the groups working well with more formal meetings, other teams have found less formal ways to tap into local leadership
Te Mana Whakahaere — Autonomy Communities — whether they be based on hapū, marae, iwi, whānau or places of worship, interest or residence — must ultimately be able to demonstrate a level of autonomy and self-determination. The extent to which communities themselves take ownership of, and have a degree of autonomy over, improving their own health and wellbeing.	• Many of the approaches and methods used by the Healthy Families NZ teams have been geared towards empowering local communities to have voice and to influence in local decisions • The intention to build on what is already going on in communities has allowed the Healthy Families NZ teams to ground their work in their own communities • The systems approach and the responsive nature of the relationship with the Ministry has facilitated a sense of ownership over the initiative — including among Māori and Pacific led teams.

Te Pae Māhutonga and Healthy Families NZ action on health and wellbeing

To help us draw wider conclusions for this question the Evaluation Team has considered the findings in relation to the framework for action on health and wellbeing Te Pae Māhutonga. This framework also underpinned the development of the Indicators used in this evaluation.

Using Te Pae Māhutonga as an analytic lens illustrates the Healthy Families NZ initiative is taking a 'whole systems' approach to improving health and wellbeing. (See Table 15 on the pervious page).

It is making inroads with Mauriora and Waiora, increasing its impact in settings to influence Toiora, strongly addressing Ngā Manukura and Te Oranga, which in turn has potential impact on te Mana Whakahaere.

Quantitative indicators of health and wellbeing

This section discusses the results of change over time for a range of quantitative indicators of health and wellbeing from the New Zealand Health Survey and B4 School Checks for each location 'area'. In most cases, the geographic location 'areas' used for analysis and discussion align with the current Healthy Families NZ localities with two exceptions. Results for South Auckland are broken down by Manurewa-Papakura and Manukau team areas, while results for Hutt Valley are limited to the Hutt City territorial authority area (the original area for Hutt Valley). The term 'location area' or 'area' is used in this section to refer to these geographic definitions.

There were 41 indicators from the NZHS and 6 from the B4SC encompassing oral health, tobacco use, long-term conditions, body size, access to and use of health care, home ownership, mental health, self-rated health and physical activity[5]. These indicators reflect two dimensions of Te Pae Māhutonga; Te Oranga and Toiora. These findings are supplemented with results from Te Kupenga Māori Survey of Wellbeing 2018 for Māori for the dimensions of Te Mana Whakahaere, Mauriora, and Waiora.

These indicators provide insight into the area context in which the Healthy Families NZ location teams are operating. And therefore need to be understood in the context of the size of the task that the team, partners and communities face in improving health and wellbeing through prevention. Change over time refers to the four-year time point (2011/12 – 2014/15) before Healthy Families NZ, and the most recent four-year time point (2016/17 - 2019/20) following initiation of Healthy Families NZ. Therefore, these results reflect the situation prior to the COVID-19 pandemic.

Total population

How are the different location areas doing overall?

Hutt Valley (Lower Hutt) showed the most improvement in health and wellbeing, followed by East Cape across the total population (Table 16). Both of these areas had a greater number of indicators showing improvement than worsening (within the areas and/or in comparison to the Rest of New Zealand[6]). Waitākere showed the least improvement, followed by Invercargill.

More specifically, improvements were seen in child health, particularly in body size and up-to-date immunisations, along with tobacco use in adults. Aspects of health and wellbeing that showed deterioration were mental health, cardiovascular-related indicators, and unmet need for primary health care. Changes in physical activity and oral health varied across the areas.

5. It was not possible to examine key indicators of nutrition, harmful alcohol use, and screen time from the NZHS due to breaks in the time series following improvements to the questionnaire. Similarly, changes to questions and data collection issues with the 2018 Census ruled out this data source for looking at change in health and wellbeing over time.

6. 'Rest of New Zealand' refers to all people living outside of Healthy Families NZ locations, including people living in Upper Hutt.

TABLE 16: NUMBER OF INDICATORS SHOWING CHANGE OVER TIME (improving or worsening) (2011/12 – 2014/15 to 2016/17 – 2019/20), by location area, total population

Area	Number of indicators improving * over time	Number of indicators worsening* over time	Total number of indicators with change over time	Percent of indicators improving**
Far North	3	4	7	43%
Waitākere	1	16	17	6%
Manurewa-Papakura (South Auckland)	5	11	16	31%
Manukau (South Auckland)	7	11	18	39%
East Cape	7	6	13	54%
Rotorua	4	5	9	44%
Whanganui Rangatīkei Ruapehu	4	11	15	27%
Hutt Valley(Lower Hutt)	10	6	16	63%
Christchurch	7	11	18	39%
Invercargill	1	9	10	10%

0-24% Few indicators improving

25-50% Some indicators improving

>50% Majority of indicators improving

Notes: * Improving or worsening over time — either in an area, and/or when compared to Rest of New Zealand.
** Percent of indicators improving is the number of indicators improving out of the total number of indicators with change over time. Indicators encompass oral health, tobacco use, long-term conditions, body size, access to and use of health care, home ownership, mental health, self-rated health and physical activity.

Vignette 06:

Having a strong Māori team with good relationships with mana whenua and iwi

Invercargill: Building relationships in Māori settings

Active Southland is the Lead Provider for Health Families Invercargill and is committed to the development of Strategic partnerships with Māori leadership in the community.

Whilst having consistent iwi representation within the Healthy Families Invercargill Strategic Leadership Group, the team itself has had no Māori-centred role. Their efforts have focused on creating a strong, reciprocal working relationship with Waihōpai Runaka, Murihiku Marae, the kōhanga reo rōpū and other Māori organisations in Invercargill.

Since 2016, Healthy Families Invercargill has been working closely with iwi on health equity for local Māori. Through this work, the team has developed a strong and positive working relationship with local Māori organisations, ensuring an iwi lens is placed over all the work they do. This relationship has also supported a wellbeing-based approach being taken by other organisations in their own mahi.

“Our relationship has grown organically, which has been absolutely stunning. And, the fact that we haven’t needed an MOU or anything like that to progress and forward that relationship. It’s about knowing that our shared direction is about whānau wellbeing, we are both committed to that and making it work. It’s about making meaningful differences (and) we believe that together we have done that.” Odele Stehlin, Waihōpai Rūnaka General Manager."

This successful relationship building has promoted a focus on health and wellbeing creating many opportunities for community collaboration and action.

What is happening with specific aspects of health and wellbeing across the location areas?

The majority (8 out of 10) of geographic location areas were improving or at least doing better than the Rest of New Zealand with four-year-olds being up-to-date with their immunisations. This finding contrasts with the decrease in up-to-date immunisations in four-year-olds in the Rest of New Zealand.

Improvements were seen in indicators of body size (obese, overweight) for children. Half of the areas showed decreases in body size in four-year-olds, consistent with the decrease in the Rest of New Zealand, and some areas did better than the Rest of New Zealand. Plus, East Cape also showed improvements in body size for children aged 1-14 years. Nonetheless, two areas (Waitākere, Manurewa-Papakura) showed worsening over time in indicators of body size in children aged 2-14 years and no change for four-year-olds. Furthermore, the only areas to show any change in indicators of adult body size were Lower Hutt and Whanganui, where rates worsened.

Half the areas showed improvements in tobacco use, consistent with the decrease in the Rest of New Zealand, while the rest showed no change.

Most areas showed changes in physical activity indicators. These changes varied across the areas, with Manurewa-Papakura and Whanganui showing improvement, but six areas showed worsening in contrast with the Rest of New Zealand. Changes in oral health indicators also differed across the areas.

Half of the areas showed worsening oral health in juxtaposition to the Rest of New Zealand, while four showed improvements. Findings of change in oral health are based largely on assessment of healthy teeth and gums in four-year-olds. However, the few changes in rates of recent teeth extraction for decay in adults or children (2-14 years) were consistent with the oral health findings in four-year-olds within the same areas.

All areas, except Manurewa-Papakura, showed a worsening of adult mental health in one or more indicators[7]. This is consistent with the pattern in the Rest of New Zealand, although in several areas mental health worsened to a greater extent than the Rest of New Zealand. In addition, many of the areas showed a worsening of self-rated health (subjective wellbeing), also consistent with the Rest of New Zealand. Again, in some areas, subjective wellbeing worsened to a greater extent than the Rest of New Zealand.

The majority of areas (8 out of 10) showed a worsening of unmet need for primary health care in adults, which corresponds to the increase in the Rest of New Zealand. In some areas unmet need worsened more than in the Rest of New Zealand. However, Lower Hutt showed an improvement in unmet need for primary health care in children.

At least one cardiovascular related indicator[8] worsened in half the areas. Lower Hutt was the only area to show an improvement in any of these indicators, namely a decrease in ischaemic heart disease. Of note, rates of chronic pain also worsened in half the areas, consistent with the Rest of New Zealand.

Areas in the Auckland region and Christchurch showed worsening rates of adults living in a home that is owned, often to a greater extent than the decrease in Rest of New Zealand.

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7. Diagnosed mood and/or anxiety disorder, psychological distress
8. High cholesterol, high blood pressure, diabetes, and ischaemic heart disease

Māori

How are Māori doing overall in the location areas?

On balance, Māori living in Lower Hutt, East Cape, and Far North, experienced improvements in health and wellbeing with the majority of indicators showing improvement over time (within the areas and/or at least in comparison to the Rest of New Zealand) (Table 17). Improvements in these areas came from improvements in health and wellbeing in Māori children. Māori living in Waitākere, Manukau and Invercargill experienced the least improvement in health and wellbeing (Table 17).

More specifically, improvements tended to be seen in body size and up-to-date immunisations for four-year-olds. While it is easier to detect change using the B4SC dataset of four-year-olds this does not determine the nature of the change. Aspects of health and wellbeing that tended to show deterioration for Māori were mental health, self-rated health (subjective wellbeing), and unmet need for primary health care. The challenge of detecting change in long-term conditions makes the increases in mental health indicators for Māori noteworthy.

What is happening for Māori in specific health and wellbeing dimensions?

Mauriora — Cultural identity and access to te ao Māori

The four indicators of Mauriora from the *2018 Te Kupenga Māori Survey of Wellbeing* showed wide variation across the areas. The Far North, East Cape, and Manukau had the highest rates of Māori identifying the 'use of te reo in daily life' as important and 'engagement in Māori culture' as important. Christchurch and Invercargill had the lowest rates for the same indicators. Far North and East Cape also had the highest rates of 'recent visit to marae tipuna' and 'considering marae tipuna as turangawaewae' (among those who knew their marae tipuna).

Toiora — Healthy Lifestyles

Improvements were seen in body size (obese, overweight) in Māori four-year-olds. Most areas (7 out of 10) showed improvements in at least one indicator of body size in Māori four-year-olds, consistent with the improvements in Māori four-year-olds in the Rest of New Zealand. Some areas had decreases in rates of obese or overweight to a greater extent than the Rest of New Zealand.

However, changes in body size (obese, overweight) for Māori adults differed across the areas. On the one hand, both Invercargill and Whanganui Rangitīkei Ruapehu showed an improvement (a decrease in the rate of overweight Māori adults), in contrast to unchanged rates of overweight for Māori adults in the Rest of New Zealand. On the other hand, Manukau and Rotorua had worsening rates of obesity and Manurewa-Papakura had an increased rate of obesity and overweight combined.

Changes in indicators of physical activity for Māori also varied by area. Three areas showed improvements (Rotorua, Whanganui Rangitīkei Ruapehu, and Waitākere) and two showed worsening (Invercargill, Christchurch). In addition, good oral health (healthy teeth and gums) in four-year-olds showed mixed results. Four areas showed improvement consistent with the Rest of New Zealand, with Christchurch also having improvement in adult tooth extraction, while four areas had worsening oral health.

Only Rotorua demonstrated an improvement in tobacco use for Māori, consistent with decreasing rates for Māori in the Rest of New Zealand. The rest of the areas showed no change, except Waitākere, which showed a worsening when compared with the Rest of New Zealand.

Te Oranga — Participation in society

Most areas (7 out of 10) improved or at least did better than the Rest of New Zealand in Māori four-year-olds being up-to-date with their immunisations. This result contrasts with the decrease in the rate of up-to-date immunisations in Māori four-year-olds in the Rest of New Zealand.

TABLE 17: SUMMARY OF INDICATORS SHOWING CHANGE OVER TIME (improving or worsening) (2011/12 – 2014/15 to 2016/17 – 2019/20), by location area, Māori (total response)

Area	Number of indicators improving * over time	Number of indicators worsening* over time	Total number of indicators with change over time	Percent of indicators improving**
Far North	4	3	7	57%
Waitākere	2	7	9	22%
Manurewa-Papakura (South Auckland)	5	9	14	36%
Manukau (South Auckland)	3	10	13	23%
East Cape	4	2	6	67%
Rotorua	5	6	11	45%
Whanganui Rangatīkei Ruapehu	5	5	10	50%
Hutt Valley(Lower Hutt)	6	3	9	67%
Christchurch	5	7	12	42%
Invercargill	2	6	8	25%

0-24% Few indicators improving

25-50% Some indicators improving

>50% Majority of indicators improving

Notes: * Improving or worsening over time – either in an area, and/or when compared to Rest of New Zealand.
** Percent of indicators improving is the number of indicators improving out of the total number of indicators with change over time. Indicators encompass oral health, tobacco use, long-term conditions, body size, access to and use of health care, home ownership, mental health, self-rated health and physical activity.

Indicators of mental health and wellbeing worsened for Māori adults in the majority (8 out of 10) of areas, consistent with Māori in the Rest of New Zealand. Furthermore, most (7 out of 10) areas showed Māori adults experienced worsening self-rated health (subjective wellbeing), consistent with the Rest of New Zealand. There were mixed results for rates of four-year-old children being 'happy, confident and developing well'. Both Lower Hutt and Far North showed an improvement, and Invercargill and Manurewa-Papakura showed a deterioration, diverging from the stable rate in the Rest of New Zealand.

Only one area showed improvement in cardiovascular-related indicators for Māori; namely the Far North, which had a decrease in ischaemic heart disease. In the areas with larger populations and thus sample sizes, such as Christchurch, Lower Hutt, Manukau and Manurewa-Papakura, changes over time showed worsening rates for other long-term conditions[9]. Notably, three areas showed worsening rates of chronic pain.

Four of the areas showed Māori experienced worsening of unmet need for primary health care in either adults or children, in contrast to a decrease in the Rest of New Zealand. Of note, three areas showed worsening rates of recent ED visits in Māori children; Invercargill, Waitākere, and Rotorua, in contrast to unchanged rates for Māori children in the Rest of New Zealand. However, the areas with worsening unmet need for primary care were not the same areas with worsening rates of recent ED visits in children.

Waiora — Physical environment, environmental protection

The two indicators of Waiora from the 2018 Te Kupenga Māori Survey of Wellbeing about the 'importance of the health of the environment' and the 'importance of looking after the environment' showed little variation across the areas.

However, rates of participation in looking after the natural environment and Māori cultural sites of importance varied considerably across the areas. The Far North and East Cape had high rates of participation consistent with their somewhat higher rates of the importance of the health of the environment and looking after it. Christchurch and Waitākere had low rates of participation consistent with their somewhat lower rates of the importance of the health of the environment and looking after it.

Te Mana Whakahaere — Autonomy

The two indicators of Te Mana Whakahaere from the 2018 Te Kupenga Māori Survey of Wellbeing about institutional trust and sense of control showed moderate to low variation across the areas. Interestingly, Invercargill had one of the highest rates of 'high sense of control' while Lower Hutt had the lowest rate, but Lower Hutt had a high rate of 'higher than average institutional trust'. Once again East Cape had the highest rate for an indicator, this time for 'high sense of control'.

Ngā Manukura — Leadership

There are no health and wellbeing indicators for this dimension of Te Pae Māhutonga.

Pacific Peoples

Approximately two-thirds[10] of the Pacific people's population in current Healthy Families NZ locations live in Manukau and Manurewa-Papakura (ie Healthy Families South Auckland) so these results provide insight into the health and wellbeing for the bulk of the Healthy Families NZ population of Pacific peoples. The presentation of these results has been informed by the Fonofale Pacific model of health (Ministry of Health, 2008)[11], particularly the four posts of the fale (Spiritual, Mental, Physical, Other) and the Environment dimension of the cocoon around the fale. The Fonofale model has not been used in a systematic way within this phase of the evaluation, although it shares many elements with Te Pae Māhutonga.

How are Pacific peoples doing overall in South Auckland?

Both Manukau and Manurewa-Papakura areas had a mixture of health and wellbeing indicators showing improvement and worsening over time from 2011/12 – 2014/15 to 2016/17 – 2019/20 for Pacific peoples (Table 18), reflecting their health status prior to COVID-19. On balance, Manurewa-Papakura had more indicators showing improvement than worsening, but only by a single indicator compared with Manukau.

TABLE 18: NUMBER OF INDICATORS SHOWING CHANGE OVER TIME (improving or worsening) (2011/12 - 2014/15 to 2016/17 - 2019/20), South Auckland, Pacific peoples (total response)

Area	Number of indicators improving * over time	Number of indicators worsening* over time	Total number of indicators with change over time	Percent of indicators improving**
Manurewa-Papakura	6	5	11	55%
Manukau	5	5	10	50%

0-24% Few indicators improving
25-50% Some indicators improving
>50% Majority of indicators improving

Notes: * Improving or worsening over time – either in an area, and/or when compared to Rest of New Zealand. ** Percent of indicators improving is the number of indicators improving out of the total number of indicators with change over time. Indicators encompass oral health, tobacco use, long-term conditions, body size, access to and use of health care, home ownership, mental health, self-rated health and physical activity.

What is happening for Pacific peoples in specific aspects of health in South Auckland?

In terms of Physical health, both areas in South Auckland showed improvement in obesity and overweight, along with up-to-date immunisations, in Pacific four-year-olds. However, both areas showed a worsening in the use of active transport for school in Pacific children (5-14 years). Manurewa-Papakura showed an improvement in good oral health (healthy teeth and gums) in Pacific four-year-olds while Manukau had a worsening situation. Plus, in Manukau, oral health also worsened in children aged 1-14 years. In contrast to Pacific four-year-olds, in Manurewa-Papakura, Pacific children aged 2-14 years showed a worsening situation in body size. This diverge of results for body size in four-year-olds and older children is seen in other areas in other population groups.

In terms of Mental health, both areas showed an improvement in mood and/or anxiety disorder in Pacific adults, although this was based on weak statistical evidence and is dependent on access to health services and diagnosis. Loosely related to Spiritual health, there was no change over time in good self-reported health (subjective wellbeing), in either Pacific adults or as reported by parents for children aged 0-14 years.

South Auckland is a predominantly urban environment, with large areas classified as the most deprived areas in Aotearoa New Zealand. Both areas showed a worsening in Pacific adults living in a home that is owned. Whereas Manukau showed a worsening of unmet need for primary health care in Pacific adults, Manurewa-Papakura showed an improvement in unmet need for primary health care in Pacific children.

9. Arthritis, medicated asthma in adults, and chronic pain.
10. Based on 2018 Census, there are 203,940 Pacific peoples across Healthy Families NZ locations (including Upper Hutt) and 130,233 in Healthy Families South Auckland.
11. Ministry of Health. 2008. Improving Quality of Care for Pacific Peoples. Wellington: Ministry of Health.

Vignette 07:

Community insights to shape food systems

East Cape: Te Mahinga Kai o Tairāwhiti

Healthy Families East Cape have worked with the Te Mahinga Kai o Tairāwhiti collective to address access to nourishing and affordable kai in the area.

This initiative aims to *"directly inform a Tairāwhiti community-owned food strategy and action plan; enable access to affordable and nutritious kai in Te Tairāwhiti; support community leaders and stakeholders in establishing a healthy, circular sustainable food system; and to build the capacity and capability of our region in the food system."*

The Kitchen Table Talks involved an extensive series of community discussions. Topics included experience of food insecurity, waterways and soil health as part of the whole system. Over several months, at least 25 Kitchen Table Talks were held with stakeholders and community, engaging with up to 200 individuals. Healthy Families East Cape then worked on getting those insights to decision-makers.

Healthy Families East Cape acted as a broker of relationships and opportunities to apply for funding. They helped to make sense of the information and to demonstrate impact across sectors. Part of this involved:

...an intensive mapping phase of the food system, conducting various mapping exercises with partners and stakeholders to explore and capture some of the principle systemic influences on the food system in Tairāwhiti.

The initiative has a particular focus on looking at food sovereignty from a te ao Māori point of view leading to:

...an uptake in community and whanau wanting to learn about mātauranga Māori, maramataka and tikanga through prioritising and promoting Māori Systems Approach.

KEQ 4: To what extent is Healthy Families NZ making a difference to Māori health, Pacific health and equity; how and in what ways?

Summary of Findings

Across all locations there is an intentional focus on Māori and Pacific health and equity.

Healthy Families NZ is taking a leadership role in applying kaupapa Māori principles and enabling changes in the community and wider prevention system.

Taking a systems approach feels very comfortable for the Māori and Pacific workforce. It has enabled mātauranga Māori and other Māori systems approaches to flourish. Māori and Pacific ownership of the initiative locally has been achieved. Having Māori (and Pacific people) well represented among the teams and leadership groups was one indicator of the initiative recognising its Te Tiriti responsibilities, particularly when these people were able to bring their expertise to influence the approaches of non-Māori colleagues to the work.

Healthy Families NZ teams have embraced the importance of Māori health and equity. Across all locations there is an intentional focus on Māori health and equity. There is rich source of evidence in the ONs, stakeholder surveys and qualitative interviews which describe how and in what ways HF teams are working with Māori (and non-Māori) in pursuit of Māori health and equity.

Healthy Families NZ is taking a leadership role in applying kaupapa Māori principles and enabling changes in the community and wider prevention system. They do this by using mātauranga Māori and te ao Māori concepts to explain activities, using tikanga to collaborate and build relationships and embrace ways of working that share power, let communities lead and take ownership.

An intentional focus on Māori health and equity

Te Tiriti obligations, Māori health and equity considerations were seen as highly important in all Healthy Families NZ locations. Similar sentiments were expressed for Pacific health depending on the location's population.

Healthy Families NZ is enabling changes in the community and wider prevention system

In terms of making a difference for Māori health and equity, most of the changes attributable to Healthy Families NZ relate to the team's ways of working. Healthy Families NZ teams facilitate community engagement, enable and support the translation of ideas to action, and work collaboratively across different organisations and networks. These actions impact the wider prevention system and in turn lead to improved equity and wellbeing.

Specific ways of working, in relation to Māori health and equity include leadership in applying kaupapa Māori principles, the use of mātauranga Māori and te ao Māori concepts, and the use of tikanga in the growing and maintaining relationships.

Leadership in applying kaupapa Māori principles

In the Māori-led locations (Far North, East Cape, Rotorua, Whanganui Rangitīkei Ruapehu) teams were taking the lead in their wider community networks on promoting kaupapa Māori (normalising Māori ways of knowing and being), mātauranga Māori and the use of traditional knowledge such as maramataka. The teams n non-Māori Lead Providers had all made more obvious effort in this phase to integrate te ao Māori perspectives into their practice, and to work on deeper connections with local Māori stakeholders.

A typical observation about a Māori-led location:

I guess my observation in a kaupapa organisation is they live and breathe those fundamentals you know they are protecting the health and wellbeing of Māori, yeah I think they're completely embedded and probably teach us all how to apply those principles. (WRR004)

A typical observation about the support provided by Healthy Families NZ to non-Māori-led Lead Providers:

Healthy Families (NZ) has added a whole lot of value around Te Tiriti. So, we've embarked in the last twelve months on a significant cultural competency journey. To do two things: one is to obviously develop our own capability but to be more relevant to the communities that we support… So are we there yet, no? Are we committed to being better in that space? absolutely? (CHCH002)

Using mātauranga Māori and te ao Māori concepts to explain activities

Kaitiakitanga, that is, stewardship or protecting the environment, was a key priority for many Māori participants. For example, Healthy Families NZ teams and the Māori communities they worked with, utilise mātauranga Māori as a way of connecting to the environment and identifying the spiritual dimension of environmental health concerns, for example the sacredness of wai which can empower communities and show respect for local mātauranga.

The use of maramataka, Māori systems return, traditional knowledge and kai sovereignty, weaving te ao Māori concepts into advocacy work for healthier kai and wai systems was variously evident across the locations. Healthy Families NZ is contributing to a growing national-level appreciation for the synergies between te ao Māori approaches and community-led systems change work.

Healthy Families NZ teams worked with and alongside community partners to promote Māori leadership through engaging with the principles of te ao Māori practices. One common activity across the locations the was the te ao Māori practice of māra kai (food sustainability/sovereignty)

For example, māra kai involves more than just the growing of food but encompasses notions of hauora (wellbeing), tauutuutu (reciprocity and giving back) and manaakitanga (an ethic of care for others). An example from Hutt Valley:

The māra is not only an abundant garden, but a place where hands get dirty, connections to the whenua and the maramataka are made and wairua is restored. Kōkiri Marae Pātaka Kai and Te Māra o ngā Kaimanu are exceptional examples of Māori leading the way to create a place where anyone can receive food, learn skills in the māra or give back to their community and contributes significantly to the vision of a food environment where everyone has access to good food. (HVON05)

Using tikanga to collaborate and build relationships

Some of the teams use tikanga as their guiding principles when engaging with communities. One of the benefits of this is it signals a valuing of Māori ways of working and being. This is seen as respectful and contributes to whanaungatanga, the building of trusting relationships:

…that's something that probably isn't commended enough, the way that they do that, that they go into communities, but they go into them respectfully. Again, that's the benefit of coming at it from a te ao Māori perspective as opposed to perhaps a more Europeanised perspective. (FN002)

Similar tikanga informed approaches and the benefits to the building of trusted relationships were echoed in the East Cape, Whanganui Rangitīkei Ruapehu and Rotorua:

Tikanga of Healthy Families East Cape has been set to include mihimihi, karakia, maramataka, whakawhanaunga and reo Māori wherever possible in each engagement with stakeholders, community, Strategic Leadership Group and whānau, including karakia and where requested, a digital copy of our maramataka which has been shared with stakeholders and community, organisations & providers. (ECON06/09)

Ways of working that share power, let communities lead and take ownership

Approaches to community engagement enabled power-sharing, particularly in those Māori-led Healthy Families NZ locations, where co-design and insight-gathering had helped to strengthen trust with communities.

A core approach was for location teams to work to facilitate community interests and let communities take the lead and ownership of the idea or approach. Location teams took an enabling approach, bringing their expertise in systems methods to help communities explore and work through ideas as well as providing backbone support and looking to connect with a range of partners across the location where appropriate.

All location teams worked hard to ensure their mana whenua partners were adequately credited with leadership of shared initiatives. Māori partners were overall very positive of the approach, valuing the stories of communities taking ownership of local initiatives and appreciating the Healthy Families NZ teams' approaches to listening, collaborating and respecting expertise.

Kaimahi Māori are critical to embedding Māori focused health and equity focused practice

Kaimahi Māori (the Māori workforce) have been fundamental to leading, modelling and supporting tikanga and mātauranga Māori informed ways of knowing, being and seeing.

This was a strength in some ways: many locations had strong Māori leadership within the teams and were able to take a leadership role in sharing others about mātauranga. Having Māori (and Pacific people) well represented among the teams and leadership groups was one indicator of the initiative recognising its Te Tiriti responsibilities, particularly when these people were able to bring their expertise to influence the approaches of non-Māori colleagues to the work. Even those teams with less natural connection to mana whenua due to their population base, were seen as making a good effort. For example, Invercargill was singled out more than once as engaging well with its local Māori communities.

In those locations that were not Māori-led, the Māori expert team members tended to be drawn into the wider organisation to help them with their journey towards better kaupapa Māori understanding.

In some locations, it has been harder to recruit for specialist Māori roles. Christchurch had temporarily had an expert team member who had since left. Hutt Valley had some Māori and Pacific team members but felt they needed more capacity, and still felt their relationship with local iwi was a challenge. The smaller locations, although strongly Māori-led, had recruitment challenges in general.

Tensions of working in a colonial system

Other challenges included integrating te ao Māori priorities in the work process, especially when working with non-Māori government contracting and funding arrangements. These types of arrangements which have been dominant within the New Zealand public sector tend to vest power in the funder and diminish or minimise the effective power of communities. This has proved to be a challenge for both Māori and non-Māori organisations in their efforts to improve local health and wellbeing because of the more linear and siloed approaches that have been the norm within health in a te ao Māori perspective, for example, which takes an interconnected, inter-dependent view of the world including the physical and natural environment.

To enable positive social change and self-determination for Indigenous and Pacific peoples, the paternalistic perspectives of dominant majorities facilitating physical activity and sporting experiences are what needs to be changed. (SAON10)

Pacific communities — Healthy Families South Auckland and the other locations

The Pacific-led teams in South Auckland have achieved a sense of ownership of the Healthy Families NZ initiative, with the systems-informed approaches they are taking fitting well with, and influencing, the innovative approaches to social change occurring more widely. As with other teams they found the underlying systems kaupapa of the initiative permissive in terms of these different and more comfortable ways of knowing and acting.

Reciprocity in relationships

Being able to act with reciprocity is central to Pacific cultures and has enabled the Healthy Families NZ teams to feel confident in using methods such as co-design and prototyping. The teams have found systems methods, with a te ao Māori perspective, has also helped them to take a 'hybrid' approach when working across a mix of Pākehā and indigenous knowledge frameworks (see the South Auckland case study in Appendix I for examples).

Entrenched inequality requires system change

The different phases of the evaluation have continued to find there is entrenched inequality challenges in South Auckland that are difficult to shift. There is longstanding scepticism among those working on social change in these communities, about how funding has historically been allocated to tackle local needs. There is an obvious backdrop of wariness towards new schemes unless they are seen to genuinely work with community priorities and be led by community members (or leaders) well known to families. The South Auckland region is frequently described as an area with significant investment that has not been designed or implemented effectively.

The Healthy Families South Auckland teams are acutely aware of the need for disruptive change to unsettle longstanding but ineffective practices, and that achieving this would take time. This is evident throughout the Healthy Families South Auckland Outcome Narratives, showing action geared towards leveraging resources differently to empower less traditional community leaders and raise community voice and better coordinate action on health and wellbeing areas — such as food systems and the availability of alcohol. There has been an explicit focus across all Healthy Families NZ teams on shifting who holds power.

Healthy Families South Auckland successes have been mostly in 'shifting mindsets' towards having health and wellbeing more prominent in decision-making within their own, and other organisations (particularly the local Council); 'socialising' the Healthy Families NZ approach — i.e. getting people to understand and default to it; using the work on food system issues to encourage mindset shifts towards prevention; training this uniquely skilled team; and seizing the opportunity for disruptive change which the pandemic has provided.

We used that time to actually deeply reflect on what are the systems things we start thinking ahead of what are the recovery, you know so it's a real discipline to say no yeah, no we're actually systems practitioners, this is the time now to really interrogate what, to re-envisage and reimagine what's going to happen post this crisis. (AKL702)

Shifting mindsets and disrupting the status quo takes time

Shifting mindsets towards innovative action on health and wellbeing was seen as a key success in South Auckland, but also a key challenge. These challenges relate to the need for better resourcing for enough staff and helping stakeholders to understand systems thinking to shift their own practices towards more coordinated, longer-term systems change.

One of the biggest kind of barriers is actually being able to get people to think differently. To behave differently and to plan differently. (AKL051)

We haven't been able to build a collective movement ... we have all these things the stories building up to a national level, but I think that's in the area of unfulfilled potential for us as a Healthy Families (NZ) team. (AKL602)

Policy systems that can listen to, and hear, community voices and needs

Hopes for the future given from those interviewed on how Healthy Families South Auckland might evolve included:

- more networking opportunities opening up for greater influence
- systems thinking becoming embedded within health sector practice
- a paradigm shift occurring towards more businesses taking systems-informed approaches
- all organisations having health and wellbeing at the core of their decision-making processes
- the Healthy Families NZ approach spreading further through community
- government having tangible, timely and responsive ways of listening to, and hearing, the concerns and opportunities within communities

Pacific engagement outside South Auckland

Outside South Auckland, some of the locations described a focus on Pacific communities: Waitākere (working on several community initiatives that connect with Pacific partners) and South Auckland (which has one Pacific-run Lead Provider) were most obviously working with and focusing on growing leadership in these communities.

Hutt Valley (which is looking to bring on more Pacific expertise to connect with local community needs) and Christchurch (which had a strong Pacific community focus during the previous phase but less so now) were aware of the need for more Pacific expertise and were taking steps to address this through recruitment of staff with deep Pacific connections within the community.

In the stakeholder survey, 56% were unsure whether Healthy Families NZ had provided opportunities for Pacific communities and/or organisations to collaborate in illness prevention/health promotion efforts. This contrasted with 36% of respondents being uncertain whether such opportunities had been provided for Māori. This result may have been different if the survey had been done by more partners in South Auckland (only six responded).

This example from Waitākere shows how an explicit focus on Pacific community and values can work:

Tāfesilafa'i has created strong relationships and connections between West Auckland Samoan centres, enabling collaboration and mutual support. In particular, the connection created through Tāfesilafa'i revealed to Aoga Amata teachers the negative impact that institutional racism was having on their confidence. This has freed them to more openly recognise the value of and use pedagogy and curriculum that reflects a Samoan worldview, grounded in the cultural values of alofa (love), fa'aaloalo (respect) and tautua (service). (WAION16)

Vignette 08:

Acting on mental health

Whanganui Rangitīkei Ruapehu: Growing Collective Wellbeing suicide prevention strategy

A big focus in Healthy Families Whanganui Rangitīkei Ruapehu has been the *Growing collective wellbeing* regional suicide prevention strategy, and associated collaborations and community capacity development. Healthy Families Whanganui Rangitīkei Ruapehu is seen as directly contributing to it's success and that without them *"It would never have had the community lens"*.

Healthy Families Whanganui Rangitīkei Ruapehu has worked to reach two traditionally under-represented groups in the community: men and rangatahi/youth. The Tane Ora men's group, provides a place for men to discuss their thoughts has been empowering, with men's group leaders now expanding the group's reach and organising further activities.

The youth sector had responded to a recent cluster of youth suicide attempts and identified a lack of knowledge and confidence about how to respond to young people in distress. As part of *Growing collective wellbeing*, Healthy Families Whanganui Rangitīkei Ruapehu worked with the Youth Network to deliver training to increase their knowledge and ability to promote health among their peers.

The outcome achieved is training up to 100 people from the region's Youth Network to increase their knowledge and technical capability in engaging with, responding to, and working toward increased youth mental wellbeing and reduced youth suicidal and self-harm behaviour.

KEQ 5: To what extent has the prevention system in each Healthy Families NZ location been strengthened; how and in what ways?

Summary of Findings

Across the locations the standout areas for change were the food/kai system, development of resources promoting Māori systems thinking and mātauranga Māori, and physical environment change particularly relating to physical activity opportunities. Relatedly, policy was a key focus area in some locations but was not consistently influenced in all. As with policy, tangible change in social and physical environments has been increasing but there could be more.

Shifting mindsets requires trust and momentum built by action on lower levels of the PAF.

Teams have found that working collaboratively on a project provides a focus for collaboration, deepening relationships, which then allows for challenging/changing mental models.

There is a need apparent for stronger and more coordinated 'whole system' action and investment in the prevention system.

The intentional and rigorous nature of collaborations, the enabling of more distributed leadership and the leveraging of relationships and resources for greater impact were common activities across the locations evidenced from multiple data sources.

The Māori systems work is "ticking all the boxes" for achieving the type of system change that prioritises a broad and holistic conceptualisation of wellbeing, as well as supporting cultural identity, respect for indigenous knowledge and community leadership.

Healthy Families NZ has contributed to strengthening the prevention system through:

- A uniquely skilled and sought-after workforce
- Improved local community agency
- Improved cultural and place identity
- Strengthened local food systems
- Strengthened collaboration for health and wellbeing
- Strengthened leadership for health and wellbeing
- Spreading and scaling of equity as a goal
- Spreading and scaling healthy settings and environments
- Better innovative local engagement methods
- Systems thinking and practice made more accessible
- Wider understanding of the role of local government in health and wellbeing

According to all data sources, the prevention system has been strengthened in the Healthy Families NZ locations.

There is evidence of improved collaborative methods, growing local leadership capacity and finding new ways to leverage resources and relationships to disrupt the status quo. The capacity of local organisations to act on shared health and wellbeing challenges has been strengthened. It is also clear that Healthy Families NZ location teams are working on issues that have been defined by local communities.

To address more specifically how and in what ways, the evaluation considers the areas of the system that show most improvement, and those that are not yet consistently being improved across locations. This section first discusses overall themes about which activity areas with system change potential saw the most progress across the locations, then looks at how much different levels of the system are being influenced (as defined in our Prevention Action Framework and the Te Pae Māhutonga framework. See Appendix B and Appendix C for more detail on what 'quality' looks like when action is defined by these frameworks.

Key findings about prevention system change

Three indicators were developed to identify areas with most leverage for change within the Prevention Action Framework (*Leadership, Communities defining issues and solutions, Systems practice*). All three indicators were consistently shown in most Healthy Families NZ locations (as determined by the QCA process). This suggests that prevention is being seen as important across multiple organisations in the locations.

Across the locations the standout areas for change were: the food/ kai system, development of resources promoting Māori systems thinking and mātauranga, and physical environment change particularly relating to physical activity opportunities. Relatedly, policy was a key focus area in some locations but was not consistently influenced in all. The most potentially transformative changes in the prevention system were relational. The intentional and rigorous nature of collaborations, the enabling of more distributed leadership and the leveraging of relationships and resources for greater impact were common activities across the locations evidenced.

Māori systems

There has been a significant focus on developing knowledge, resources and examples of using Māori systems thinking to support good health through prevention. Those working in Māori-led locations felt that Māori systems return and maramataka initiatives were among their most significant successes. The most frequently mentioned activity areas across all the ONs were in Māori systems (37 examples). Along with encouraging the use of maramataka, Māori systems return, traditional knowledge and kai sovereignty, some teams have worked with their partners to weave te ao Māori concepts into advocacy work for healthier kai and wai systems.

Healthy Families NZ appears to contribute to a growing national-level appreciation for the synergies between te ao Māori approaches and community-led systems change work. The teams' overall commitment to kaupapa Māori approaches and understanding of the parallels between kaupapa Māori and systems change mindsets, were praised by national team interviewees and community stakeholders.

Kai system change

Across all locations kai system or kai sovereignty are identified among the top successes and notable changes in health promoting environments. Community gardening initiatives were frequently mentioned in most locations. Relatedly, providing drinking water and other wai-related changes were mentioned in five of the nine locations. Food/kai systems represented the second-most common activity area reported on in ONs (30 examples). Food and water were the most common responses in the online stakeholder survey which asked about health-promoting changes that respondents had observed in their local environments.

Community feedback influenced the way that food emerged as a key focus in all locations. Teams had been working with community contacts to gather information about issues and priorities related to kai sovereignty and providing healthy food. They helped to communicate the evidence, develop plans and advocacy, and support co-designed initiatives. The work took on a new aspect in most areas due to the COVID-19 lockdowns and teams pivoted their focus. Some were involved in food distribution, some analysed the system to identify gaps, while others helped coordinate community partner organisations to strengthen the kai system. The impacts of these activities are still apparent.

Pacific communities doing things differently
South Auckland successes have been mostly in 'shifting mindsets'(Level 1 of the PAF) towards having health and wellbeing more prominent in decision-making within their own, and other organisations (particularly the local Council); 'socialising' the Healthy Families NZ approach — i.e. getting people to understand and default to it; using the work on food system issues to encourage mindset shifts towards prevention; training this uniquely skilled team; and seizing the opportunity for disruptive change which the pandemic has provided.

Physical activity and play
While play initiatives were most commonly mentioned as top successes in the sports-trust-based locations, most others had some focus on physical activity in the form of active transport work and influencing transport planning and urban design. Altogether, this range of initiatives showed a commitment to changing environments to enable more opportunities for physical activity. There appeared to be an increasing focus on accessibility and opportunity for underserved groups, particularly young people.

Collaboration
An increase in *Level of connection and collaboration* was consistently shown in all locations, which is likely an important building block for increasing impact over time. For the local prevention system, learning, sharing information and strengthening relationships and collaborations were the most frequent outcomes identified in the ONs. There was very positive overall feedback about the Healthy Families NZ approach to getting to know community partners, and to supporting collaboration while knowing when to step back and allow others to own initiatives. Flexibility, intentionality, respect, turning up to just get involved, and being led by community priorities were all seen as being key.

Leadership
There was a very strong focus on leadership within the activities of the teams which is captured in the ONs. The Strategic Leadership Groups offered mixed experiences of formalising leadership but there were plenty of more informal leadership activity — giving voice, resources and pathways to communities (such as the marginalised and youth).

Policy change
This was a significant activity in some locations. According to the evidence teams chose for their ONs, those teams based in council organisations had made the most impact on policy change, and those who had developed close relationships with local councils also achieved some changes. Three locations did not mention any policy change outcomes. Changes to the physical environment were similarly mentioned more by those teams working with or within councils.

According to our QCA analysis, the explanatory indicators of "funding and policy that supports prevention, and health promoting environments" were not shown as consistently across locations.

Changes according to the Prevention Action Framework and Te Pae Māhutonga

This section considers these findings in light of the six components of Te Pae Māhutonga and the Meadows-informed Prevention Action Framework. Table 19 summarises the key elements of each framework.

It is clear that the most significant activities impact multiple levels of the system. There may be a structural element, particularly with activities relating to settings, but when a systems approach is taken to collaboration and ensuring sustainable community-owned change, higher levels of the system are also influenced.

The Healthy Families NZ teams have been focusing their energy on activities that are consistent with prevention system strengthening. The Māori systems work is 'ticking all the boxes' for achieving the type of system change that prioritises a broad and holistic conceptualisation of wellbeing, as well as supporting cultural identity, respect for indigenous knowledge and community leadership. Lessons from the successes in the kai system show how multiple levels of the system can be influenced at once. The systems practices and approaches to collaboration — as described in the section on implementation — have a key role in ensuring that activities to promote change in communities can influence the system's structure and values.

This was observed in the first evaluation phase also. Where working collaboratively on a project provides a focus for collaboration, deepening relationships, which in turn allows for challenging/changing mental models. Shifting mindsets requires trust and momentum which has been built by actions which target the lower levels of PAF.

More intentional and rigorous collaboration could be seen as influencing Level 2 and Level 3 of the PAF, as well as Level 1 if collaborations were leading to the spreading of values such as equity and practices such as reciprocity. Effective collaboration sits across all the TPM action areas.

The focus on leadership, and particularly distributed leadership, also can be seen as influencing Level 1 through the increased proliferation of values and practices for health and wellbeing. Leadership also impacts the other three Levels of the PAF through bringing health, wellbeing and community need into 'purpose' of the system.

The work on *Kai systems and Sovereignty* could be located at level 4 as a structural element (e.g. availability of healthy food). However, because of the collaborative way that many of these activities were approached and the connecting role taken by Healthy Families NZ teams, it also relates to level 3 about information ("Strong information, communication and delivery systems — information and resources getting to the people who need it") and Level 2 about the system's structure becoming more sustainable and well-connected. These activities also relate to three Te Pae Māhutonga areas: Toiora, Ngā Manukura and Te Mana Whakahaere.

The information and resources on Māori systems return and promotion of mātauranga have real potential to influence the first level of the PAF: paradigms, norms, beliefs and values, particularly relating to a shift towards holistic and interconnected responsibilities, local perspectives and indigenous worldviews shaping the system. These activities also relate to level 3 regarding information, particularly with indigenous values being incorporated into planning and practice. They relate to all six elements of the Te Pae Māhutonga framework.

The multiple impacts on the prevention system from key activities supports the idea that to create enduring change in the prevention system, the starting point for action on health and wellbeing is less important than the prioritisation of community voice and the strength of local leadership.

TABLE 19: ELEMENTS OF TE PAE MĀHUTONGA AND THE PREVENTION ACTION FRAMEWORK (PAF)

Te Pae Māhutonga (TPM)	Prevention Action Framework (PAF)
Mauriora – Cultural identity, Access to te ao Māori	1. Paradigms, values and goals
Waiora – Physical environment, environmental protection	2. System structure, regulation and interconnection
Te Oranga – Participation in society	3. Information, feedback and relationships
Toiora – Healthy Lifestyles	4. Structural elements, resources and actors
Ngā Manukura – Community Leadership	
Te Mana Whakahaere – Autonomy	

Outcomes in the local prevention system

Table 20 shows outcomes identified by Healthy Families NZ teams in their ON, in order of mentions. The most frequently identified outcome activities were gathering and sharing information, strengthened relationships, and developing or providing resources.

Six of the nine locations saw policy changes, and four of the nine saw physical environment changes. This is consistent with the observation about the teams' focus activity areas, as several did not mention any work on policy or physical environment in the ONs they chose to report.

Seven of the nine locations specified changing norms or paradigms (Level 1 of the PAF) as key outcomes from their activities. The work on new collaborations and strengthening relationships relates to Level 2 of the PAF: "system structure" and creating stronger, more sustainable and power-sharing networks across the system.

The level represented in more of these activities is 3: Information, feedback and relationship. In particular, providing access to information, insight gathering, developing resources and the relationship building. There is also some evidence of work on Level 4: structural elements, including change in the physical environment and providing resources, although these were not as prevalent in all locations.

TABLE 20: AREAS OF OUTCOMES ACHIEVED ACCORDING TO MAIN AREAS INDICATED IN THE OUTCOME NARRATIVES

Outcomes	FN	WAI	SA	ROT	EC	WRR	HV	CHC	INV	
Norm/paradigm changing		1	3		1	2	1	1	2	**11**
Physical Environment change	1	3	2				4			**10**
Policy Change	3	1	4	2			5	1		**16**
Relationships strengthened	5	4	2	3	9	5	6	4	7	**45**
Collaborative group organised		4		1	6	3	1	1	2	**18**
Learning events/ Insight gathering	6	6	7	2	8	7	7	5	5	**53**
Education/ Knowledge sharing		5	7	2	2	2	5	3	2	**28**
Provision of tangible resource	2	3	3	2	1		5	4	2	**22**
Resource development	1	2	4	2	4	3	2	4	3	**25**
Community event held		1	1				2	3	3	**10**

The starting point for action on health and wellbeing is less important than the prioritisation of community voice and the strength of local leadership.

From Key Question 6: How and to what extent is the initiative showing value for money.

Vignette 09:

Improving policy to address alcohol-related harm

Healthy Families South Auckland: Community action on alcohol harm

Healthy Families South Auckland has been working to reduce alcohol-related harm in South Auckland. Healthy Famlies South Auckland is using a variety of actions to ensure South Auckland communities are empowered to play an active role in addressing alcohol-related harm within families and across communities.

Healthy Famlies South Auckland have prioritised four focus areas:

- Building partnerships with agencies and the community (social infrastructure)
- Strengthening prevention to reduce alcohol-related harm. Through increasing community capacity to contribute to licensing policies and measures that support positive change in individual and community behaviour towards excessive alcohol consumption
- Facilitating community knowledge and understanding of the liquor licensing process
- Bringing community views and perspective to the licensing process to supplement the research evidence to create local change which prevents alcohol-related harms

Social outcomes include increasing the community awareness of the alcohol licensing process and wider impacts of excessive drinking consumption. The desired result in the longer term is to change or replace the Local Alcohol Policies and impact legislative reform.
In the process of positive change for the reporting period, Healthy Families South Auckland lead provider The Cause Collective have facilitated the empowerment of South Auckland communities to play an active role in preventing and minimising alcohol-related harm.

KEQ 6: How and to what extent is the initiative showing value for money?

Summary of Findings
The Ministry of Health funding for Healthy Families NZ is about NZ $10 million annually for Phase 2, totalling NZ $82 million over 8 years. Funding averages about NZ $8 per person per year across the 10 locations. The initiative leverages other significant funds and resources beyond Ministry of Health.

The evaluation shows funding alongside selected key consequences for each location, illustrating the diversity of returns associated with the implementation of the initiative. There is consensus across all 17 interviewees that the initiative is delivering significant VfM. However, putting a dollar value to the outcomes achieved is challenging given the complexity of achievements inherent to systems change interventions.

There are multiple pathways by which the initiative shows VfM, including changing mindsets and systems; nurturing a strong workforce; following Māori principles; focusing on reducing inequities; investing and acting as a game changer in prevention systems; leveraging other resources; generating economic savings; being a pioneer on how work is conducted; filling a gap that no other organisation has occupied; effecting changes sustainably; and having ripple effects beyond the initiative

The cost of the initiative seems relatively small or even marginal compared to other programme funding in the prevention field.

The purpose of the Value for Money (VfM) evaluation is to provide the Ministry of Health and other partners with evidence about the economic value of Healthy Families NZ. The VfM analysis is a way of examining how much is being achieved for the resources invested, and what results Aotearoa New Zealand is getting out of the investments made.

We follow a Cost-Consequences Analysis (CCA) methodology to evaluate VfM. In CCA, the costs of the initiative are set against a range of consequences achieved, also referred as initiative benefits, or outcomes. A detailed and fuller description and discussion of the VfM methods and analysis can be found in Appendix H. This approach permits the consideration of various multi-sector consequences in their natural units. It emphasises providing information to enhance the understanding of costs incurred and consequences produced, and it is left to the decision maker to make the value judgements involved in balancing costs and consequences in each specific context.

Our analysis drew on a range of data sources, including the data presented throughout this report, along with specific VfM data sources: budget data from the Ministry of Health; interviews with Healthy Families NZ participants (location managers and teams), the Ministry of Health, and evaluation team members; and a literature review.

The complexities and reach of the initiative limited the systematic compilation of information about the costs and consequences of Healthy Families NZ. Rather, location participants were asked to respond in reference to a selected set of projects rather than the full set of projects they were involved in.

The analysis showed that all those interviewed believe that Healthy Families NZ provides remarkable value for the resources invested. The initiative is perceived as high performing and its achievements of great worth.

Comparisons with other initiatives are difficult to do, but the evaluation team agrees with the view that the Healthy Families initiative is providing good VfM. We point in particular to the low monetary investments in Healthy Families NZ, when compared to the outcomes achieved by each location, while they are also developing a highly capable workforce, working in new ways to build and connect relationships and leadership, to focus on significant and long-standing health and wellbeing issues and inequities, and sustainably strengthening the prevention system. With poor health and wellbeing costing the economy hundreds of millions of dollars a year, Healthy Families NZ is clearly showing its potential to reduce this economic burden, as well as to improve lives and reduce inequities.

How much does Healthy Families NZ cost?

The Healthy Families NZ budget is about NZ $10m annually in the second phase, totalling about NZ $82m across the past eight years. Annual funding ranges from around NZ $2 per capita to NZ $15 per capita, averaging NZ $8 per capita across the locations. There is congruence between the funding allocations and the equity and Māori focus of the initiative, with the higher amounts per capita allocated to the locations with the highest proportions of Māori and Pacific populations, and those living in the more deprived areas. It is estimated that the funding has supported around 69.2 full-time equivalent staff members annually across the past four years.

Additional funding supports the initiative at the national level (in the Ministry of Health), funding three full-time equivalent staff members.

Locations also leverage funding from other stakeholders for their activities, but these have not been able to be systematically included here. They are considered a sign of success of the initiative, given the focus of Healthy Families NZ on mobilising stakeholders and being driven by local leadership.

Stakeholders also contribute with multiple resources, including, for example, networks and influence, and the mana brought to lead and forge trust. These resources were also impossible to measure.

How does funding compare to the consequences from the initiative?

The consequences of the initiative are presented in earlier sections of this report, including in relation to the prevention system being strengthened, the quality of the implementation, and making a difference to Māori health and equity. The achievements of the initiative refer to both shorter — (e.g., having water fountains in schools) and longer-term outcomes (e.g., reducing chronic diseases and improving wellbeing).

Table 21 is an overview of funds invested in each location with some examples of what each location saw as their key achievements, and important areas of success (see column four, labelled Consequences 1). This comparison indicates that key achievements vary across locations, even for those with similar funding ranges. It also shows the relatively low funding per capita compared to the wide range of interventions in place, and the significant systems modifications achieved. The Table serves only as an illustration, as a wider range of achievements have been identified by the locations than is set out here.

Table 21 also includes a set of higher level consequences (see column five, labelled Consequences 2), as identified in earlier sections of this report, relating to the PAF (see Appendix C). These show how locations are working to strengthen the prevention system.

TABLE 21: HEALTHY FAMILIES NZ INDICATORS FOR FUNDING/COSTS VS SELECTED CONSEQUENCES, SECOND PHASE 2018-2022

Locations	Costs		Consequences	
	Funding 2018-2022 (NZ$)	Funding per capita 2018-2022 (NZ$)	Selected key achievements 2018-2022	Higher-level outcome areas (by PAF levels) impacted across locations
Far North	3,088,900	47.3	• Co-design work on kai systems including Kai Town - Design Challenge, edible playground, food hub and food provision in education settings • Active travel projects eg rural cycleways • Organising COVID-19 support work • Influencing council decision-making processes	**1. Paradigms, values and goals** • Spreading and scaling of equity as a goal • More systems thinking capability in more organisations • Wider understanding of the role of local government in health and wellbeing • Increasing learning, applying and valuing of mātauranga Māori **2. System structure, regulation and interconnection** • Strengthened, better-connected food system • More regulations that support prevention **3. Information, feedback and relationships** • Health in all policies approaches
Waitākere	4,917,796	28.8	• Māori systems/kaupapa Māori/ Māori thought leadership work • Workplace wellbeing initiative • Engagement/ empowerment via Pacific ECE teachers initiative • Water provision/promotion initiatives • Systems change webinar series • Supporting more connected communities to prioritise working for Māori and Pasifika: West Auckland Together	
South Auckland	22,792,132	71.9	• Influencing council decisions to focus more on health and system change • Food system work, particularly Food Hub project • Māori systems work and use of matauranga • Neighbourhood-based leisure activity initiatives involving Pacific and Māori Community organisations	
Rotorua	2,713,368	37.8	• Ka Pai Kai food in schools • Support for community COVID-19 response • Education and promotion around use of maramataka • Kai Rotorua: Marae and community gardens, a "food sovereignty community roopu"	
East Cape	2,873,047	50.6	• Getting community voices heard in local government decision-making • Producing evidence for change, particularly around community perspectives on kai sovereignty • Increasing learning around maramataka • Play initiatives and Reimagining Streets project	• Local perspective influencing policy/ community voice and knowledge as valued evidence • Indigenous knowledge and values incorporated into practice • Improved local community agency • Improved cultural and place identity • Better innovative local engagement methods • Strengthened leadership for health and wellbeing **4. Structural elements, resources and actors** • Healthier settings (education, work, sport) • Physical environment changes to promote health • Skilled and sought-after workforce • Strengthened collaboration for health and wellbeing
Whanganui	2,052,040	31.8	• Mental health work with regional suicide prevention strategy and Tane Group for men • Kai Ora collective and regenerative local food systems • Promoting maramataka and reporting on how people use it • Te Reo o Te Rangatahi, engaging youth to co-design solutions with Te Puni Kōkiri	
Hutt Valley	3,154,256	21.2	• COVID kai response, and related food resilience movement • Leveraging influence to help communities have input on council policy and urban planning • Transport planning including active transport • Influencing councils towards more systems thinking capability • Smokefree public spaces	
Christchurch	3,238,704	8.8	• Healthier events policies • Food system work: kai sovereignty, community composting initiatives • Te Pou o te Whare Program (access to sports for children in care) • Play projects and influencing Play development work at the city council	
Invercargill	2,052,040	37.9	• Influencing city council around outdoor spaces: play opportunities and smokefree spaces • Workplace wellbeing • Play settings; influencing decisions using community insights • Healthier events and clubs guidelines • Promotion of traditional physical activities with local marae	
TOTAL/ Average	46,882,282	37.3		

To what extent is Healthy Families NZ seen to provide VfM?

This section presents the description of how and to what extent the intervention provides VfM as identified through interviews. In keeping with the cost-consequence methodology, there is no monetary value assigned to consequences. Instead, the most valuable aspects of the initiative were captured (as perceived by interviewees). We have approached this by asking all interviewees to refer to a selected set of projects, and consequently the insights from the interviews are a selective reflection of a much wider set of consequences. The key elements of Healthy Families NZ regarding VfM and economic merit are then summarised.

Based on the interviews undertaken in relation to VfM[12], there is unanimous agreement that overall the initiative provides VfM in many ways, including the high value of achievements compared to the low costs:

Is Healthy Families (NZ) a good investment of dollars? Would I fund it if it was my money? … Yes I'd fund it again … I think it's worthwhile.

The way we work and the results we're achieving through a fairly modest investment is achieving more than standard normal health contracts … I believe that its incredible value for money.

If you looked across the workforce and the impact and the outcomes achieved, and I'm thinking locally but also nationally; huge return on investment.

If you went to any stakeholder or SLG member they would say in terms of what we produce for the small workforce that we have, but also the small budgets that we have they would be, you'd get overwhelming positive feedback on return on investment.

Interviewees felt a monetary value is difficult to assign to the value of what is being done because of the nature of the system change approaches being achieved. Similarly, it is difficult to assign a value to how the work is being done, requiring high levels of value and trust to make the initiative work.

What price do you put on communities owning their own health and wellbeing? What price do you put on a workforce that is empowered to believe they can make a difference to their whānau, to their communities, to their immediate families because they have never had a job in their life but they've got the Waiora for this work? It's just they're octopus arms of Healthy Families (NZ) and our value for money. It's immeasurable.

Just one little brokering example that probably couldn't put a dollar value to, but our relationship with Kōkiri Marae, we spoke to our council colleagues, they released some reserve land for them to grow kai on it. Now that's a big systems change and that's because we were here, we're here, we saw who needed to talk to who and we saw the gap, we have the relationship to do it and then we supported it as it got off the ground. And there's been new investment to help keep that going as well.

Similarly, it was recognised that the worth or value of the initiative may be viewed differently by different stakeholders.

Communities value the outcomes where they've been, where they've initiated them or they've been very much part of the co-development or collaborative process.

Hard to understand the work in which we do and it's hard to understand the big impact that one whānau or a couple of community people can have in amongst such a big system.

How is the initiative seen to be providing VfM?

Given the limitations in providing a meaningful dollar figure for the achievements accomplished, have captured and summarised the elements of Healthy Families NZ that bring or enhance its VfM, as identified by interviewees (see Figure 3).

12. Quotes included in this section are unreferenced to maintain anonymity but are linked to interview transcripts.

Figure 3 Ways/pathways/avenues by which Healthy Families NZ brings VfM

a) A systems-change approach is viewed as offering good VfM

Healthy Families NZ is about initiating change. It will be successful when systems are shifted towards more responsive institutions, and attitudes develop that allow and promote good choices for health, wellbeing and equity. The basis of the initiative is that system change towards prevention is necessary to achieve better health outcomes in a sustainable way. Such shifting of mindsets and attitudes is seen as providing good VfM.

The value for money is really in changing the systems that allow people to make good choices or gives us the opportunity to make good choices.

Value for money again of Healthy Families (NZ) work is when we get to challenge that status quo because the current systems aren't working… in particular, Auckland Council's systems, their focus on education and encouraging individual responsibility. Well, hang on a second. Don't you Auckland Council have a responsibility to use your influence and your resources to create these spaces that enable this active healthy flourishing communities?

b) Healthy Families NZ is seen to offer VfM by focusing on Māori and equity

"Because everything we do is about Māori principles and reducing inequities". By targeting Māori and equity, Healthy Families NZ strives to work where it is needed the most and brings indigenous knowledge to the fore.

Not us going to them [Māori] and saying well we think this is what you need, this is what the data says; but for Māori to tell us what it is that they need. And you only get to that conversation if you've earned a relationship.

c) Healthy Families NZ is about investing in prevention and this is seen to offer good VfM

The guiding values and aims of the initiative are viewed as essential. Illuminating the pathways for strengthening prevention systems to reduce chronic diseases, and of making it easier for people to make healthy choices.

Every event has to have the water at the centre of the event. Not drinking from toilets and things like that. How does [the impact of] that get measured over time? The fact that any time Auckland Council local water got events that water's there, where once upon a time we never had it. People's choice was essentially a can of drink that is 99 cents. Water now, water is centred. It's no longer the cheap cousin. It's the first choice. First easy choice. How many dollars do you save then?

d) Healthy Families NZ adds VfM by leveraging and shifting resources towards prevention

including from outside the health sector. Healthy Families NZ leverages resources at each location for systems change around prevention systems. For every dollar invested, there are other funding and resources leveraged, as well as in-kind contributions.

We've probably leveraged about NZ $1.3 million from other funders, both local funders and regional funders. And even other government funders as well, I'd say that figure's even more likely to be about NZ $1.5 million now, or maybe even more. … But in terms of leveraged resource, I mean I would think.. 10 times, 20 times that.

e) Healthy Families NZ will bring economic savings

the full value of the initiative will only show in the longer term when health status changes are evident, and because of ripple effects of the changes influenced today.

The results aren't visual in terms of figures or numbers. The results will need to be seen over the years I guess in terms of have people's behaviours and attitudes changed towards providing good kai and making sure water's available and everything they do. Again, that's when it comes back to those different ways of thinking of measures.

f) The Healthy Families NZ workforce brings VfM

The workforce of Healthy Families NZ is considered its major asset. Their skillset adds great value, even more when compared to the little FTE employed. Healthy Families NZ has developed and nurtured a skilled workforce and is seen by some as model for future health system reforms relating to Health Localities.

You've got all your, like your design thinking, your systems thinking and your critical thinking skills and you've got the sort of concepts around how do you map systems and understand the systems that we're working in, you've got all the innovation skills, how do you lead innovative practice, how do you bring and, and hold a space for collaboration to mobilise people around an issue, how do you engage effectively with communities that are, that are actually experiencing chronic disease and get them involved in the design…. a workforce that's wanting to look at the bigger picture, not jump on to an obvious solution.

Some of us we don't have big teams some sites have only got you know 4 or 5 people, but what they can put out and the partnerships and relationships that they've developed along the way in trust.

Measuring or valuing the workforce is challenging. The budgets of the Healthy Families NZ teams are seen to underestimate their critical contribution, given the special set of skills involved, a selection of a very specific set of attributes including belonging to the communities, and the capacity to establish trust, influence and mobilise.

You've got 10 sites with about 4-5 staff, so you've got close to 50 FTE across Aotearoa that are in this system thinking space, and they're working alongside maybe 10 different community leaders in each location … already there's like 150 people that's been touched by Healthy Families (NZ), … so people talking about how they can do things differently, how they can work together … so when I think of value for money of Healthy Families (NZ) you can't put a dollar value on that but its huge.

The other real value I think is that the workforce and the skills and competencies that are developing across the workforce are unique to the sector as well and they are becoming a sought-after sort of skillset.

g) Healthy Families NZ offers VfM because the initiative has been a pioneer

with no other initiative known to bring the same mahi. This means that Healthy Families NZ fills a gap, not only in terms of the work it is doing but also in the ways in which it is doing that work.

For me the Healthy Families (NZ) kaupapa was the merging of population health, social innovation and indigenous knowledge in a way that hasn't been there before in the health system.

We have no others that are like Healthy Families (NZ) to compare us. … There's no one else in the entire government system that looks and feels like Healthy Families (NZ).

I don't see anyone else or any other organisations … working closely alongside our whānau for them to design solutions to make themselves well. And I don't know how you put value on money for that.

I think it provides excellent value for money. I think that for particularly the reason that it's just a whole area of activity that if Healthy Families NZ weren't there, nothing would be going on in it. I think that that's invaluable for a start.

When Healthy Families NZ first started, there was no one sitting at that end [of the prevention spectrum]… I think the ability to be able to look at prevention and prevention systems through a systems thinking lens is value for money because nobody else has been in that space.

h) Healthy Families NZ offers VfM because its impact is sustainable

The impacts of the initiative are likely to continue in the future. We are seeing the groundwork being laid in the foundations of trust and relationships.

We really haven't gone back to the water in schools project because we were so successful with that in the first phase that it just become normalised. … And so, I think those are indicators of value for money really; rather than necessarily a monetary value… how has the impact of Healthy Families (NZ) changed our communities for the better.

So we are looking into creating systems changes that are sustainable. And typically, in prevention it tended to be service orientated, or events, just not strategic.

i) Healthy Families NZ offers VfM because the benefits include ripple effects beyond the initiative. Ripple effects are seen to be strong, given the work in creating and maintaining partnerships. Interviewees felt that a focus only on the achievements of each location would miss ripple effects that come from mobilising others to act. Healthy Families NZ is viewed as not only being successful when it when it completes an activity or does an event, but also when others take action.

We are influencing the way the Ministry of Health works. Showing this other way does work.

There is another element, indirect VfM, it is the connection and partnerships with other organisations and communities. If I think about it, other health agencies would have little to know and connection with community, which Healthy Families (NZ) does.

j) Healthy Families NZ offers VfM because it is a 'game changer'. The initiative makes the difference in the prevention and public health field, by challenging how things are being done and opening ways for more effective approaches.

If you went to our systems partners, I think they would testify that we've made a difference, we've played into the gap, we've brought new knowledge in ways of working which they have now adapted as business as usual.

We've played a huge broker role and changed mindsets and practices.

Value for money discussion

This analysis provides evidence to assess and understand how and to what extent the Healthy Families NZ initiative is providing valuable outcomes relative to the investments made. In responding to the how part of the question, the analysis identifies that the initiative shows VfM in multiple ways: through the high returns in relation to the small costs, the expected ripple effects and economic savings in the long run, the funding leveraged, the workforce created, following a te ao Māori lens, etc. The initiative is in fact perceived as essential and indispensable for achieving effective prevention systems, a game changer, among others.

It is more challenging to be conclusive in responding to the to what extent part of the research question. This is mainly due to methodological limitations associated with the complex nature of a systems change approach. Nevertheless, interview data show a unanimous agreement and appreciation of the 'enormous' and 'unmeasurable' worth of the intervention among staff, both in terms of what it is done, and as well as the value of how it is done.

The evaluation team concurs with the view that the Healthy Families initiative is providing good VfM. We point in particular to the very low monetary investments in Healthy Families NZ, which sit alongside a wide range of specific outcomes being achieved by each of the locations, while they are also developing a highly capable workforce, working in new ways to build relationships and leadership, to focus on significant and long-standing health and wellbeing issues and inequities, with a focus on sustainably strengthening the prevention system. With poor health and wellbeing costing the economy hundreds of millions of dollars a year, Healthy Families NZ is clearly showing its potential to reduce this economic burden, as well as to improve lives and reduce inequities.

A future VfM analysis could also consider the worth of the Healthy Families NZ initiative compared with other prevention initiatives.

However, it is challenging to draw such comparisons, and to the best of our knowledge, there are no other systems change initiatives similar to Healthy Families NZ that we could compare the initiative with. For the similar predecessor initiative in Australia, Healthy Together Victoria (Roussy, Riley, & Livingstone, 2020), we did not find an economic evaluation we could compare Healthy Families NZ with (Strugnell et al., 2016). It is therefore not possible to make direct comparisons of costs and consequences with other initiatives.

Given the challenge of comparing different types of consequences across Aotearoa New Zealand initiatives, the evaluation team attempted to compare the funding of prevention interventions. The hypothesis is that spending on Healthy Families NZ seems significantly lower than that of other health promotion and prevention initiatives in Aotearoa New Zealand. The team encountered difficulties in finding good financial information for other prevention programmes. The Health and Disability System Review (2020) found that Aotearoa New Zealand does not spend enough on prevention — and increasing the health system's focus on prevention has been a goal of many reforms and strategies over many years. With these limitations in mind, we present below some relevant funding figures as a way of providing some markers.

The cost of the initiative is also relatively small in relation to the expected economic savings it could induce. The Ministry of Health estimated that only the direct health-care costs of obesity amounted to about NZ$400 to NZ$500 million for the year 2014 alone[13].

These funding ranges presented seem to corroborate stakeholders' perceptions that the funding of the initiative is relatively small/minimal, compared to other programmes having significantly larger funds.

It is clear that more information is needed on the funding that is allocated to health promotion and disease prevention systems in Aotearoa New Zealand, and specifically the value returned, to better understand the VfM provided by different initiatives.

Moreover, interviewees note that for the minimal amount invested, Healthy Families NZ is delivering unique and game-changing consequences by challenging structures to reset towards a stronger prevention system.

13. Excerpt from the Government's response to the Health Select Committees recommendations relating to the Inquiry into Obesity and Type 2 Diabetes in New Zealand http://www.parliament.nz/en-NZ/PB/Presented/Papers/1/4/a/48DBHOH_PAP16044_1-Government-Response-to-Report-of-the-Health-Committee.htm) in Ministry of Health. 2008. Healthy Eating — Healthy Action Oranga Kai — Oranga

Vignette 10:

Changing local policy and criteria to promote healthy environments

Healthy Families South Auckland: Healthy Environments Approach (HEA) within Community Leases

Healthy Families South Auckland, through the lead provider The Southern Initiative have partnered with Auckland Council to improve the practices and policies that advocate for health and wellbeing to help Auckland Council become a health-promoting organisation. The Healthy Families South Auckland team have promoted the use of the Healthy Environments Approach principles within Auckland Council. Led by Healthy Families South Auckland Lead Systems Innovator, relationships have been fostered to identify the best opportunities to apply Healthy Environments Approach to the rules required in community leasing.

This relationship has led to two significant policy changes. The first, finalising a lease agreement between Auckland Council and the lease for Te Puke o Tara community centre kiosk and Fresh (gallery) cafe. The leasing agreement now includes the HEA requirements.

The second policy change was the Parks, Sport and Recreation (PSR) ‘Deed to lease’ where HEA requirements were approved and amendments made to the existing agreement specific to owners of the Manurewa Aquatic Centre Splashes cafe.

These policy changes indicate a scaling of the Healthy Environment Approach principles throughout Auckland Council leisure facilities and vendors. These policies help to ensure healthy food and drink options are available and promoted by vendors in Auckland Council’s leisure centres.

Conclusions

Conclusion

The world is a complex, interconnected, finite, ecological — social — psychological — economic system. We treat it as if it were not, as if it were divisible, separable, simple, and infinite. Our persistent, intractable global problems arise directly from this mismatch.

— Meadows, 1982

Overall, the evaluation has found that Healthy Families NZ is continuing to make successful progress and has remained grounded in integrity to the purposes of the initiative. Healthy Families NZ is clearly demonstrating that comprehensive and effective action guided by local voices and local needs to address the determinants of health and wellbeing can be achieved. All Healthy Families NZ locations are generating momentum for prevention. The evolution of the teams — and the initiative as a whole — has involved the cross-fertilisation of lessons and insights across the locations.

The journey has been to implement a national initiative that responds to the unique context of each location. Through aligning guiding principles, being evidence and outcome focused, maintaining a high-trust partnership with the Ministry of Health, the approach has been tested, lessons learnt, and practices adapted along the way to create impact within the involved communities. A workforce has been built that is skilled in systems thinking, social innovation and comfortable to learn by doing.

There are good examples from each Healthy Families NZ location about working effectively to strengthen the prevention system. Some locations have more capacity in certain areas than others (such as Māori systems, food systems, systems practice etc), which can be strengthened by learning from each other, and support from the Healthy Families NZ national team to ensure that gaps in capacity are filled. Areas to strengthen include more sharing and scaling of initiatives across teams, and more focus on tangible policy and environment change as the initiative continues to evolve.

Compared to previous evaluation phases the Healthy Families NZ teams, this time, are substantially more confident in their systems practice. Lessons from COVID-19 have helped to emphasise more widely to people, the health and wellbeing impacts of underlying health, social and economic systems. Healthy Families NZ has shown that systems thinking and systems informed methods can also be widely understood and used.

Leadership has been a key strength of the initiative, even where formal Strategic Leadership Groups have been less useful than anticipated. Healthy Families NZ has shown it is possible to distribute leadership by growing and strengthening community and local government leadership for health and wellbeing. The important role that local government can, and should, play in helping to create the conditions for health and wellbeing is clear.

In general, collaboration for health and wellbeing appears to be on the increase within the locations, with Healthy Families NZ frequently being credited for facilitating and spreading effective collaboration practices. Healthy Families NZ has been successful in promoting different and better ways to use funding for health and wellbeing, through leveraging relationships and resources and incentivising funding opportunities, through processes such as changing criteria for how funds are to be used.

Systems thinking provides a permissive space for different ways of knowing and acting. The Māori-led and Pacific-led teams have found a level of familiarity and comfort with the approach which has enabled them to practice greater reciprocity, and to act in ways embedded in their own cultural contexts. The teams making inroads with Mauriora and Waiora, increasing its impact in settings to influence Toiora, strongly addressing Ngā Manukura and Te Oranga, which in turn has potential impact on te Mana Whakahaere. The Healthy Families NZ teams and their policy colleagues have also fostered reciprocity, maintaining high levels of trust through timely responsiveness and meeting teams in their own contexts. Both successes and challenges have been able to be 'safely' shared.

The intentional and considered systems, participatory and collaborative methods are a key part of the teams' successes to date. Rigorous methods for garnering community needs and voice have been effective such as co-design, as well as the teams taking on certain roles, where there is often no community capacity, such as facilitation and backboning to support collective action.

The capacity for local communication that has been developed through the initiative, has been key to communicating and sharing the local work of the teams and effective practices, spreading the uses of systems thinking and supporting storytelling which is reconnecting people to place and to local identity (iwi, hapū, community). This local capacity also proved invaluable during the COVID-19 lockdowns when trusted evidence and information was imperative.

The locations, like much of the rest of New Zealand, experience a wide range of health and wellbeing issues some which are continuing to worsen such as mental health and socio-economic inequality, with Māori and Pacific peoples continuing to experience ongoing multiple inequities.

The modest size, and resourcing, of the Healthy Families NZ teams sits on a backdrop of limited spending on health promotion and illness prevention generally as a proportion of government Vote Health spending. But it also clear that the resources used for the Healthy Families NZ approach are widely considered to be creating substantial value and indeed, adding value through the continued strengthening of the ability of local communities to act on their health and wellbeing needs.

Insights for the development of the 'Localities' in the current health reforms

We know that the localities which are part of the health reforms are currently being piloted. We hope that the findings from this evaluation can be used to inform and help shape their planning and implementation.

An important lesson from the Healthy Families NZ initiative has been the need to factor in what is already going on in communities. Not only through gathering knowledge, and recognising assets, but treating the relationships that already exist as real, and to understand that there will be different challenges and different opportunities that each context will present.

The recommendations below provide further direction, but two key lessons are needed to:

- foster and maintain high-trust, and responsive relationships with local actors
- ensure we begin to collect better local (systems informed) data routinely, that is meaningful and timely for the issues communities face, and the actions they need to take to strengthen the health and wellbeing systems they are part of.

Recommendations

This section provides recommendations for the ongoing design and delivery of Healthy Families NZ.

These recommendations have been built from the evaluative findings, contextual knowledge and broader information relating to the new Health and Disability system.

Given the timing and reforms underway, it is likely that a number of entities/organisations may be responsible for responding to or actioning these recommendations.

The wider health and prevention system

Healthy Families NZ recognises that no one organisation, sector or community can work alone in achieving pae ora (healthy futures). It is imperative that the health system works together, with communities, and alongside system partners outside traditional 'health' to advance health equity, particularly for those groups most at risk of preventable chronic diseases.

Recommendations

- Address inequity in health by increasing the focus on, and resourcing of prevention
- Keep socioeconomic inequality on the agenda as a key driver of health inequities
- Review funding and contracting for services aimed at preventing chronic disease, and ensure outcomes reflect, and are driven by the need of communities
- Strengthen commissioning frameworks to develop and sustain effective kaupapa Māori prevention initiatives
- Utilise lessons learnt from Healthy Families NZ to inform the design and implementation of the new health 'localities' approach
- Review and improve what national level budget information is available on what is spent on health promotion and illness prevention in Aotearoa New Zealand

This evaluation has highlighted the gaps and opportunities for improving community health, wellbeing and equity through the actions and policies of local government. The Review into the Future for Local Government provides a platform for the health system to think outside its traditional boundaries, and work alongside local government to achieve wellbeing for communities.

Recommendations

- Work with system and local government partners to support and enable local government action towards improved health and wellbeing of communities
- Strengthen the Healthy Families NZ 'Local Government' network, so that locations with less capacity for local government collaboration can continue to learn from others

Continuing local challenges — food systems and mental wellbeing

Food security emerged as a key challenge and priority for all Healthy Families NZ teams. Mental health and wellbeing also remained a key challenge for the Healthy Families NZ teams, this was exacerbated by the pandemic. This challenge is reflected in the quantitative health and wellbeing indicators, showing worsening mental health over time in nearly all Healthy Families NZ locations — even with this data reflecting a time period prior to the pandemic.

Recommendations

- Work with system partners and communities to ensure more deliberate focus and investment on strengthening local food systems
- Work with system partners and communities to increase the focus on mental health and wellbeing, including how services are delivered, and how determinants of mental health outcomes manifest locally

Mātauranga Māori, kaupapa Māori approaches and regenerative practice

Healthy Families NZ is creating space for Māori perspectives on health and wellbeing. All Healthy Families NZ locations are working to explore how the revitalisation of traditional Māori concepts can inspire new thinking and action for wellbeing outcomes. Healthy Families NZ continues to hold an explicit focus on equity that reflects the intent of improving Māori health, and reducing inequities for groups at increased risk of chronic disease.

Recommendations

- Work collectively and in partnership with Te Aka Whai Ora — Māori Health Authority and Te Whatu Ora — Health NZ to support and enable Māori systems approaches towards improving Māori health outcomes and eliminate health inequities
- Healthy Families NZ to continue the prioritisation and development of Māori ownership, partnerships and focus on equity, and strengthen the Principle of Equity as an underpinning value and goal of the initiative
- Strengthen the Healthy Families NZ 'Kahui Māori' network, so that locations with less capacity for Māori systems to continue to learn from others

The Healthy Families NZ national team

It is clear that the relationship between the Healthy Families NZ national team and the lead providers is unique in its collaborative, trust-based approach. The partnership between the national team and lead providers is seen as disrupting traditional approaches to service design, contracting and relationship management. The national team plays a critical role in the initiative, with responsibility for providing leadership and coordination of the approach at a national level, maintaining relationships and acting at the local level as a sounding board for local ideas.

Recommendations

- Identify and further develop the key components of the Healthy Families NZ partnership approach, so that other initiatives can learn from, and implement in their own setting
- Healthy Families NZ national team to continue meeting providers kanohi ki te kanohi (face to face) to build trust, ensure alignment of approach at the national level, and identify possible opportunities for action

The Healthy Families NZ and prevention workforce

Healthy Families NZ is a strong, well connected prevention workforce, with competent and empowered kaimahi across the lead provider teams. The Healthy Families NZ workforce is skilled in social innovation, systems thinking and community codesign. As a result, Healthy Families NZ kaimahi are highly sought after, which in turn has created workforce retention issues for some Healthy Families NZ teams.

Recommendations

- Healthy Families NZ national team to profile the strategic design, build, and development of the Healthy Families NZ workforce as a uniquely skilled health workforce of the future
- Ensure flexibility remains in how Healthy Families NZ locations determine the workforce needed
- Healthy Families NZ location teams to provide tailored professional development to kaimahi, and increase sharing and learning of systems practices and methods across Healthy Families NZ location teams
- Healthy Families NZ national team to examine ways to assist recruitment in locations where it is difficult to recruit and retain appropriately skilled staff

Delivery and effectiveness of Healthy Families NZ

Healthy Families NZ continues to be implemented with integrity to its intention and purpose. Across all Healthy Families NZ location teams there is a clear progression in systems thinking and the tailoring of approaches toward local community priorities. Storytelling and narrative change stories are shifting mindsets, however, there is more work to be done. Tangible changes in policy and social and physical environments have been increasing, but there are opportunities to enhance this.

Recommendations

- Maintain the focus on communications and storytelling to shift mindsets and foster systems change at all levels — especially the restoration of knowledge of histories and practices locally
- Use narrative approaches to share lessons about acting on equity, prioritising community-up approaches, and harnessing the power of mātauranga Māori and other regenerative practices as prevention solutions
- Healthy Families NZ location teams seek opportunities to use Pacific models and paradigms to contribute to approaches and practices
- Healthy Families NZ location teams to increase their focus on achieving tangible change across social and physical environments
- Healthy Families NZ location teams to increase their focus on achieving tangible policy change for health and wellbeing — organisationally, locally and nationally
- Continue to have discretionary funds available within location teams which can be used to leverage local activities
- Continue and strengthen opportunities for sharing evidence and effective practice across the different Healthy Families NZ teams and their different Lead Provider contexts
- Continue to have Te Whatu Ora — Health NZ staff attend local leadership hui and to be accessible and responsive to identified challenges and opportunities
- Review the foundational principles guiding Healthy Families NZ

Data and research

There remains a strong need for better, more useful, local contextual data and knowledge. There is a clear need to improve health status data sources to be more timely, more accessible, and amenable to a systems (and Māori) lens. In saying this, it is clear that Healthy Families NZ location teams value local insights as a data source, and have a depth of knowledge and data that would be of value to the health system, and beyond.

Recommendations

- Te Whatu Ora — Health NZ to review how health and wellbeing data and knowledge is managed and accessed to enable better insights into local community contexts and community advocacy
- Consider ways to further support local sovereignty of health and wellbeing data and insights, the way it is acted upon and how it is held in the long-term
- Te Whatu Ora — Health NZ to examine how data sources can be more useful to measure, monitor and act on equity
- Prioritise and build an evidence base that supports community level insights and exploratory data (for example lived experience) to be seen alongside quantitative data as valid, and valued sources of truth

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