

Health New Zealand | Te Whatu Ora

Early Years Programme - Developmental Evaluation Report

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Disclaimer

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Key takeaways

This section provides key takeaways from the developmental evaluation of the Early Years Programme (the Programme) and Community Innovation Fund (the Fund).

This evaluation was conducted from May to August 2024 in three phases. Phase one was internally focussed, framing the evaluation and strategic context with Health NZ | Te Whatu Ora Health Promotion (Health Promotion) leaders and kaimahi. Phase two engaged with community partners and the Tindall Foundation (co-funder) to understand their experience and outcomes. Phase three involved analysis, sense-making and reporting.

Setting the scene: strategic and the Programme context

Key insights from interviews with Health Promotion leaders and kaimahi.

- The importance of a comprehensive, equity-led, wellbeing, and culturally relevant approach when defining health promotion in the early years.
- The need for connecting with trusted community leaders, who need to be empowered to develop local solutions, for community activation and leadership.
- The importance of connecting with whānau who are not well supported by the system, and the need for tailored responses for whānau that universal responses underserve.
- That influencing and reorienting systems and services is a key part of health promotion, informed by what matters to whānau.
- There have been significant reforms and organisation and structural changes, including a change of government and associated priorities. This has provided challenges, as well as opportunities.

Communities' perspectives about health promotion in the early years

Overall, partners' responses indicate that, for them and the whānau they support, early years health promotion approaches are culturally grounded, community-led, holistic wellbeing-focussed, empower the whole whānau to achieve wellbeing on their own terms, and seek intergenerational impact.

Partners experience of the the Fund

Partners consistently reported positive experiences, praising the team's support, understanding, and trust in their work.

The key themes were:

- a positive and supportive relationship with the the Programme team,
- clear alignment of values and purpose,
- support for innovative approaches, with flexibility and trust in implementation,
- empowerment of community-led initiatives,
- the cultural responsiveness of the Programme,
- their appreciation for accessible, simplified processes and reporting methods.

What the Fund has enabled for community partners and the whānau they support

The key outcome areas are:

- development of holistic supports for parental, tamariki and whānau wellbeing,
- cultural connection and revitalisation, the integration of cultural practices,
- whānau centred, community-led innovation and solutions,
- building capability and capacity through education, confidence building, and skill-sharing,
- equitable access and support for whānau not well supported by service systems; with trusted faces and spaces.

What contributed to success of the Programme

The key themes were:

- enabling community leaders through partnership, autonomy, rangatiratanga,
- enabling innovation and innovators with adaptability, flexibility, empowerment,
- demonstrated access, choice, equity in practice with priority groups,
- weaving together whānau and issue-specific health promotion, with trusted faces, spaces, and pace.

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Introduction

Introduces the evaluation report, its purpose and objectives, and key lines of enquiry.

Introduction

The evaluation in this report focussed on Health NZ | Te Whatu Ora Health Promotion's (Health Promotion) Early Years Programme (the Programme) – particularly on the Community Innovation Fund (the Fund). The purpose of this evaluation was to provide Health Promotion with insights and learnings to support the ongoing development of the Programme, based on what has been important and made a difference for those involved.

Purpose and objectives

The evaluation sought to describe the Programme from the perspective of Health Promotion leaders, Programme team, and community partners. Key to this was understanding the broader organisational and system context the Programme operates in.

The evaluation objectives were to:

1. Understand the experience of community partners over the last 2+ years, specifically:
 - a. what the Community Innovation Fund has enabled within community in line with the Programme's sought outcomes,
 - b. what activities and practices within Health Promotion have supported this, been a barrier or could be improved.
2. Engage key system and community leaders and stakeholders in an evaluation and learning process, to provide actionable insight for the ongoing development of the Early Years Programme within Health Promotion.

The scope of this evaluation evolved through engagement with key internal leaders and stakeholders. As such, the approach needed to be open and generative. The dynamic and fluid nature of the context in which the Programme is operating had impacts on the evaluation process.

Key lines of enquiry

Key lines of enquiry are high-level questions that an evaluation is designed to explore and provide a framing and focus for the evaluation.

The key lines of enquiry for this evaluation were:

1. What are communities' and whānau perspectives about health promotion in the early years? What can we learn about the role and practice of health promotion in the new operating environment?
2. What has the Programme and its relational commissioning approach supported community partners to achieve (partners experience and outcomes)?
3. What are we learning about what it takes to influence systems change in the early years system?

Limitations

The scope and lines of enquiry for this evaluation did not require us to meet or speak with whānau directly, nor did it evaluate the individual initiatives within the Community Innovation Fund. The appropriate approach for this would be a Māori and Pacific Peoples-led approach and evaluators.

Positionality statement

The community partners engaged in the Programme and for this evaluation are predominantly Māori and Pacific people, whānau, and organisations. The evaluator and most of the Early Years Programme team are Pākehā or Taiwi and contributed to the interpretation and conclusions of this evaluation.

The Early Years Programme

An overview of the Early Years Programme, describing its principles, key functions, how the Programme was developed, its theory of change, and an illustrative example demonstrating how the Programme works in practice.

The Early Years Programme

Tū mai e moko. Te whakaata o ō mātua. Te moko o ō tīpuna.

Stand strong, child. The reflection of your parents. The blueprint of your ancestors.

This section describes the Early Years Programme vision and guiding principles, strategic intent and Programme inception, and details about a Community Innovation Fund.

Guiding principles and key functions

The Early Years (previously First 1,000 Days) Programme vision is an early years system that centres wāhine, tamariki, and whānau, and reinstates the special status of hine kōpū.

The Programme has four guiding principles:

1. The first 1,000 days of a child's life lay the foundations for their entire future. The clock starts at conception and runs to the child's second birthday.
2. Robust evidence shows it is critical to invest in the first 1,000 days, so that every child gets the strongest start to life.
3. Becoming a parent can be a hopeful time for change. It can also ramp up a parent's stress, anxiety or old trauma. Children's wellbeing depends on adults' wellbeing.
4. Mātauranga Māori has much to offer. Long-held indigenous knowledge shows us a lot about how early life experiences affect pēpi.

The Programme has three key functions:

1. supporting community and innovators,
2. supporting system transformation,
3. creating health promotion tools, resources.

Programme inception: strategic intent and design

The Early Years Programme was established in 2021 as part of an organisational direction (Te Hiringa Hauora | Health Promotion Agency at the time) to explore what an approach founded on wellbeing and life course, equity, and being Te Tiriti dynamic and community led looks like.

The intent was to innovate and explore what the best approaches were for supporting community-led health promotion solutions within early years.

The Programme adopted a systems-informed approach, incorporating systemic change frameworks and practices into its strategy.

Several strategic activities emerged as critical:

- Activating community innovators and leaders by empowering them with funding to design and develop local solutions via the Community Innovation Fund.
- Defining the best role Health Promotion can play within the early years system, considering its position within the wider health system and relationship to community.
- Taking a relational and learning-focussed commissioning approach, including regular connections with partners to understand what is important to whānau, community's experience, and identifying systemic enablers and barriers.
- Actively seeking to influence and contribute to wider system-setting mahi, based on what is learned about what matters and makes a difference for whānau.

Taking a learning approach

The Niho Taniwha¹ learning approach was included in the design of the Programme and has evolved alongside the Programme team and partners. The Southern Initiative (TSI) describe it as “a values-led set of practices, that weave learning and evaluation through the innovation process. It is developed from working with whānau, communities and systems. It is grounded in Aotearoa and draws respectfully from mātauranga Māori”.

¹ Niho Taniwha: A framework for navigating complexity (2021). The Southern Initiative. Retrieved Aug 24: <https://www.aucklandco-lab.nz/resources-summary/niho-taniwha>

The approach seeks to understand outcomes for whānau, system changes being achieved, and to consider the strategic learning or implications for the Programme. There is learning that occurs across three levels (wāhi ako):

1. with whānau, through specific initiatives
2. across these initiatives
3. across the whole team/organisation.

Practically, this involved:

- developing learning pātai and underpinning whāriki (evidence base), and using these to inform learning,
- gathering insights from partner hui, and collating and synthesising these within the team,
- regular learning (ako) sessions, facilitated by a developmental evaluator, to reflect on partner insights and consider implications for Programme development.

Community Innovation Fund

This section of the report outlines the Community Innovation Fund (the Fund) development process and timeline, from its inception in 2020/21 to the time of this evaluation (August 2024).

The Fund, a major component of the Programme, was established to enable community innovation, leadership activation, and direct investment into locally developed solutions.

This involved:

- Developing and embedding a relational approach to commissioning, across the entire commissioning cycle, informed by the Tākai Whanaungatanga model of funding, and aligned with Social Sector Commissioning.
- Proactive engagement with community through a devolved leadership approach inspired by Fa’afaletui.
- Embedding a learning approach in the mahi, embedding collective reflection and sensemaking, based on TSI Niho Tanwiha approach.
- Storytelling and sharing emerging evidence and insights, to influence system and service settings.

Establishing the Fund

The Programme team engaged with Oranga Tamariki Tākai (previously SKIP) in 2021 to understand their approach to community activation and investment — specifically, exploring their Whanaungatanga model of funding and supporting practice evidence. With external advice and internal expertise, the Programme identified a series of key shifts to make to commissioning practices:

- Moving to high-trust, flexible and relational ways of working with community partners, actively devolving leadership to community,.
- Making it easier for people, by streamlining processes and taking on the administration and paperwork that is a known barrier for communities.
- Shifting from reporting and compliance to reflective and shared learning practice, including implementing a learning approach.
- Having a Te Tiriti o Waitangi and equity, focus, with a specific interest in initiatives that lead from Te Ao Māori or Pacific Peoples worldview.

These key shifts underpinned engagement with the internal procurement team to develop a relational approach that met good commissioning practice and procurement requirements. The Programme team developed the Community Innovation Fund criteria based on the strategic intent outlined above. They sought initiatives and innovations that:

- supported community and whānau,
- led from Te Ao Māori or Pacific Peoples’ worldview,
- were community-driven solutions for community need,
- related to early years key kaupapa,
- demonstrated community leadership and innovation ,
- provided practical alternatives to the status quo that work for whānau.

The Fund was promoted with a unique communications strategy developed with the internal communications team - with different approaches to get messages out into the community, with simplified, and plain language. This was to bring new community and system actors into the early years space.

An evaluation panel was established with internal, cross-agency, and community representation from Oranga Tamariki (Tā kai) and The Fono. This was inspired by Fa'afaletui, a Samoan research framework introduced by a Pacific programme team member to support a devolved leadership approach.²

Applicants were initially asked to respond to a Registration of Interest (ROI) online survey. There was an overwhelming response to the initial innovation fund round, with the Programme receiving 174 applications, representing over \$9.6 m of requests for the \$400,000 fund that was available.

The initial plan was to shortlist based on the ROI and then wānanga/talanoa with all shortlisted applicants to support them to write a full application. However, due to the high volume of applications, there was a pivot to include an initial shortlisting, completed by internal staff, across the agreed criteria.

The community-based evaluation panel then supported a second shortlisting, and all shortlisted applicants were offered support and advice from the Programme team staff to complete the application process. Shortlisted applicants were invited to wānanga/talanoa to work through any questions the panel had regarding their application or initiative.

At the same time, the Programme team sought to increase the total fund by exploring co-funding opportunities with other government and philanthropic funders. In 2022/23 the fund was co-funded with The Department of Internal Affairs (DIA) through the lotteries grant fund and in 2023/24 it was co-funded with the Tindall Foundation. As a result, the fund grew to \$1.4 m in 2021/22 and \$1.07 m in 2023/24.

Further opportunities for strategic alignment were identified with Tā kai, who co-fund some of the community partners. Both programmes worked together to understand what the best focus and contribution for each agency was, to avoid duplication and enhance the shared kaupapa.

The Community Innovation Fund awarded grants ranging from \$20,000 to \$100,000:

- 18 kaupapa partners were supported in 2022/23 with \$1.4 m funding for communities to design wellbeing solutions, with projects led from a te ao Māori or Pacific Peoples worldview.
- 12 kaupapa partners were funded \$1.07 m in 2023/24 to continue building sustainability of their solutions and innovations.

The relational approach was also applied in the monitoring and reporting phase of the commissioning cycle:

- Instead of a final written report, the Programme team had regular meetings with community partners, structured around learning pātai, and in 2023/24, incorporating the Strategies, Success, Evidence (S.E.S) evaluation tool.³
- Insights from these sessions were captured and written up by the Programme team and shared with the partners.

This captured the core components of accountability and reporting obligations, while addressing long-standing concerns around the reporting and compliance burden for community partners.⁴

The Programme theory of change

A theory of change (TOC) outlines how and why a desired change and associated outcomes are expected to come about. It explains how an intervention or set of interventions, such as social policy or Programme activities lead to outcomes and impacts, outlining the underlying rationale of the approach.

The Programme TOC was informed by the document and evidence review, internal stakeholder interview insights, and a series of facilitated sessions with the Early Years Programme team. This is an outcome-focussed TOC, describing the evidence and/or principle of the Programme, that leads to the strategic actions (what and how) to achieve the outcomes sought.

² Fa'afaletui. Tamasese et al (1997). Te Tāhū Hauora Health Quality and Safety Commission, 2023. Retrieved Aug 24: https://www.hqsc.govt.nz/assets/Consumer-hub/Publications-resources/Pacific-models-for-engagement_Faafaletui_final.pdf

³ Strategies, Success, Evidence (S.E.S) Evaluation Tool. Kataraina Pipi. Retrieved Aug 2024 <https://inspiringcommunities.org.nz/wp-content/uploads/2022/07/SES-Explainer-1.pdf>

⁴ Social Sector Commissioning 2022-2028 Action Plan. Pg 20

The Early Years Programme Theory of Change

To achieve our vision...

An early years system that centres wāhine, tamariki, and whānau, and reinstates the special status of hine kōpū

We believe...

That the solutions for whānau lie in community and are best delivered by people whānau trust

We need to take a different approach to health promotion to achieve equity and wellbeing

The early years system needs to re-orient to what matters and makes a difference for whānau

So we will...

Invest in and empower locally led, whānau-centred, equity and wellbeing-focused, and indigenous innovators

Explore different ways of practicing health promotion and investing in communities, to demonstrate and evidence compelling alternatives

See system influencing as a critical part of health promotion and seek to influence the wider early years system settings

By doing...

Whānau-centred, community-led innovation in health promotion

Defining the best role and practice for Health Promotion in the early years system

System influencing - reorienting systems and activating levers

We will achieve...

Whānau have access to the support and resources to meet their wellbeing needs and aspirations, from trusted people and spaces

An evidence base of what health promotion in the early years needs to look like to meet its strategic intent

The Programme contributes to system setting changes based on insights from and relationship to what matters to whānau and community

Community leaders are resourced to explore and deliver local solutions

Relationships with community leaders informs health promotion practice

The early years wānanga: an illustrative example

An illustrative example is a description of a specific event or situation that represents key aspects of a programme. It offers a concrete, real-world example of the programme in action, it is more concise than a full case study and helps readers understand abstract concepts through a practical example.⁵

Context and purpose

The wānanga was an opportunity for over 60 community innovators, across 17 kaupapa partners, to come together over two days to strengthen connections with each other, share learnings, and articulate how the system might better support māmā, pēpi, and whānau in the early years.

The timing of the wānanga occurred at the same time as the consultation period for the refresh of the Child and Youth Wellbeing strategy. Members of the Child Wellbeing and Poverty Reduction Group working on the Strategy refresh attended some of the wānanga to hear the experiences of those working in communities firsthand. This offered a unique opportunity to influence the Government's approach to the first 2,000 days.

The group's reflections on the day and insights captured in the final report will help inform this work going forward.⁶

The objectives for the wānanga were to:

- learn from each other — our successes, innovations, and challenges,
- form connections with each other,
- make collective plans that result in actions for the whānau we serve,
- nourish ourselves — tinana, wairua, hinengaro, and whānau.

The wānanga was held over two days on 13th and 14th June, at the Waipuna Hotel and Conference Centre in Tāmaki Makarau. The event was co-designed with a ropū of four community partners — to frame the agenda, sense check the approach, and land guiding principles for the wānanga. The Southern Initiative (TSI) facilitated the wānanga.

Who was involved

The participants in the wānanga were:

- community innovators from 17 kaupapa partners, and their tamariki and pēpi,
- members of the Early Years Programme team in Health Promotion,
- a member of the Kahu Taurima Team in Health NZ,
- members of the Child Wellbeing and Poverty Reduction Group in the Ministry for Social Development,
- funding partners from the Tindall Foundation,
- an independent Developmental Evaluator (evaluator for this evaluation),
- facilitators from TSI,
- the League of Live Illustrators.

What was involved

Kia whakatōmuri te haere whakamua | I walk backwards into the future with my eyes fixed on my past’.

The wānanga was designed around this whakatauki, with the intent of reflecting on the journey to date, to inform how the collective may move forward together.

The focus of the first day together was whanaungatanga, offering opportunities for people to make connections across their shared kaupapa. The participants looked back on the journey of this mahi, sharing their strengths, innovations that work for their whānau, and insights and learnings.

On day two, the focus was on ‘dreaming big’, imagining the future for hāpori and tamariki mokopuna. Kaupapa partners spent time describing their aspirations and preferred futures, then identifying shared strategies and actions for achieving these.

5 Patton, M. Q. (2015). *Qualitative Research and Evaluation Methods: Integrating Theory and Practice*. Sage Publications.

6 The Final report from the Wānanga can be accessed here: <https://www.hpa.org.nz/research-library/research-publications/early-years-wananga-report>

An insights report from the wānanga was compiled by TSI and validated with the community partner ropū, to be shared with all partners, together with the illustrations. The report and visualisations will support the partners in their mahi and describe the collective ambitions and opportunities for the future. Feedback was sought from participants and the co-design ropū in terms of their experience of the wānanga and is described below.

What this demonstrates

This wānanga demonstrates the intentional investment in community partners and in the relationships with them. The community partners valued the invitation and direct support to come together — something they describe as being difficult to do within their current funding arrangements.

“Thank you for enabling the kanohi ki te kanohi learning opportunity over the two days- the connections made will be long lasting and as a collective much more can be achieved.” – Wānanga participant

“[The attendees] felt really honoured. They were blown away [to be supported to attend].” – Wānanga participant

A partner spoke about how it was the relational capital that the Programme team had built with the community that enabled the wānanga to happen.

“There was a high level of resonance and resilience as we all shared our various services to our communities as people reimagined “the norm” and advocated for the authentic relationships you have developed with providers to continue.” – Wānanga participant

The wānanga created an opportunity to highlight and celebrate successes and to share challenges in the mahi across a broad range of practitioners across the motu. People spoke of the benefit of seeing initiatives at different stages of development, and the opportunity that provides for learning from each other.

“I really enjoyed attending...and meeting the other community groups. I was quite impressed with the calibre of their projects and kaupapa - Māori and Pacific groups (also their leadership)” – Wānanga participant

There have been specific examples of partners connecting following the wānanga that demonstrate the value in connecting community partners. These include:

- a community partner who spoke of their ropū visiting one of the other participants to learn about how they have acquired and developed a physical space for their initiative,
- other participants have joined the Hine ki te Wheiao maternal mental health movement/collaboration that is being led by E Tipu E Rea Whānau Services.⁷

The wānanga had a specific intent to foster and amplify collective action within the community initiatives, with activities that identified shared strategic focus areas and developed actions to support this. This included developing a shared collective narrative, amplifying influence, and advocating for devolution to community, as demonstrated through the Programme’s relational commissioning approach.

The wānanga brought together different people and parts of the early years system, connecting those who are developing policy and system settings in government, and philanthropic funders, with on-the-ground innovators who have a deep understanding of what matters and makes a difference for whānau.

The system influencing activities of this wānanga included informing the Child Youth Wellbeing Strategy, supporting the Child Wellbeing and Poverty Reduction Group ministerial advice, and Kahu Taurima strategic leadership and development.

Wānanga participants provided positive feedback on the event, including acknowledging the challenging nature of bringing together people from across the motu and different parts of the system. There was a shared view that connection points and experiences like this wānanga are valuable and should occur more.

There was feedback regarding the framing of the event as a wānanga, which requires consideration. Namely, to be mindful of the cultural meaning and therefore expectations that come when describing an experience as a wānanga. This relates to who is holding the space, how it is held, establishing and reconnecting with tikanga, and ensuring the safety of participants.

“Wānanga is an interesting space. You have parameters of the manaaki, you have a Programme that you want to be able to achieve over the wānanga. But when you talk about wānanga it actually has a freeflow. It is an organic space. It's quite a courageous move to say that you're going into wānanga.” – Wānanga participant

“From a te ao Māori perspective a true wānanga is one that is shaped by the attendees, goes with the flow of where the attendees take it and isn't restricted. Usually, you hold the intention of the day really closely and let go of the process and how everyone arrives there. This is definitely what I witnessed happening so well done. However, I can see from a productivity and safety aspect it is a hard one to facilitate, especially in the absence of established tikanga at the start of the day. I've been challenged in my last role for using the word wānanga and not holding the space true to what it is.” – Wānanga participant



Strategic and Programme context

This section outlines the key insights from interviews with Health Promotion leaders and kaimahi, describing the Programme context and strategic settings. These are important for understanding the Programme, its operating environment, and the outcomes sought.

Defining health promotion in the early years

“We’re trying to really reimagine what health promotion is, and describe a comprehensive health promotion approach, and put some resource back into the community.” – Health Promotion leader/kaimahi

Health Promotion leaders and kaimahi strongly emphasised adopting a comprehensive health promotion approach and moving beyond conventional methods, to connect with whānau and communities differently. This includes community activation and empowerment, addressing systemic barriers, reorienting systems and services to be more equitable, culturally relevant, accessible, and meet whānau aspirations and needs.

“This Programme was set up to look at things differently, to take creative licence to go forth and do something around this [early years] with a health promotion lens. That is innovative in its own way.” – Health Promotion leader/kaimahi

The Programme sought to explore what a life-course, equity and wellbeing-focussed health promotion approach looks like in the early years.

“[Health promotion] goes from policy and advocacy, social marketing as a tool, mass media [at one end] through to community action, community engagement, community empowerment but then also system orientation.” – Health Promotion leader/kaimahi

There are clear ministerial directives to address the modifiable behaviours which lead to non-communicable diseases in Aotearoa.

“The direction from the [Health] Minister is clear. They’re interested in the 5 modifiable risk factors that contribute to the 5 significant disease states. We have 5 key targets. It’s about tobacco, alcohol, nutrition, physical activity and social environments.” – Health Promotion leader/kaimahi

Community activation and leadership

“We rely on communities to be the trusted faces, trusted places, and support them by giving the resource to the community. We need to protect community leadership and well-being in health promotion and community-based initiatives in health promotion.” – Health Promotion leader/kaimahi

Health Promotion leaders and kaimahi spoke about the importance of community leadership, empowerment, and activation, with health promotion driven by trusted community voices and spaces, supporting whānau in ways that meet their needs with locally tailored responses.

“Community activation and trusted faces are key to reaching the willing and unable, unsure and uncertain groups.” – Health Promotion leader/kaimahi

This is part of a comprehensive approach to support whānau who are willing, but unable to access the support they need or have mistrust in the systems and supports around them.

“The power of community and trying to create a space to show the value of that. There is power in stepping back and honouring how your community rolls.” – Health Promotion leader/kaimahi

“Tailoring approaches for different people - includes community engagement and policy shaping. From community engagement, people’s individual skills and behaviours, through to policies and strategies in the health system.” – Health Promotion leader/kaimahi

Connecting with whānau who are not well supported by the system

A key focus for Health Promotion leaders and kaimahi is reaching communities that have been historically underserved by universal health promotion approaches and services.

“The importance of reaching marginalised communities through community-led Programmes. It shows the importance of tailoring health promotion approach to underserved communities.” – Health Promotion leader/kaimahi

“There are communities that we continue to underserve with universal Programmes, universal offerings, universal and common communications, and mass media.” – Health Promotion leader/kaimahi

Taking a comprehensive health promotion approach includes tailored responses for these whānau and their communities.

“This is not about ethnic groups or deprivation; it's about understanding cohorts in terms of their health behaviours and barriers.” – Health Promotion leader/kaimahi

“It's [this Programme] really highlighting that we're looking after the community that we find planning, policies, everything, through to the news are leaving out.” – Health Promotion leader/kaimahi

Influencing and reorienting systems and services

Health Promotion leaders and kaimahi spoke about the importance of system and service reorientation in health promotion approaches, citing the need for supports to be equitable, meaningful, culturally relevant, safe, and welcoming for diverse communities.

“We have to influence the services to be meaningful, relevant, safe, welcoming and comfortable for whānau to attend. It is unethical to go in to community and motivate whānau to go to a service if that service continues to be too hard to access ... we undo and diminish all the hard work of our community leaders.” – Health Promotion leader/kaimahi

“People have forgotten the most important part of a health promotion approach is service reorientation.” – Health Promotion leader/kaimahi

There is an emphasis on demonstrating the outcomes of the Programme's approach and influence on wider systemic change, beyond the mechanisms (the how) to what changes we see in the system from the mahi.

“Are we understanding what the levers are to influence wider system, how are we using the learnings to influence the system for this particular kaupapa.” – Health Promotion leader/kaimahi

“This is quite a systemic Programme. The emerging evidence shows relationships have been key. Need to show where the mahi fits in wider sector and how it's contributing to the cross-government evidence base, new ways of working.” – Health Promotion leader/kaimahi

Significant reforms and organisation changes

Health Promotion leaders and kaimahi described the significant amount of change the organisation has experienced over the last few years. Through the wider health reforms, the organisation became part of Health NZ and underwent internal structural changes.

“If we were to think about where this Programme started three years ago, and where it is now, so much has changed in those places and spaces [context organisation], the reforms, the restructures, the change of government, whole raft of things.” – Health Promotion leader/kaimahi

While this has been disruptive, it also provides new opportunities for influencing change and shaping the role of health promotion within the wider health system. Beyond the health system, people spoke about shifts with the change of government in terms of direction and focus, such as a move towards social investment.

“There has been a lot of change, including in our leadership. We've had 3 different GMs to bring into the mahi in a short amount of time. It's been hard to build momentum, and it takes time to get your head around it.” – Health Promotion leader/kaimahi

“[Being part of Health Promotion] has benefits and challenges. It means we have greater opportunities to influence [the system]. Through the intent of the Pae Ora Act. But with greater opportunities comes greater accountability, and the need to address challenges in these systems.”
– Health Promotion leader/kaimahi

A key aspect of these significant changes in the wider system and strategic environment for the Programme has been a change of government and associated policy priorities for the health system. These priorities are critical considerations for understanding the Programme as it is today and informing the ongoing development of the Programme. They have, therefore, been included in this evaluation.

“There is a re-introduction of social investment. So, we need to understand - does the narrative and the evidence tell that social investment story?” – Health Promotion leader/kaimahi

The Minister of Health released the Government Policy Statement on Health (July 2024) describing the Government's priorities for improving access and choice, timeliness, quality of support and services, workforce, and infrastructure. A key priority for the Minister is to strengthen prevention and early intervention, specifically noting the importance of responding earlier in the life course, for example in maternal mental health and wellbeing in the early years.

The Government's Health Policy statement describes the need to respond to broader determinants of health — the social determinants and environmental factors such as education, employment, income, housing, transport, and climate that account for most health loss. The Government is seeking to address these social determinants by “partnering and influencing across sectors nationally, and with communities at local and regional level.”

“Cross-agency partnerships are needed to address the broader determinants of health and wellbeing. There were concerns the health system does not do enough to support broader determinants of health. Working in partnership to address the inequitable impact of other social, economic or environmental factors on health outcomes is essential if we are to shift health outcomes.” – Minister of Health, 2024.⁸

There is a clear focus on addressing these determinants and enabling wellbeing within the community, describing the need to keep people well in their communities and enable them to achieve their aspirations.

The Government's focus is on shifting decision-making and resources closer to communities, supported and resourced by the health system i.e Health NZ | Te Whatu Ora.

The way this may be achieved is described as:

- At a local community level, local planning processes can support actions to respond to local needs.
- At a regional level, through planning and collaboration between the health system and key regional roles, including Regional Public Service Commissioners.
- Nationally, supported by cross-government strategies and actions, such as the Child and Youth Wellbeing Strategy and the Oranga Tamariki Action Plan, and policy development and commissioning that supports cross-government collaboration around broader social outcomes.

The focus on a social investment approach will support collaboration between core health services and other supports and services, to address the social determinants of health and improve health outcomes. This includes working to address the drivers of the differences in health outcomes that sit outside the health sector, as well as monitoring and reporting on progress.

The community partners

An overview of the community partners, the whānau they support, and their innovations.

The community partners

This section outlines who the partners are, the nature of their organisation, and the whānau they support. It draws on responses from 11 community partners surveyed, of the 18 partners invited (61.1% completion rate).

Who they are

The partners describe themselves as kaupapa Māori organisations, iwi and/or marae-based services, health and education learning service providers, research organisations, Māori and Pacific antenatal and childbirth educators, as well as independent researchers and practitioners.

The community partners are mostly small organisations (45.5% small (1 to 5 people)), with 36.4% being medium sized (6 to 20), and 18.2% large (21+) organisations. Most work locally (54.5%) and regionally (54.5%), with some working at a national level (36.4%).

The health regions they are in:

- Te Tai Tokerau,
- Counties Manukau,
- Waitematā,
- Waikato,
- Tairāwhiti,
- Te Matau a Māui Hawke's Bay,
- Te Pae Hauora o Ruahine o Tararua Midcentral,
- Te Tai o Poutini West Coast,
- Waitaha Canterbury.

The people and whānau they support

Partners were asked to define the whānau they support in terms of demographics, identity, culture, and lived experiences.

All partners (100%) responded that they support māmā and pēpi, most also support pāpā (81.8%), and wider whānau, such as grandparents (81.8%), other parents (63.6%), and caregivers (63.6%). The whānau supported are mostly Māori (81.8%), Pacific (36.4%) and Pākehā (27.3%). And 54.5% of partners are working with whānau living rurally. 54.5% of partners also support workforce development, such as midwives or educators.

How this funding fits in their organisation

The survey results show that the Community Innovation Fund (the Fund) has created access to funding for people and organisations that are newer to government funding processes and do not have multiple funding streams in place. This implies that new 'system actors' are being introduced into the early years system, particularly Hauora Māori organisations.

Most partners have some experience with grants, having applied for 'a few grants or government funding' (54.5%) or quite a lot of grants or government funding' (27.3%). Notably, 18.2% are 'new to the process of applying for grants and government funding'.

For over half (54.5%) of partners, this is 'one the only or few funding streams', for 27.3% of partners this is 'part or half of their funding streams'. For 9.1% this is a 'small part or one of a lot of funding streams' and 9.1% selected 'other' describing it as 'an important part of complimentary funding'.

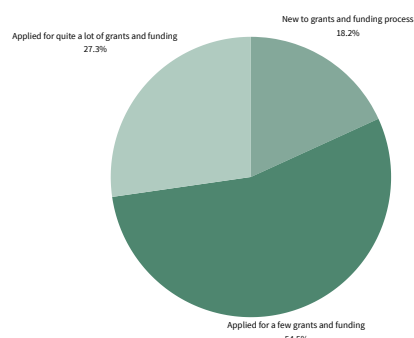


Figure 1: Partners' experience with grants and funding

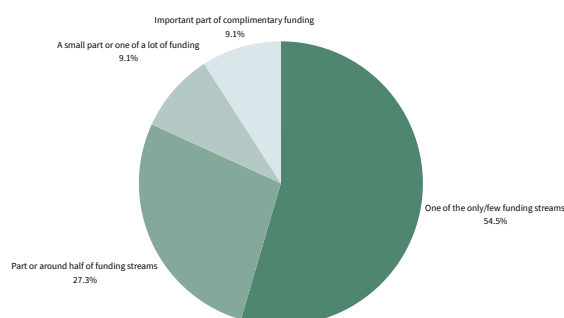


Figure 2: How funding fits into partners' organisations

Reason for applying for this fund

The reasons partners applied for the Fund include:

- the purpose of the Fund aligned with their kaupapa, namely a focus on the early years of life,
- the specific support for indigenous (Māori and Pacific) health initiatives,
- the opportunity to implement community-led and culturally grounded approaches.

Community partners' mahi and the funded initiatives

This section outlines how the community partners describe the mahi they are doing with whānau. Their mahi includes culturally grounded parenting supports and education, maternal health initiatives, mahi that is equity focussed, and providing health promotion activities within Māori and Pacific Peoples' communities.

Many initiatives focus on supporting maternal and pēpi health, particularly within Māori and Pacific communities. Holistic wellbeing services, including mental health support, are common.

Many initiatives aim to educate and build skills within whānau, communities, and workforce, integrating traditional, cultural knowledge and practices into current health and wellbeing activities.

There was a strong emphasis on revitalising cultural practices and decolonising health approaches.

Key themes from partners' descriptions of their mahi are:

- providing holistic health supports, with a maternal, child, and whānau wellbeing focus,
- cultural connection and revitalisation, and integration of cultural practices within health promotion,
- whānau and community-led innovation and solutions for local challenges,
- education and skill-building within whānau, community, and workforce,
- support for whānau not well supported by the system.

"[Initiative] is a kaupapa Māori wellbeing service that is inclusive of those who resonate with the approach and our values. Therefore, whānau from across the community spectrum access and utilise [Initiative], although we wish to target and support those most in need and disadvantaged."
–Survey respondent

Key insights and lines of enquiry

The evaluation insights from the key lines of enquiry.

What are communities' and whānau perspectives on health promotion in the early years?

“Health promotion is about being mana enhancing and empowering whānau and community with mātauranga and Pūrākau that can inspire positive change for whānau.” – Survey respondent

Partners emphasised the importance of a holistic approach to health that encompasses physical, mental, cultural, spiritual, and emotional wellbeing. Many highlighted the significance of integrating Māori or Pasifika cultural values and practices into health promotion efforts.

Empowerment and enabling whānau to take control of their own health, needs, and aspirations was a recurring theme, with a strong focus on community-led initiatives and addressing health inequities.

“Investing in the strength of māmā builds the potential for a healthy future for themselves and their whānau. Health promotion through the lens of māmā means seeing them as the controllers of their own lives, enabling them to reclaim and live their mana motuhake.” – Survey respondent

Overall, partners' responses indicate that, for them and the whānau they support, early years health promotion approaches are culturally grounded, community-led, holistic wellbeing focussed, empower the whole whānau to achieve wellbeing on their own terms, and seek intergenerational impact.

The key themes that emerged were the need for:

1. holistic wellbeing approach, that is culturally grounded and relevant,
2. mana motuhake - empowerment and self-determination,
3. community-led and whānau-centred,
4. preventative and proactive wellbeing measures,
5. addressing health inequities,
6. intergenerational wellbeing.

“Health promotion for us, our whānau, and our iwi means creating an environment where everyone has the knowledge, resources, and support to achieve optimal health and well-being. It involves more than just being reactive; it encompasses a holistic approach that nurtures physical, mental, spiritual, and emotional health within a culturally appropriate framework” – Survey respondent

Partners spoke about valuing health promotion initiatives that take a holistic view of and approach to wellbeing, that is grounded in cultural values and practices.

“Health promotion initiatives that are culturally grounded help preserve and reaffirm our cultural identity and practices, ensuring they are passed down to future generations.” – Survey respondent

There is a strong focus on empowering whānau and communities to take control of their own health and wellbeing journeys.

“Achieving positive and sustained health outcomes in the community through innovative, dynamic and cultural approaches is what all health organisations and those who fund health activities should desire for. Giving funding to the community to deliver to their communities has a far greater reach and sustained impact than an organisation telling a community what they are not doing well in.” – Survey respondent

“Health promotion through the lens of māmā means seeing them as the controllers of their own lives, enabling them to reclaim and live their mana motuhake.” – Survey respondent

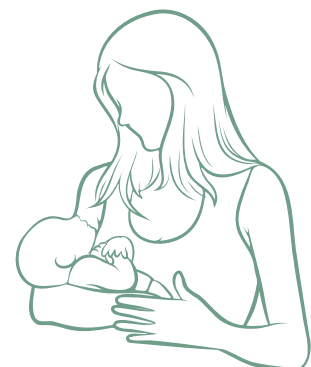
There is strong support for health promotion initiatives that are led by and for whānau and the community.

"Communities often come from a strength based approach that grows knowledge in whānau and hapori - so growing capacity within whānau collectives through an interest, then wānanga to build on their interest and knowledge, then in action in terms of putting their learnings into practice and then in sharing - becoming the tuakana and teaching others what they have learnt." – Survey respondent

Health promotion is seen as a way to support not just individuals, but the entire whānau and community, across lifespans and between generations.

"This is a unique period of opportunity when the foundations of optimum health, growth, and neurodevelopment across the lifespan are established." – Survey respondent

"[Organisation] advocates and supports the delivery of this important research to our Aoga Amata parents as this is a unique period of opportunity when the foundations of optimum health, growth, and neurodevelopment across the lifespan are established." – Survey respondent



What has been the community partners experience of the fund and relational commissioning approach?

“Ka nui te mihi ki a koutou, thank you for empowering and trusting us to know and support our community well.” – Survey respondent

Partners consistently reported positive experiences, praising the team's support, understanding, and trust in their work. Most mentioned their appreciation for the flexibility allowed in implementing their initiatives and the trust placed in their expertise.

“The team led by Paulien has been amazing and I have found the process unlike others in the positive engagement and minimalisation of barriers the team takes towards successful outcomes.” – Survey respondent

The alignment of values between the team and the community organisations was frequently highlighted, and was described as demonstrated through action, rather than kōrero.

“It was accessible and right from the beginning the people behind the grant process were encouraging, friendly, supportive and truly understood what we were trying to achieve” – Survey respondent

The key themes found in survey responses and interviews were that community partners felt there was:

1. a positive and supportive relationship with the Early Years Programme team,
2. clear alignment of values and purpose,
3. support for innovative approaches, with flexibility and trust in implementation,
4. empowerment of community-led initiatives,
5. the cultural responsiveness of the Programme,
6. their appreciation for accessible, simplified processes and reporting methods.

Many partners described the cultural responsiveness of the funding approach and the Programme team members. People spoke about the team creating a space where they felt they could be themselves, in which their worldview and approaches were valued and celebrated.

“Open channels of communication, listening and doing their very best to accommodate our requests. We felt valued and heard.” – Survey respondent

Partners appreciated the simplified, relational application, monitoring, and reporting methods and spoke about the team actively removing barriers for them. Many specifically appreciated the open communication and regular sessions held between the team and partners, reflecting on successes, strengths, and learning.

“Having a wānanga approach opens the space to allow for kōrero to come through from the whanau making it a whanau centred approach and working alongside whanau.” – Survey respondent

“They let us get the mahi done we are not continuously questioned about what we are doing or why but just trying to understand the kaupapa we have been given autonomy to work with whānau” – Survey respondent

A specific point of difference noted was the Programme team taking responsibility for capturing these sessions and creating reports. These reports have been valuable for the partners to communicate their initiatives, to seek support, collaboration, and funding in other places.

“They have taken the time to get to know us, have validated and supported our desire to meet whānau needs in creative and innovative ways. They have taken responsibility for 'translating' what we do, into their reporting framework to save us the time, resource and hassle. They have been the best funding partners we have had the privilege of working with and have offered us true partnership and rangatiratanga over our kaupapa.” – Survey respondent

These themes reflect a strong demonstration of and appreciation for a relational funding approach that empowers community-led initiatives, respects cultural values, and builds trusting relationships between funders and community organisations. Partners describe how the Programme has enabled them to take a whānau-centred or led design and development approach in their mahi and initiatives.

“My experience, along with that of the māmā, through the Community Innovation Fund has been very positive and rewarding. The process, support, and encouragement received from the HP team have built a high-trust and solid relationship that models true partnerships with funders and communities.” – Survey respondent

“They respectfully see us as equals meeting shared goals. It is empowering and I feel proud of the work we are collectively achieving.” – Survey respondent

How partners rated their experience

The partners were asked to rate their experience across a series of dimensions identified as important in the Programme’s approach. These dimensions were developed with the Programme team in line with the Theory of Change. These relate to:

- accessibility and ease of the streamlined funding process,
- values and purpose alignment between the Programme and partners
- the quality of the relationship with the Programme team and how this has affected their mahi,
- enabling whānau centred, innovative, adaptive approaches in community.

They were asked to rate their experience and perspectives on a Likert scale from 1, strongly disagree to 5, strongly agree with the statements. 11 partners responded to the survey and completed the ratings.

The results are very positive across all the dimensions, indicating that partners have had a good experience with the Programme, the Community Innovation Fund, and of the relational commissioning approach.

The survey results are summarised on the following page and the full results are provided in the Appendices.

Survey results

The results are very positive across all the dimensions, indicating that partners have had a good experience with the Programme, the Fund and the relational commissioning approach. A rating of 5 represents partners strongly agreeing with the statement.



The application process for this fund was straightforward and easy

4.7

I/we understood the expectations of the Programme and what was needed from me/us

4.7

I/we have felt like our values and purpose align with the Fund and the team throughout this process

4.8

I/we have a strong relationship with the team, based on trust and respect

4.8



This funding has enabled me/us as community leaders to tailor things to the needs of our whānau

5.0

Our relationship with this team has been different to our experience with other funds and funders

4.8

I/we have been able to share or communicate what is really going on and working for whānau, rather than try to fit our mahi or reporting into a tickbox

4.9

The regular wānanga has enabled us to work differently and achieve different things in our work

4.9



What has the funding and relational commissioning approach supported community partners to achieve?

This evaluation sought to understand, from the community partners' perspective, what the Programme, and the Community Innovation Fund specifically, enabled for them and the whānau they are supporting.

The key outcome areas identified reflect how the partners described health promotion from the perspective of community and whānau. Simply put, they are delivering health promotion within their community in line with how they view and define health promotion.

Development of holistic supports for parental, tamariki, and whānau wellbeing

"He mea nui ko te aha ō a mātou mōhio. Engari, ko wai mātou to kaupapa kei runga. "What we know matters, but who we are matters more." This guiding principle underscores our commitment to valuing the identity and perspective of each individual and community, recognising that their unique experiences and knowledge are fundamental to creating meaningful and lasting change." – Survey respondent

The community partners' mahi provides broad support that addresses physical, mental, spiritual, and emotional aspects of health for māmā, pēpi, and whānau. Partners describe their mahi as being beyond service delivery, considering healing and strengthening whānau and community, and seeking to address wider health and social determinants.

"Kaupapa Māori led NGO, we work across many sectors to support the needs of whānau Māori in our hāpori, including housing, food security, haputanga, toi Maori, te reo Māori, tupuna parenting, health, rangatahi, mental health, etc to support whānau accessing and utilising our kaupapa for maternal distress and grief." – Survey respondent

"It encompasses a holistic approach that nurtures physical, mental, spiritual, and emotional health within a culturally appropriate framework." – Survey respondent

Partners describe their mahi as looking beyond whānau needs, to enable the wellbeing aspirations of whānau and building the capability and capacity within whānau to achieve these. Some partners spoke about taking an intergenerational and community approach in their work, actively evolving their mahi to include wider whānau and community members.

"This approach aims to support whānau in maintaining healthy and thriving lives. By investing in the potential and aspirations of whānau and leveraging the opportunities within their communities, we strive to build better connected and sustainable communities." – Survey respondent

Cultural connection and revitalisation - integration of cultural practices in health promotion

"We deliver a unique Māori child and maternal wellbeing kaupapa that is localised and responsive." – Survey respondent

The funding has enabled people and organisations to develop and implement health promotion initiatives that are deeply rooted in cultural values and practices, specifically Māori and Pacific perspectives. This has allowed for a more holistic and culturally appropriate approach to health and wellbeing, that is responsive to local context.

"We use our knowledge of tikanga and mātauranga to move freely in these spaces and engage the necessary people to support us (marae committee, collective local marae, kaikōrero, other community organisations)." – Survey respondent

"The funding has allowed us to explore, further research and implement customary Māori birthing practices back into maternity plans alongside midwives and Māori hauora kaimahi in a safe and informed way." – Survey respondent

"Connection and empowerment. The right to access and choose supports and services that are fit for purpose and culturally appropriate and inclusive." – Survey respondent

This evaluation needs to be considered within the wider context and evidence of the early years system. Namely, the impact of colonisation, the privileging of Western child-rearing ideologies, and the undermining of Māori parenting practices and whānau support systems, for example through The Tohunga Suppression Act 1907, in law till 1962.⁹

"Our whānau are very disconnected from who they are which in turn affects their way of parenting through connection to themselves [this] deepens the connection to the next and future generations." – Survey respondent

Community partners describe how connecting people to their culture, and doing so with their whānau and community, is a healing and health promotion activity and outcome in its own right. Many initiatives seek to connect and integrate traditional Māori or Pacific knowledge and practices in health and wellbeing approaches, ideas, and knowledge.

Many of the initiatives are specifically focussed on the revitalisation of indigenous birthing and parenting practices, supporting reconnection to and within whānau support systems.

"We are indigenising, revitalising and decolonising the journey of a wahine. Our practise within our wānanga is all based on indigenising our space as wāhine and never has it been questioned." – Survey respondent

"To feel connected to their taha Māori, to heal from trauma they may have experienced in maternity or their lives and also for our older whānau members who come along they are learning mātauranga Māori pertaining to maternity practices for their mokopuna and to give them what they did not know or experienced." – Survey respondent

"All our workshops and talanoa were delivered in Samoan so that the parents and families are well informed. We have also unpack things from the core of Samoan cultural values, spirituality and Samoan worldview. Bridging the dichotomy between scientific research and Samoan way of being." – Survey respondent

Some specific initiatives from the Fund that demonstrate this include:

- Brainwave Trust, Hikoi Mahara wānanga (co-funding relationship with Tākai), incorporating brain science and Māori values and practices
- Tūpuna Parenting, a movement to reclaim traditional Māori parenting ways, to share the gentle and respectful parenting ways of tūpuna Māori with whānau.

Whānau-centred, community-led innovation and solutions

"This funding has enabled me/us as community leaders to tailor things to the needs of our whānau." – Survey respondent

Partners spoke about the importance of whānau centred, community designed and led approaches, often tailoring their mahi to specific local and regional needs. The Fund and relational approach have empowered communities to lead their own initiatives, identifying needs and aspirations with whānau, and developing and tailoring initiatives to their locality.

"Listening to whānau, having a sound understanding of whānau wellbeing and their needs on a local contextual and community level, being responsive, creative and innovative." – Survey respondent

“Whānau led and whānau focused breaking down the narrative that it is lead from health professionals and we know what is best for our clients.” – Survey respondent

“Supporting whānau to say what they wanted to hear/learn about and share... We were facilitating communities with shared experiences to support one another and build their tino rangatiratanga.” – Survey respondent

Partners spoke about how the Programme and relational approach have enabled them to adapt and innovate in their design and delivery, to more effectively respond to community needs and circumstances.

“A different approach that trusted our ability to connect with our community we have knowledge of and respect for.” – Survey respondent

“We have adapted our program as time has gone on to work better for the community and have reported this back with no disagreement from the funders but understanding that we are the ones working in our community and know them best in this relationship.” – Survey respondent

“It is the positive outcomes and the good changes from what we do that is more important to Te Whatu Ora rather than writing a good report.” – Survey respondent

Building capability and capacity - education, confidence, and skill-sharing

“Sustainability, having practical tools that we can apply easily to our daily lives, and share with their whānau (sleep, good kai, exchange (of skills and items), awareness of whānau patterns and behaviours.” – Survey respondent

The funding has supported capacity and capability building within whānau, local networks, practitioners, and organisations, enabling them to develop new skills and resources to support health promotion outcomes, particularly for Māori and Pacific whānau.

“Preventative education and promotion for māmā, pāpā and the whānau as a whole, pivotal time for generational healing through pēpi.” – Survey respondent

Some of the initiatives have a dedicated focus on professional development for early years practitioners and educators, increasing the cultural responsiveness and capability of those working with whānau.

“We also run 6-week one day a week education session's teaching our hapū whānau to make their pēpi a kakahu incorporating their moemoea for pēpi and weaving in hapūtanga knowledge through each phase of making the kakahu connecting to the taiao, whakapapa and whakawhanaungatanga.” – Survey respondent

Many initiatives focus on educating and empowering people, whānau, and workforce through workshops, wānanga, and skill-sharing sessions, including peer-to-peer support.

“Whānau are living and breathing their hapūtanga journey... [we] educate, install guidance for the whānau to lead and change their Hauora for the better. To know more about as a parent of a new baby, topics they are interested in learning about, resources and access to resources in their community, what knowledge they might like to share with the others in the group.” – Survey respondent

Partners describe this as enabling people and whānau to:

- Engage in health and wellbeing journeys and healthy behaviours, growing their knowledge and acquiring practical skills and tools for daily wellbeing.
- Understand how to best navigate and advocate for themselves and their whānau within service systems.
- Create ‘ripple effects’ in supporting others within their whānau and community in these ways.

A specific initiative from the Community Innovation Fund partners that demonstrates this is Fa’afailele fa’atafi – Nurturing together: It takes a village to raise a child, by Sosaiete Aoga Amata Samoa I Aotearoa (SAASIA). They have incorporated an early years focus and resources into their curriculum within Aoga Amata (early learning services) from a Samoan worldview and delivered Talanoa Fa’asoa (workshops) in Samoan.

Equitable access and support for whānau not well supported by service systems; trusted faces and spaces

“These wāhine and their whānau are reaching out to us because they face significant challenges in accessing essential services and support. They are seeking support that is culturally relevant to them, delivered in a way that is safe, supportive, and highly relational.” – Survey respondent]

A focus on equity was a key criterion for the Fund. As such, the community partners’ initiatives specifically focus on supporting people and whānau who are not well served by current support and services within their communities.

“Many of the whānau we engage with have a distrust for current health and government systems. We often find they won’t engage and part of our mahi is to bridge the gap for them to ensure they feel safe and supported to access the services within these systems so they can access what they need for their whānau ora. Without this Programme’s funded support, we would not have caught so many whānau who had fallen through the gaps of the system.” – Survey respondent

In line with the insights from the strategic and Programme context (earlier in this report), partners shared that ‘universal’ supports and service systems do not work effectively for the whānau and community they support. These supports and services can be inaccessible, culturally unsafe or irrelevant, and not responsive to their needs.

“Acknowledging systemic racism still not being addressed around access to services/procedures and ongoing blindness that does not appear to be interested in changing this inherent bias.” – Survey respondent

“[We] reach whānau not accessing or being serviced/supported by mainstream services.” – Survey respondent

“Often whānau who have a distrust for our local and national systems (MSD, Health NZ, OT, etc) will seek us out as they see us as a reflection of themselves and know we will support without judgement and with aroha.” – Survey respondent

“Te Tairāwhiti has some of the lowest statistics in terms of health the poorest outcomes, the least resources and yet very high Māori population of service users sitting at 80%. This tells us what we are doing in these services are not working for our community I believe the power and magic sits in community and to be able to whakamārama these health outcomes is very important for future generations in our community.” – Survey respondent

Partners describe the importance of creating safe, trusting spaces for people and whānau and, where appropriate, advocating for and supporting whānau to access other supports and services, in ways that align with whānau aspirations.

“We are accepting of where people are at in their parenting journey - some may have children placed in care - with Whānau or foster caregivers. We do not judge people but support them to access services they need, and play an advocacy roll when needed, and are inclusive” – Survey respondent

“We build relationships with the whānau first and then find ways to support and empower them through whatever phase of life they are in or obstacles they might be facing.” – Survey respondent.

“We do not judge people but support them to access services they need, and play an advocacy role when needed, and are inclusive.” – Survey respondent

This involves ‘meeting people where they are’, understanding their context, strengths and barriers to wellbeing, to be truly responsive and accessible.

This includes providing support that is typically outside the scope of current 'health' or health promotion supports, addressing trauma and distress that people and whānau are experiencing that gets in the way of them having a positive hapūtanga and early years' experience.

“The importance of creating inclusive spaces for communities, emphasising the need for responsive and flexible approaches.” – Interviewee

Partners describe this as part of the 'ripple effects' of building capability within people and whānau, who are now able to advocate for positive change within their local supports and services. Some respondents shared some examples of people and whānau collectivising and activating locally to influence service provision.

“They [the māmā] now facilitate a lot. They facilitated a housing hui for the first time. All the housing providers in the [region] got together facilitated by our māmās. It's the first time they [housing providers] have all been in a room. The māmā held that space, they were invited to [by other māmā]. There were a few of the māmā in Kainga Ora homes, and they were fearful if they say anything they'll go down the list.” – Interviewee

What are we learning about what it takes to influence change in the early years system?

“How do you influence a bigger system - there are markers that can be seen - reports, information exchange, attending meetings - up into the system and some ability to see that in system changes. But, beyond those exchanges or mechanisms, do we need to do something else?” – Health Promotion leader/kaimahi

Developmental evaluation seeks to evaluate and understand systemic change and the efforts seeking to achieve it. It seeks to understand the emergent, dynamic, uncertain, and volatile reality that systems change practitioners face.

“Systems change aims to bring about lasting change by altering underlying structures and supporting mechanisms which make the system operate in a particular way. These can include policies, routines, relationships, resources, power structures and values.” (New Philanthropy Capital,¹⁰ 2015)

As detailed within the strategic and Programme context, the Programme has a strategic intent to influence wider systemic change. This evaluation wanted to understand where, what, and how the Programme has tried to influence change and outcomes within the wider system in which it operates.

A session was held with the Programme team to describe ‘system influencing’ activities and harvest outcomes over the time of the programme. The intent was to identify enablers of change, the system change practices that have been tried, and the outcomes and impacts that have been or can be noticed.

We explored systems change by introducing two frameworks for defining systems change and practices that support this – the Water of Systems change model, which describes six conditions required for systems change, and Leverage Points.^{11 12}

Six Conditions of System Change Model



Figure 3: Six conditions of system change model (Image source: Healthy Families NZ)

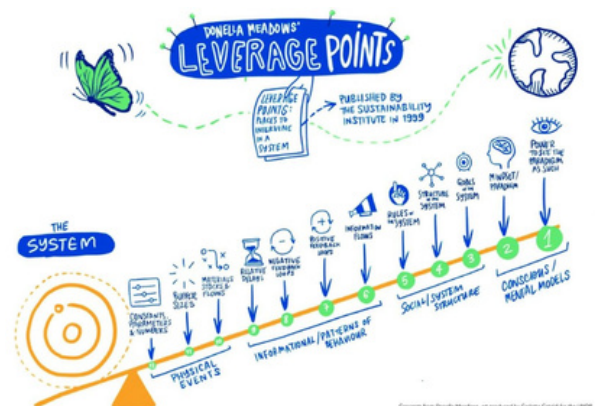


Figure 4: Donella Meadows Leverage Points (Image source: UNDP)

10 NPC. Systems change: A guide to what it is and how to do it (2015). Retrieved Aug 24: <https://www.thinknpc.org/resource-hub/systems-change-a-guide-to-what-it-is-and-how-to-do-it/>

11 The Water of Systems Change. Kania, J., Kramer, M., Senge, P. Retrieved Aug 2024: https://www.fsg.org/resource/water_of_systems_change/

12 Meadows, D. Leverage Points - Places to intervene in a system. The Sustainability Institute, 1999.

Changing relationships and power dynamics in the system

“Transforming a system is really about transforming the relationships between people who make up the system.” (Kania, et al, 2018).¹³

The Programme has intentionally sought to take a relational approach in its work, particularly with its community partners, and other ‘system actors’ and agencies within the health and social systems. It sought to introduce new actors and different types of relationships, with people that aren’t typically engaged in decision making and to change the nature and quality of the relationships and communication occurring.

This has been demonstrated in the experience of partners and outcomes as described by them, in terms of the Programme’s relational approach, explicit equity focus and support for local leadership and innovation demonstrating alternatives to current services and status quo approaches.

The co-funding partnership between government and philanthropy is another feature of the Programme that has contributed to positive outcomes and shifting system dynamics. The partnership with the Tindall foundation increased the capacity of the Community Innovation Fund, and has connected community partners with wider, sustainable funding opportunities.

The Tindall Foundation chose to be involved within the Programme as they have an early years focus and actively look to invest where there are known gaps for whānau and community, seeking to connect with government and community to address this.

“We felt there was a need to better support maternal mental wellbeing, it is a sector that has been fragmented, locally driven. We have an internal mantra of “What is the alternative system we want to build?” and then funding the infrastructure to make that a reality, as it’s harder to get funding for building alternatives compared to redesigning the current system.” – Tindall Foundation interviewee

The Programme has been explicit and intentional in navigating power dynamics within its approach, actively devolving and sharing decision making with partners and empowering community leaders as advocates for change within local, regional, and national settings.

Building capability in whānau and community to influence service systems

“The aim of our kaupapa is to provide advocacy and support for pregnant wāhine Māori (both urban and rural based) of [iwi] descent to ensure that they have equitable access to key services and clinical support in [our] region that is continually underfunded and under resourced.” – Survey respondent

The Fund aimed to invest directly in community leaders and whānau-led initiatives activating local solutions for challenges the wider health system has identified as priorities. And to understand how health promotion can address the wider health and social determinants that impact whānau in the early years.

Some of the initiatives have a dedicated focus on professional development for early years practitioners and educators, increasing the cultural responsiveness and capability of those working with whānau.

“Through the fund, the opportunity was to invest in driving systems change by utilising Māori Mātauranga and Te Ao Māori collective power and experiences as catalysts for change for all.” – Survey respondent

“Our māmās are holding some pretty wicked issues. And that’s the next stage, really is saying how relevant, how appropriate and how available our services are [local services].” – Survey respondent

“The māmā have started facilitating community connections with providers e.g. housing providers. Whānau can’t speak up - there are power dynamics; but the māmā can advocate and create space for these conversations to happen Identify where supports aren’t meeting whānau needs.” – Interviewee

Influencing system settings - using evidence, community intelligence, and storytelling

This evaluation sought to identify what systems influencing the Programme have sought to achieve, how they went about it, and to what effect.

“This is quite a systemic Programme. The emerging evidence shows relationships have been key. Need to show where the mahi fits in wider sector and how it’s contributing to the cross government evidence base, new ways of working.” – Health Promotion leader/kaimahi

The Early Years Programme has been embedded in key wider sectoral design and development spaces, seeking to influence wider system and service settings through active engagement in cross-agency groups, collaborations, and through contributing to policy.

This has included, but is not limited to:

- Regular engagements with Health NZ | Te Whatu Ora and Hauora Māori Services Kahu Taurima system and service design teams, e.g. Services For All Whānau programme, and the maternal mental health collaborative.
- The Early Years Implementation Learning Platform, a cross agency and community collaborative which includes Oranga Tamariki, Department of Prime Minister and Cabinet, Te Puni Kōkiri, Health NZ Kahu Taurima, and South Auckland Social Wellbeing Board.
- Engagement with the Social Sector Commissioning Hub, transforming the way social supports and services are commissioned.

A particular area of influence from the Programme has been its contribution to relational commissioning practices, including in cross-government spaces. The Programme team presented their relational commissioning practice learnings at the Early Years Implementation Learning platform, which influenced national commissioning strategic advice and practice within Health NZ | Te Whatu Ora.

The team has also been part of a working group on relational commissioning that has involved ACC, Health NZ: Kahu Taurima, South Auckland Social Wellbeing Board, Oranga Tamariki, and The Social Sector Commissioning Hub. This informed the development of internal Health promotion advice for the executive leadership team on grants and grant making risks, good practice and processes, ultimately leading to a sound evidence base and alignment with wider government direction for internal advice.

The Programme has made impactful contributions to several ministerial, strategy, and policy processes, both within Health Promotion and more widely. For example, the team's contribution was sought for Foetal Alcohol Syndrome Disorders (FASD) ministerial advice, in which the early years evidence base and insights from community shaped recommendations to take a comprehensive health promotion approach, rather than a conventional campaign. This aligned decision making with evidence of what matters and makes a difference for whānau in this area.

The Programme team was a key lead within the design and implementation of an Early Years environmental scan for Maternity and Wellchild Tamariki Ora Health NZ | Te Whatu Ora (now Kahu Taurima), conducted in collaboration with The Southern Initiative. The insights and emerging system design principles generated through this piece of work were used to inform the strategic planning for Kahu Taurima in Te Pae Tata, the interim health strategy.

Storytelling is a described approach to understanding, evaluating and communicating for systems change.¹⁴ The Programme has used digital storytelling as a way to ‘demonstrate compelling alternatives’ and has invested in the development of videos and supporting resources.

These partner videos have supported the partners in communicating their initiatives and engaging with other funders and stakeholders. They were also developed in partnership with Oranga Tamariki Tākai, which is a great example of cross-agency collaboration and shared investment.

14 Snow, T., Murikumthara, D., Wolff, L., Fyfe, R., and Dusseldorp, T (2021). Storytelling for systems change: insights from the field. Retrieved July 24 <https://www.centreforpublicimpact.org/assets/documents/storytelling-for-systems-change-report.pdf>

What contributed to the Programme's success?

The key strengths and aspects of the Programme and the relational commissioning approach.

What contributed to the Programme's success?

This section outlines the key strengths of the Programme and the relational commissioning approach based on insights from the community partner survey and interviews.

Partnership, autonomy, rangatiratanga: enabling community leaders

"We have enjoyed the partnership, which we believe is the model all funders should operate from if they truly want real change for whānau and their hapori." – Survey respondent

The inception of the Programme was informed by a Te Tiriti-dynamic approach,¹⁵ described as a pragmatic and action-oriented approach to public and population health. While this directive has shifted, many of the core elements described align with the current Government Health Policy on Health statement and priorities. These are shared decision making, authentic and trusting relationships, equitable resourcing, community-driven priorities and models, collecting robust data, stories and storytelling, and collaborative learning.

"The team we have worked with have a true understanding of partnership and I think many other kai mahi or teams could learn how to work alongside tangata Māori." – Survey respondent

Partners described their experience with the Early Years Programme as having autonomy, operating in 'true' partnership, and based on relationships that are respectful, mana enhancing, and built on trust.

"This funding shows the true understanding of partnership between tangata tiriti and tangata Māori. We have been given the autonomy to work with our people in our communities the way we know works. There aren't barriers put in place which makes it stressful, we just focus on getting the mahi done on the ground floor." – Survey respondent

"They have been the best funding partners we have had the privilege of working with and have offered us true partnership and rangatiratanga over our kaupapa." – Survey respondent

Adaptability, flexibility, empowerment: enabling innovation and innovators

"The fund's innovative nature, which gave the māmā permission to be creative and test ideas. Using innovation to drive social change." – Interviewee

A clear strategic intent of the Programme was to enable 'on the ground excellence and innovation', removing barriers for community leaders and creating a permissive space that empowers community leaders to be innovative.

"We have felt heard, supported and encouraged to adapt as we went along and became more efficient in our delivery and our use of resources. We appreciate those who recognise that our communities have different needs and identified that there are people like ourselves who have our communities' best interests at heart. We enjoy creating our spaces and the reciprocal growth and sharing that takes place." – Survey respondent

A Health Promotion senior leader described the Programme's investment in this area as akin to 'pre-seed funding', in that it supports people and communities to explore local needs and aspirations, and to develop solutions with people, as opposed to having a predetermined solution or service to be invested in.

"Seed funding implies you've got something in mind and you're trying to test it. I think this has been more than that. This was innovation around understanding [people and their needs]. So it is total innovation." – Health Promotion leader/kaimahi

This has required a tolerance for risk that reflects the innovative nature of the work and being responsive to the context and social determinants in place for community leaders and the whānau they are supporting.

15 Te Ara Pounamu. A Tiriti-dynamic system. February 2021. Retrieved July 24. <https://www.hpa.org.nz/sites/default/files/Te%20Ara%20Pounamu%20-%20a%20tiriti-dynamic%20system%20FINAL.pdf>

“We have adapted our program as time has gone on to work better for the community and have reported this back with no disagreement from the funders but understanding that we are the ones working in our community and know them best in this relationship.” – Survey respondent

Some partners describe their research and evidence-based approaches within their context. For example, some participants have taken their PHD research and used this funding to translate this into reality. Practices that have supported this are: working in partnership with frequent connections, creating a space to share when things haven't gone as planned, and working together on issues to find ways forward.

“This collaboration has enabled us to develop, test, and adapt areas that matter most to māmā and their whānau, resulting in significant growth and thriving in all aspects of their lives.” – Survey respondent

“We had the freedom to make the most of opportunities (digital story telling, wahakura, hydrotherapy, inviting other facilitators from the area) and we are always checking in with each other and our communities to create our spaces. It's very empowering for all of us.” – Survey respondent

“We wanted to start with this idea and initiative and then work with Aoga Amata to develop more relevant and culturally appropriate projects to promote and sustain the importance of the early years in Aoga Amata.” – Survey respondent

Partners spoke of being trusted as community leaders to be the experts in their rohe and mahi, supported by devolved leadership practices into community, so decisions are made closer to and, in fact, with whānau.

“So what we've seen as a result is they [the whānau] have gone and tested ideas. And if it didn't quite work that is okay; they're more courageous and the movement is out there.” – Interviewee

“We have adapted our program as time has gone on to work better for the community and have reported this back with no disagreement from the funders but understanding that we are the ones working in our community and know them best in this relationship.” – Survey respondent

The key Programme practice contributors were the devolved leadership approach, being outcomes rather than output focussed and building a learning practice and processes within the team that have supported decision making and programme development.

Access, choice, equity - demonstrated in practice with priority groups

“I think the whole Programme is about equity, it's about finding a balance, it's about acknowledging us, and that we matter, and that the knowledge we have is important, and that that it should be forth.” – Survey respondent

The Programme has an explicit focus on equity, based on evidence and what this means for people and whānau in the early years, in terms of access to and choice of relevant and appropriate supports and services.

“We apply an equity focus to our work -equity of access and outcomes.” – Survey respondent

“Having equity in health, and autonomy to achieve equity the way we know works. It is about Māori being well and showing others how we like to be well, and how we can achieve wellness.” – Survey respondent

As described above, in terms of what has been enabled for community partners and whānau, a key outcome area has been addressing access and choice for whānau who are not well supported by current service systems.

“This [Programme] team is very passionate about inequities and I have never met a funding team like it.” – Survey respondent

The key contributors to this were the criteria for the Fund, which created an explicit, evidence-based definition of equity, the shaping of ideas and approaches in partnership with community leaders to respond to local needs and service system realities, and in the cultural competency and capability of the team.

Trusted faces, spaces and pace: weaving together whānau and issue-specific health promotion

“Cultural opportunities all weave together to support wellbeing in our kaupapa, raranga, te reo Māori, mau rākau, playgroup, waiata, rongoā Māori, tūpuna parenting kōrero, mana wahine and mana tāne kaupapa, growing and sharing kai, finding appropriate housing, etc are all part of this mahi.” – Survey respondent

Partners spoke about needing to work through the needs and priorities of whānau in a way that isn't issue specific. Rather, partners spoke of weaving in the relevant information, supports, tools, and skills for healthy behaviours into their approaches, as and when it is useful for whānau.

This is a key component of 'meeting whānau where they are', as described earlier in this report, by creating the places and spaces for whānau to feel safe, held by trusted people and other whānau who can support this weaving.

“Teaching our hapū whānau to make their pēpi a kakahu incorporating their moemoea for pēpi and weaving in hapūtanga knowledge through each phase of making the kakahu connecting to the taiao, whakapapa and whakawhanaungatanga.” – Survey respondent

“The holistic wellbeing of pēpi, māma, pāpā, whānau, wellbeing, hapū māma; The importance of Immunisation; Intergenerational Health – Impacts of alcohol misuse and implications (both social and health i.e. prevention of Foetal alcohol spectrum disorder (FASD); Parental and whānau mental wellbeing; Developing parenting confidence and competence, and Sexual health and well-being including contraceptive options (and contraception as an expression of tino rangatiratanga).” – Survey respondent

This is a critical practice to support the wider health and social determinants of health. Many spoke of housing instability, family harm and violence, broader mental health concerns, and employment as examples of circumstances and experiences that need to be addressed.

*“We work across many sectors to support the needs of whānau Māori in our hapori [community], including housing, food security, hapūtanga, toi Māori, te reo Māori, tūpuna parenting, health, rangatahi, mental health, etc.”
– Survey respondent*

Central to this is acknowledging and responding to trauma for people and whānau, understanding the expression of unhealthy or unhelpful health behaviours is often a symptom, rather than the problem or cause itself.

“Some of our funding comes from addictions budget so we also consider trauma needing to be addressed and some of the team are training in compassionate inquiry in order better support those with trauma challenges.” – Survey respondent

“They are also connecting with the wānaka and the website to feel connected to their taha Māori, to heal from trauma they may have experienced in maternity or their lives and also for our older whānau members who come along they are learning mātauranga Māori pertaining to maternity practices for their mokopuna and to give them what they did not know or experienced.” – Survey respondent

A clear intent of the Programme was to invest in initiatives that actively weave together multiple forms of evidence and knowledge, to innovate and respond to whānau needs and aspirations.

Several of the partners have early years specific clinical and/or education expertise, and have operated within mainstream environments and service systems, bringing this expertise to their initiatives.

This includes traditional, localised, Māori and Pacific parenting and birthing mātauranga, lived and living experience, Western science, and clinical practices.

Specific initiatives from the Fund that demonstrate this practice of weaving are:

- Te Piripoho, Wahakura Wānanga — parents are taught to weave a wahakura to support safe sleeping practices i.e Sudden Unexpected Death in Infants (SUDI) prevention. During the wānanga/sessions they invite speakers to join the sessions and provide information on healthy homes, breastfeeding support, Well Child Tamariki Ora services, smokefree services, oral health, car seat safety, physical health and sport, family planning, and maternal mental health support.
- Hākui, Kai Tahu customary birthing knowledge and practice training and resources for whānau and professionals - Developed out of Dr Kelly Tikao's PHD research into customary birthing practices, Hākui has engaged with specialist support within their community to evolve its offerings to better support and respond to Takatāpui whānau.
- Fa'afailele fa'atasi by SAASIA (previously described) has broadened their approach to include older generations and wider community engagement.

Programme Development and Focus Areas

This section outlines the challenges and opportunities for ongoing programme development.

Programme Development Focus Areas

A key aspect of development evaluation is supporting the development of innovation and adaptation in dynamic environments. This section outlines and describes the challenges and opportunities for ongoing development for the Programme, in line with its strategic intent and theory of change.

Support for Pacific Peoples' innovations

The Programme has demonstrated very positive relationships and emerging outcomes with Māori partners, which make up the bulk of the initiatives within the Community Innovation Fund. A key enabler of this has been the team's cultural capability and Te Tiriti o Waitangi practices.

There have been a smaller number of Pacific partners within the fund, and the team have noted that the relationships feel different and have at times been challenging for both parties. It is important to note that there were Pacific partners who responded to the survey, and their results were similar to, and as positive as, Māori respondents.

The Programme team has acknowledged that this is an area of focus for the Programme. It requires consideration and potential redesign in terms of what practices would enable relational approaches with Pacific partners. It needs to acknowledge the diversity of the Pacific Peoples community, differentiated from Māori, and have the required capability and capacity within the Programme to address this.

Shifting to more holistic and whānau-centric funding: broadening from issue, māmā or pēpi specific targeted funding

“Encourage papa engagement having more tāne engagement from facilitators lens.” – Survey respondent

One of the strengths of the Community Innovation Fund has been the ability for community partners to weave together information, evidence, and various early years-related health promotion issues. As described earlier, this includes alcohol, mental health, immunisation, family violence, smoking cessation, physical health and wellbeing, contraception, and family planning, etc.

As such, this moves beyond issues-specific responses for example, a campaign about immunisation for children. It enables Health promotion to invest and create space for people and whānau to engage in health promotion with a multitude of outcomes.

A key part of this is the ability for community partners to provide support beyond individuals e.g. to māmā or pēpi only. Many partners spoke about the need to provide support to the whānau and support network of māmā and pēpi, with a primary focus being engaging with pāpā and other parents or caregivers, other children in the family, and taking intergenerational approaches with grandparents.

Typically, funding and contracting arrangements impose limitations or constraints in terms of who is to be engaged, which is not aligned with Hauora Māori or Pacific Peoples' values or practices.

There is an opportunity for the Programme to scale its impact through expanding this aspect of the Fund — by incorporating funding for wider health promotion issues, e.g. immunisations, and enabling whānau-centric responses, e.g. funding support for pāpā.

Building a stronger local support and service network in place for whānau

A potential area of growth is exploring how the Programme could amplify influence in place through regional and local networks — to impact on local services and supports settings, through commissioning and other mechanisms.

This could be done in collaboration with and amongst community leaders and innovators, using their insights, and the lived experience of their whānau, to determine what changes are needed to make local services accessible and more responsive to whānau.

Sustainability of innovations: demonstrated alternatives to invest in

“Sustainability of funding. For initiatives such as [this] sustainable funding is required to ensure that initiatives are resourced to achieved long-term results.” – Survey respondent

A known challenge for innovation, particularly within community, is the viability and ongoing sustainability of new ideas, initiatives, and ways of supporting whānau. Considering the time and resources it takes to set up the required systems and structures to deliver initiatives and manage funding of this nature, shorter term, annual funding cycles make it difficult for community initiatives to become established.

Partners have concerns about the sustainability of funding to achieve this viability and long-term results, describing the short-term funding cycles as a source of concern and distress.

“Longer funding periods. Getting us together to wānanga with other providers around the motu so we can grow in strength and mātauranga from one another.” – Survey respondent

“Roll the funding over for three years at a time...so there is a good flow of funding and you're not waiting on the next lot of funding.” – Survey respondent

This does not mean that it has to be funded exclusively through Health Promotion. As the Programme has begun to demonstrate, there are opportunities to partner with what is described as ‘sustainable’ funders across the wider system and sector.

“Because we were not a sustainable funder. This is one of the concerns we have. Actually, we're not a sustainable funder of the system, let alone those partners.” – Health Promotion leader/kaimahi

This could be part of the ongoing development for the Programme, in terms of building pathways of influence, connections into sustainable funders, collaboration amongst innovators, and views to longer term investment for community partners and innovators.

Organisational leadership and mandate: amplify outcomes and systems influencing

“One of the difficulties for us has been maintaining consistent communication from Health NZ during the transition caused by the change in government, and the impact this has had on funding-priorities and support. While it is understandable that this is an inevitability when there is a change in Government, it is imperative that mechanisms are improved to buffer the impact this has on community partners” – Survey respondent

During the tenure of the Programme there have been significant changes in the organisational environment that have resulted in a shift in leadership understanding, support, and advocacy for the Programme's strategic intent.

Health Promotion leaders and kaimahi describe that the establishment of the Programme had a clear mandate for innovating with a focus on an equity, Te Tiriti-dynamic, wellbeing, and life course approach. Over the course of the Programme's implementation, this has become less clear for Health NZ | Te Whatu Ora and the Programme team.

For a Programme with a systemic change focus, seeking to work in ways that represent a change for the organisation and the wider system, there needs to be clear leadership buy-in and advocacy for this to be achieved.

There are leadership conditions that have been identified as helpful in supporting innovation, described by Health NZ | Te Whatu Ora kaimahi and mirrored in how community partners have described the Programme's practices. These are:

- Creating the right conditions, providing a clear and ongoing mandate for innovation and a protective, supporting environment for Programme team members to be safe to take calculated risks, share different ideas, and challenge the status quo.
- Adaptive leadership and comfort with ambiguity, informed by systems thinking and complexity leadership.
- Collaborative and distributed leadership, investing in partnership and co-creation approaches.
- Adaptive learning and evidence-based decision making.

Having a clear mandate, and leadership support for the Programme’s strategic intent, will provide an opportunity for the Programme to focus on ongoing development of the components that are proving to have positive outcomes for whānau and community.

A key development opportunity is in amplifying the systems influencing role that the Programme can take. In the future, the Programme and Health Promotion could be well positioned as an ‘intermediary actor or organisation’.

Intermediary organisations are those that connect other actors, conduct field building, linking activities and scale up impact to support system shifts.¹⁶

This builds on the intent and practice to date of the Programme demonstrating alternatives to the status quo; seeking to influence system sustainable funders and ongoing government reform and changes.



16 Governance in and for complexity. Griffith Centre for Systems Innovation. Retrieved August 2024 <https://medium.com/good-shift/governance-in-and-for-complexity-eac108d8b589>

Appendices

Additional background material describing the evaluation, and survey results.

Developmental evaluation

Developmental evaluation supports exploration into what is required for good programmes, services and systems to succeed; and what the innovative and successful components of these approaches are. It has been recognised as a supportive approach in the context of innovation, often where vision and values drive processes, and highlights the influences of relationships and systems, looking for what emerges while still monitoring the intended outcomes and pre-determined goals.¹⁷

Developmental evaluation (DE) seeks to combine the rigour of evaluation with the flexibility and imagination required for development.¹⁸

The key features of a DE approach are that it:

- supports the development of innovation and adaptation in dynamic environments,
- integrates innovation into the process of gathering and interpreting data, framing issues, surfacing, and testing model developments,
- is centred on the innovators' values and commitment to making a difference,
- is utilisation focused — the evaluative tools chosen are specifically useful for development purposes,
- develops measures quickly as outcomes emerge — measures can change during the evaluation as the process unfolds,
- rapid, real-time feedback, providing diverse, user-friendly forms of feedback aiming to nurture learning.

"Developmental Evaluation supports innovation development to guide adaptation to emergent and dynamic realities in complex environments.

Innovations can take the form of new projects, programs, products, organizational changes, policy reforms, and system interventions. "
*Patton (2010)*¹⁹

¹⁷ Patton, M.Q., McKegg, K., and Wehipeihana, N. (Eds.). (2016). Developmental evaluation exemplars: principles in practice. New York, NY: The Guilford Press.

¹⁸ Dozois, E., Langlois, M., and Blanchet-Cohen, N. (2010). A Practitioners Guide to Developmental Evaluation. The J.W. McConnell Family Foundation and the International Institute for Child Rights and Development. <https://mcconnellfoundation.ca/report/de-201-a-practitioners-guide-to-developmental-evaluation>

¹⁹ Patton, M.Q. (2011). Developmental evaluation: applying complexity concepts to enhance innovation and use. New York, NY: The Guilford Press

Evaluation approach and data collection methods

This evaluation was conducted from May 2024 to August 2024, across three key phases.

Phase 1: Evaluation definition and framing May to June 2024	Phase 2: Evaluation engagement and delivery June to July 2024	Phase 3: Sense-making and reporting July to August 2024
Define the purpose and focus of the evaluation with the Programme team and senior leaders. Key activities were: <ul style="list-style-type: none"> background document and evidence review, series of hui with the Programme team to frame evaluation approach and develop theory of change, interviews with senior leaders, and current and former team members. 	Engaging with people to understand outcomes and experience from their perspective; for community partners (and the whānau they support), Health NZ and with the wider early years system. Key activities were: <ul style="list-style-type: none"> community partner survey, attending community wānaga (for illustrative example) deep-dive interviews with community partners and co-funding partner Programme team sensemaking session/s: System change ‘outcomes harvesting’, identifying mechanisms and outcomes. 	Quantitative and qualitative findings to the evaluation objectives and key lines of enquiry. Key activities were: <ul style="list-style-type: none"> Sense-making hui with the Programme team to identify implications and opportunities for future development, Evaluation report development, storytelling and artefacts to support sharing of practice and system influencing.
Key deliverables from this phase were: <ul style="list-style-type: none"> an evaluation plan and learning report, outlining the strategic context and key lines of enquiry for the evaluation, approach, and process, a programme theory of change. 	Key deliverables from this phase were: <ul style="list-style-type: none"> an ‘illustrative example’ of programme practice, defined system change mechanisms and outcomes, survey analysis and reporting. 	Key deliverables from this phase were: <ul style="list-style-type: none"> An evaluation report completed, with supporting storytelling and artefacts.

The evaluation and data collection methods for this evaluation included:

- background document and evidence review,
- 1-hour interviews with senior leaders, and current and former team members (9 Health Nz| Te Whatu Ora Leaders and kaimahi),
- regular sense-making sessions with the Programme team, including system change outcome harvesting
- theory of change development,
- development of an illustrative example, based on the Community Wānanga,
- community partner survey (11 respondents),
- 1-hour deep-dive interviews (2 community partners and 1 co-funding partner).

Community partners' survey ratings

The application process for this fund was straightforward and easy

Average rating: 4.7 out of 5
81.8% gave the highest rating (5)
9.1% each gave ratings of 3 and 4

I/we understood the expectations from the Programme and what was needed from me/us as part of our funding

Average rating: 4.7 out of 5
81.8% gave the highest rating (5)
9.1% each gave ratings of 3 and 4

I/we have felt like our values and purpose align with the fund and the team throughout this process

Average rating: 4.8 out of 5
81.8% gave the highest rating (5)
18.2% gave a rating of 4

I/we have a strong relationship with the team, based on trust and respect

Average rating: 4.8 out of 5
81.8% gave the highest rating (5)
18.2% gave a rating of 4

This funding has enabled me/us, as community leaders, to tailor things to the needs of our whānau (e.g. we have adapted our approach as needed)

Average rating: 5 out of 5
100% gave the highest rating (5)

Our relationship with this team has been different to our experience with other funds and funders

Average rating: 4.8 out of 5
90.9% gave the highest rating (5)
9.1% gave a rating of 3

I/we have been able to share or communicate what is really going on and working for whānau, rather than try to fit our mahi or reporting into a tickbox

Average rating: 4.9 out of 5
90.9% gave the highest rating (5)
9.1% gave a rating of 4

The regular wānanga (rather than typical reporting) has enabled us to work differently and achieve different things in our work

Average rating: 4.9 out of 5
90.9% gave the highest rating (5)
9.1% gave a rating of 4