

THE HEART

MOVEMENT

A REPORT ON THE FIRST THREE YEARS 2011 - 2014



THE HEART MOVEMENT

2016

EXECUTIVE SUMMARY

The HEART Movement is a long-term initiative to prevent family violence and promote healthy relationships in the communities of Glen Innes and Point England, Auckland.

The HEART Movement is an innovative initiative that uses a new approach to addressing family violence for New Zealand, community mobilisation. Community mobilisation works to increase community leadership to address local problems.

HEART is an aspirational initiative with a 20-year timeframe. The long-term goal of HEART is

“Glen Innes and Point England homes actively grow loving, safe and supportive relationships.”

This report¹ describes the background of the HEART Movement and the first three years of activity from 2011-2014.

A Theory of Change, or long-term plan, guides the HEART Movement. This involves two strands of work: community mobilisation; and, organisational capacity and collaboration development. This report documents progress to date

towards the early outcomes of these two work strands, and describes the interventions that have been used to work towards achieving these outcomes.

HEART has achieved a lot in the first three years. This report shares some key achievements including: creating an accepted vision; establishing a clear theory of change; changing the language to increase engagement; developing a well-respected brand; producing research; fostering relationships; securing funding; and, providing quality training.

HEART is an evidence-based initiative and this report shares the approach HEART is using to measure impact and inform development.

The last section of the report identifies challenges for HEART and poses some of the critical questions for HEART looking ahead.

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INTRODUCTION



HEART stands for Healthy Relationships in Tāmaki

The HEART Movement is a long-term initiative to prevent family violence and promote healthy relationships in the communities of Glen Innes and Point England, Auckland. It is a local response to the high rates of family violence in Glen Innes and Point England, and was developed after many years of discussion within the community about family violence, and the need to focus on preventing family violence, and not only responding to violence after it had occurred.

This report documents the background and first three years of HEART, including the development of a long-term plan, or Theory of Change, which guides HEART. The outcomes that HEART was working to achieve in this period and the interventions used to achieve these outcomes are clearly outlined. The report describes the research approach, achievements to date, and the challenges and opportunities that lie ahead.

BACKGROUND

The problem of family violence

Family violence is a major issue in New Zealand for women, men, and children. One in three women report experiencing partner violence in their lifetimes (Fanslow and Robinson, 2004), 14 percent of men report being victims of partner violence (Police, 2001, 2005), and ten children die each year as a result of family violence (MSD, 2002).

Glen Innes has one of the highest rates of family violence in the central Auckland area. The Auckland Police responded to 980 family violence incidents in Glen Innes in 2012. Child, Youth and Family Panmure received 1,851 reports of concern in 2012, approximately half of which came from Glen Innes.

The communities of Glen Innes recognise that family violence is an issue. In research carried out in 2003 locals named sexual, physical and verbal abuse as a problem (Dialogue Consultants, 2003). Research completed by the local organisation Ka Mau Te Wero in 2012 showed that 88 percent of respondents thought that family violence was an issue that needed to be addressed in the

community (Liew, Andajani-Sutahjo, Esekielu, & Mason, 2012).

The beginnings of a local initiative

In June 2008, Glen Innes Health Project Working Group discussed the issue of family violence in the community. A diverse group of twenty-three people attended this meeting, including practitioners who also lived in Glen Innes. The group discussed what was currently being offered in the Glen Innes community to address family violence, the complexity of the problem, issues with current services (e.g. not culturally appropriate), and lack of services (e.g. for men). There was interest from the group in better understanding what was being offered in the community and what was working well. The group discussed the strong resistance to talking about family violence in the community, the “code of silence”, and denial of the problem amongst some community members. Finally, the group discussed an interest in understanding what more could be done to prevent family violence and if there was support from community members to take a stand against family violence.

A working group formed

A working group was formed at this meeting to progress development of a local initiative. Between 2008-2009 the working group continued to meet. There was an acknowledgement that although there were services in place in the community to respond to family violence after it had occurred (e.g. social work support, counselling, programmes for women), that this did little to stop family violence from happening in the first place, or to interrupt the intergenerational cycle of violence. The working group began to focus specifically on what could be done to prevent family violence.

Te Waipuna Puawai agreed to lead a family violence prevention initiative on behalf of the community. Puamiria Maaka (the previous Manukura/CE of Te Waipuna Puawai) approached Dr Janet Fanslow from the University of Auckland for advice on developing a local prevention initiative. Dr Fanslow engaged Master of Public Health student Cristy Trewartha, and in 2010 the dissertation “It is OK to help: effective community mobilisation to prevent family violence” (Trewartha, 2010) was completed and used to inform the development of the initiative.

The working group received the dissertation and agreed to adopt the recommendations, which were to use:

- A community mobilisation approach - informed by public health, developmental evaluation and complexity theories
- The Theory of Change Model (Anderson, 2005) to plan the initiative

The Community Readiness Model (CRM) (Plested, Edwards, & Jumper-Thurman, 2006) to establish a baseline of readiness in the community to address the issue and measure the impact of the initiative over time.

01

DEVELOPMENT

What is community mobilisation?

The HEART Movement uses an approach called community mobilisation. Community mobilisation is a process of building leadership within the community to make change and can be defined as:

“A unique, long-term approach which involves a complex and strategic intertwining of (activities) ... to enable community members as leaders in changing entrenched social norms” (Michau, 2012).

Community mobilisation strategies aim to engage large numbers of people, rather than small groups, or only those effected by violence. The intention of engaging large numbers is to change the norms that sustain violence, and to create new norms within communities that foster healthy ways of relating within families and the wider community. It takes time, as it requires change within individuals, families and the community.

Community mobilisation is a community-led approach, and while organisations and services are important partners in change, over time leadership must increasingly sit with community members. Organisations may initiate efforts in response to issues identified by the community as was the case for the HEART Movement, but the role of organisations is to support community members to increase their leadership.

TIES - Tāmaki Inclusive Engagement Strategy

Prior to the development of HEART, community organisations and residents had worked together to develop the Tāmaki Inclusive Engagement Strategy (known as TIES).

“TIES is a principle-based approach to community engagement. It offers a vision and a way of doing things. The vision of TIES is of Tāmaki communities actively participating in decisions affecting their future” (TIES Team, 2010, p. 24).

The HEART Movement was developed shortly after the TIES resource was completed. HEART was one of the first new initiatives to be intentionally developed using the TIES framework. This strongly influenced the way that the HEART Movement was conceptualised and operationalised, and grounded the HEART Movement in innovative, strengths-based practice.

Using TIES the HEART working group developed principles to guide and focus the initiative. The principles were:

- Focused on both family violence and healthy relationships
- Evidence-based
- Focused on prevention
- Developed with and for the Glen Innes community
- Committed to measuring the impact of efforts
- Using the Tāmaki Inclusive Engagement Strategy

Naming the HEART Movement

In the process of developing TIES, local community members had asserted that they wanted to focus on achieving positive outcomes for the community, rather than reducing negative outcomes (TIES Team, 2010). This meant taking an innovative approach to family violence prevention and working to promote healthy relationships.

In March 2011 the initiative was named “The HEART Movement”. “HEART” is a combination of the words Healthy Relationships in Tāmaki. Tāmaki is the Māori name for the area of Glen Innes, Point England, and Panmure. Although for HEART, Tāmaki referred to the project area of Glen Innes and Point England, which the working group decided was a cohesive community to work within. HEART was developed as a social movement to inspire change.

Key Messages Developed

In July 2011 the working group held a workshop facilitated by the It’s not OK Campaign (MSD) to develop key messages to describe the HEART Movement and to ensure consistent communication. These key messages were:

- The HEART Movement works to promote positive healthy relationships and prevent family violence.
- Our vision is a community where loving, safe and supportive relationships are created and nurtured.
- This is a different way of working that everyone can be a part of.
- We build our activities on what we learn with this community.

Funding Gained and Coordinator Employed

The Department of Internal Affairs (DIA) Community Development Worker Scheme (CDWS) is a funding initiative that supports the early stages of innovative community development initiatives with three years of funding of \$80,000 per annum to employ a coordinator and cover some project costs. The Manukura of Te Waipuna Puawai applied to this fund and was successful, which enabled the HEART Movement to begin. The three-year funding period ran from July 2011 to June 2014.

Cristy Trewartha was employed as the HEART Movement Community Development Coordinator/ Kaiwhakaahu Hapori at the end of September 2011. The purpose of this role was to work with the local community to develop an initiative to build the capacity of community members and practitioners to prevent family violence and promote healthy relationships using a community mobilisation approach. The role was based at Te Waipuna Puawai, but was a community resource intended to work across community organisations and with community members.

HEART Network

By 2010 a loose network of 26 organisations had formed. At that stage no formal engagement or membership process had been completed. Those involved in the network had stated an interest in being involved and had attended network meetings, or been involved in conversations about the development of the initiative. The meetings provided participants with the time to share knowledge, and learn about family violence services and prevention approaches. In these early meetings the direction for HEART was shaped.

In 2012 a membership agreement was developed to formalise the relationships and expectations of HEART network members. The membership agreement committed organisations and practitioners to work together to achieve the goals of HEART using the TIES principles, and to participate in training. In November 2012 managers of practitioners attending the HEART network meeting were invited to sign the membership agreement. This agreement is now signed annually. By July 2014 there were 21 member organisations.

Bi-monthly network meetings were established in 2012. The network was open to member organisations, residents and to practitioners from organisations that are not HEART members. Each meeting involved an Ako Session (teaching and learning) on a specific topic network members were interested in learning about. The network meeting regularly attracted around 25 people, and the email network reached 185 people by 2014.

The HEART Advisory Group

In May 2012 the HEART working group became the Advisory Group, with existing and some additional members. Members included representatives from local, regional and national organisations including practitioners who were also residents of the community. Members organisations were: Te Waipuna Puawai, Glen Innes Family Centre, Ruapotaka Marae, the University of Auckland, Shine, Hohourongo (until 2014), Police, Child Youth and Family, Auckland District Health Board, and Tāmaki Regeneration Company. Organisational managers or senior staff were invited to join the Advisory Group for their expertise, local role or local knowledge. Another purpose of selecting members for the group was to foster connections between organisations that would be important in the collaboration development that was planned for HEART. The Advisory Group was a closed group, but new members were invited to join as necessary.

The Advisory Group was not involved with operations or management. The primary role of the group was to maintain the strategic direction of HEART as set out in the Theory of Change. Members were also tasked with connecting people and information to HEART, fostering a learning culture and strong evidence base, and using critical thinking to enable robust discussion.

Community Readiness Assessment 2011

In June 2011 the Community Readiness Model (CRM) (Plested et al., 2006) was used to complete a Community Readiness (CR) Assessment in Glen Innes. The CR Assessment established a baseline of readiness in the community to address family violence and promote healthy relationships, against which change could be measured over time. The research project was funded through a grant from the former Auckland City Council Community Development team, and Tara Moala (community member and social practitioner), was employed by Te Waipuna Puawai to complete the assessment between June and September 2011. This involved semi-

structured interviews with 24 community members and local practitioners about family violence and healthy relationships in the community. Interviews were scored using the CRM tool and the level of readiness in the community to address family violence or promote healthy relationships was identified (Moala, 2011).

The CRM defines nine stages of readiness from 1=no awareness of the issue to 9=high level of community ownership (see Fig. 1).

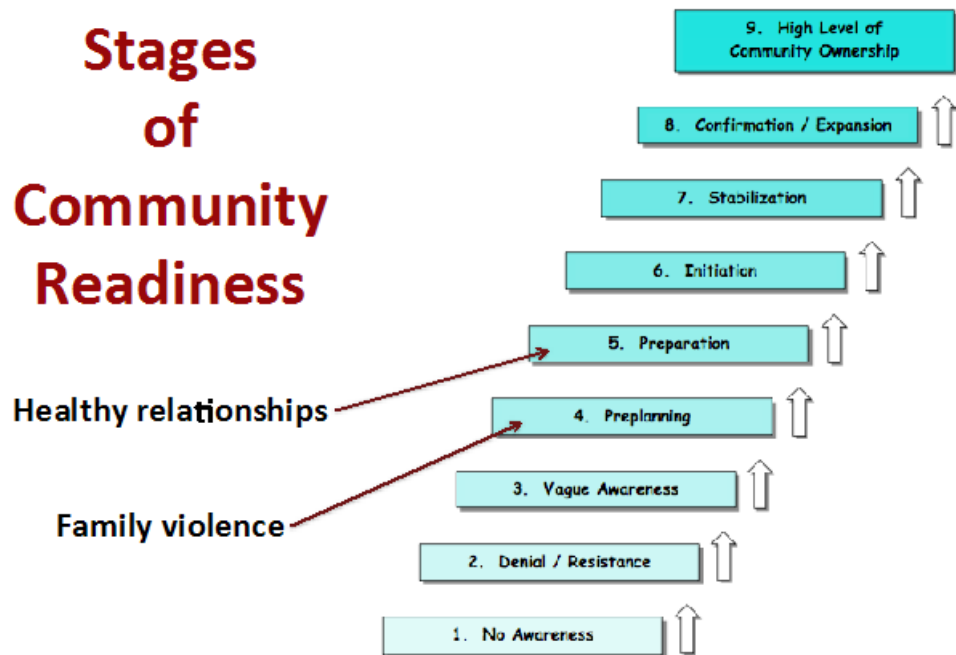


Figure 1: Stages of Community Readiness

The overall stage of community readiness to prevent family violence was

Stage Four Preplanning defined as “There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed” (Plested et al., 2006, p. 9).

The overall stage of readiness for promoting healthy relationships was

Stage Five Preparation defined as “Active leaders are planning in earnest. Community offers modest support for efforts” (Plested et al., 2006, p. 9).

The results showed that scores for healthy relationships were higher than family violence on all of the six dimensions of readiness (see Fig. 2). Results also showed that the dimensions *knowledge of efforts*, *knowledge of the issue*, and *community climate* were lower for both family violence and healthy relationships than the dimensions *community efforts*, *resources* and *leadership*.

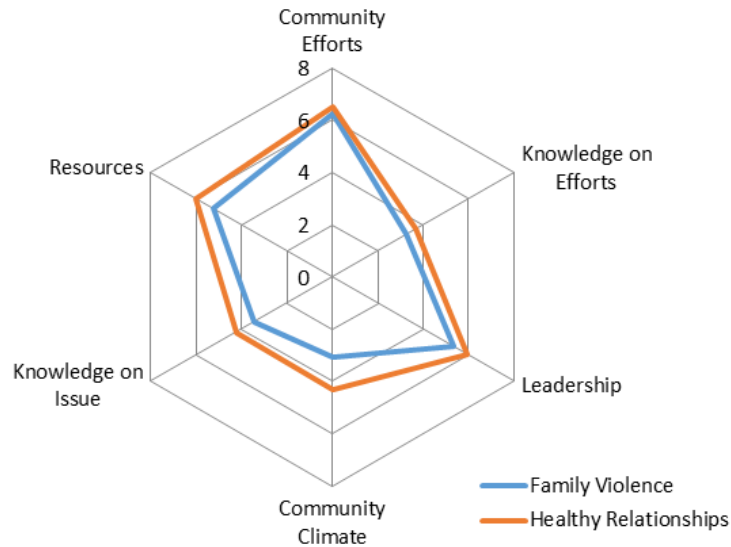


Figure 2: Overall scores on family violence and healthy relationships (Moala, 2011).

The results of the CR Assessment were shared at the November 2011 HEART network meeting. HEART network members received the CR Assessment report positively. Feedback on the findings included shock that many community members accepted family violence as normal part of life, and that some community members understood family violence as a communication problem rather than as abuse. They said that the research showed that family violence was mainly seen as physical violence rather than abusive language and psychological violence. Network members said that HEART needed to address that lack of knowledge in the community about the services available to help, and share alternatives to use of physical punishment to discipline children. Network members said that they struggled to know what to do when they saw family violence happening in public places and wanted training for themselves and community members. They also said that achieving healthy relationships would require role modelling at all levels of the community including HEART network members, community leaders, teachers, church leaders, parents, and elders.

Completing the CR Assessment was an important milestone for the HEART Movement that meant it was possible to develop the local initiative based on local findings and to address the identified gaps of knowledge of existing efforts, community knowledge of healthy relationships and family violence, and to address the community climate and change attitudes.

The launch of the HEART Movement

The HEART Movement was launched on 14 February 2012 at the Glen Innes Public Library.

At the launch the findings of the research that informed HEART, the Community Readiness Assessment, were presented to the community, and a community campaign was also launched (see below). The campaign resources were introduced to the community and the local people who featured on the campaign posters and booklets were acknowledged for their leadership.

Around forty people attended the launch, with a good mix of network members and community members present. A question and answer session followed and attendees asked questions to clarify but also to challenge and learn more about the workings behind HEART, the research, and the approach being taken. A number of people spoke of how proud they felt of being involved in HEART and what took place at the launch.

Developing a Theory of Change for the HEART Movement

HEART network members were invited to contribute to developing a Theory of Change or long-term plan that would guide the HEART Movement. In December 2011 a working group began developing the Theory of Change. The working group was open to any HEART network and community members to join.

The Theory of Change was developed using “The Community Builder’s Approach to Theory of Change: A Practical Guide to Theory Development” (Anderson, 2005) in a series of workshops run between December 2011 to April 2012.

The Theory of Change is a written document that outlines the assumptions of the HEART Movement, the outcomes it aims to achieve, and the interventions that will be used to achieve these outcomes. It also includes the measures that will be used to assess achievement of outcomes, and a Pathway of Change, which is a visual diagram of the outcomes (see Appendix 1). The Theory of Change outlines a step-by-step process towards the long-term outcome

“Glen Innes homes actively grow loving, safe and supportive relationships”

It is an aspirational goal and planning included a time frame of 20 years.

The draft Theory of Change was presented back to the HEART network in an interactive workshop in April 2012. Twenty-two people participated in the workshop. Those present supported the Theory of Change and agreed the HEART Movement would progress using the Theory of Change to guide action.



Theory of Change feedback workshop, April 2012

The Theory of Change sets out two strands of work:

- Community Mobilisation
- Organisational Capacity and Collaboration Development

The Theory of Change has guided the work of the HEART Movement since 2012. It is not a prescriptive or highly detailed plan, as it was developed to support a complex community initiative and allows flexibility to respond to opportunities that arise in the community, while working towards specified outcomes. It is a living document that can change in response to learnings and changes in the context over time. There has been only one version to date, last amended in August 2014.

02

INTERVENTION

The HEART Movement is guided by a Theory of Change (long-term plan), which outlines outcomes, interventions, and measures. There are two strands of work in the HEART Theory of Change these are:

- Community Mobilisation
- Organisational Capacity and Collaboration Development

The following sections describe the interventions used to achieve these outcomes.

It is important to note that while the community mobilisation strand is mostly focused on community members, and the organisational strand is mostly focused on practitioners and organisations, the strands are interconnected and mutually reinforcing.

From 2013 HEART interventions were primarily focused on Māori, Pacific and young people as these groups make up the majority of the population of the Glen Innes and Point England suburbs.

WORK STRAND 1: COMMUNITY MOBILISATION

In the first three years community mobilisation interventions were working to achieve the initial Theory of Change community mobilisation outcomes:

- Diverse community engagement
- Accessible information, effectively communicated
- Healthy relationships visible

The development of the HEART Movement community mobilisation activity was informed by local initiatives around New Zealand (Campaign for Action on Family Violence, 2011), and Raising Voices Uganda (Michau & Naker, 2003).

OUTCOME: DIVERSE COMMUNITY ENGAGEMENT

A wide range of community groups (ethnic specific groups, neighbourhoods, schools, workplaces) are engaged, and supported to develop their own activities (sourcing funding, developing thinking, implementing and evaluating activity).

The interventions used to achieve this outcome are detailed below. Alongside these specific interventions communication was important in fostering engagement with HEART. An email network of 185 people developed in the first three years. The email list was mainly practitioners, however the number of community residents increased over time. A facebook page was established, but only reached 100 by 2014. Word of mouth communication was well known as the most effective communication mechanism within the community and strategies were developed to maximise this. Conversation (one-on-one and small group) became a key informal strategy for HEART. HEART also drew from learnings of social movements and used art, music and sport to engage the community in conversation about family violence and healthy relationships.

Intervention: Engage community leaders

A key first step was to engage local leaders who were identified by community members and practitioners in the Community Readiness Assessment. These leaders were already talking about family violence prevention or were involved in initiatives. Leaders who were named more than three times in the research were asked to feature in the HEART community campaign. As time went on it was recognised that a number of the community leaders were very busy and while they fully supported HEART most could not become more involved. The role of Community Facilitators was developed to engage a diverse range of community leaders (see below).

Intervention: Present to local networks, groups, and organisations

Intervention: Meet with community groups (ethnic and age diverse) and local organisations

Presentations

Presentations were made to a wide range of community groups and organisations to introduce HEART and to increase engagement. In these presentations the ways each group could become involved that aligned to activity they were already doing were highlighted.

In the first three years presentations were made to numerous local organisations including: Glen Innes Health Working Group; Tamaki Pasefika Women's Network; Child Youth and Family; ADHB Child Health Team; Tāmaki Community Patrol; Tāmaki Principles Association; Tāmaki Family Healthcare Centre; Māori Women's Welfare League – Tāmaki branch; and, Te Waipuna Puawai Board.

One-on-one and small group meetings

Throughout first three years the HEART Coordinator and HEART Network members used one-on-one and small group meetings to introduce the HEART Movement, to gain support, to build relationships and to develop understanding of mutually beneficial activities with new groups. Meetings were held with a diverse range of community organisations, local and central government organisations, businesses, sport groups, religious and cultural groups, health and education services, community members, leaders, journalists, and politicians. A

number of workshop sessions were run to stimulate the community conversation about healthy relationships with: Playcentre; Just 4 Dads; Mana Rangatahi; Young Mum's Group; Young Dad's Group; and HIPPY.

Annual feedback hui

In February 2013 and 2014 HEART ran an annual community feedback hui at Ruapotaka Marae. This was an important opportunity to feedback to the community and organisations on the work on HEART in the previous year and enable open discussion. It was also an opportunity to mix senior managers, practitioners, and community members together to give people a sense of the diversity of people involved and the shared commitment to achieving the long-term goal of HEART.

Intervention: Run community events

HEART ran a number of community engagement events to promote HEART and to engage people with the kaupapa. Two types of community engagement events were used - HEART BBQs and community wide events.

HEART BBQs

Learnings from community initiatives around New Zealand showed the importance of food in bringing people together (Campaign for Action on Family Violence, 2011). A mobile BBQ was purchased with funds from Tāmaki-Maungakiekie Local Board and Tāmaki Regeneration Company. The aim of HEART BBQs was to: promote HEART and build trust in HEART; connect neighbours and reduce isolation; foster neighbourhood networks; role model healthy relationships; and identify potential local leaders. Another aim was to warm up the environment and create positive perceptions of HEART for the deeper engagement and activity that would come in time.

The BBQs were held in public parks in Glen Innes and Point England. The HEART Network members made a list of the locations with high rates of family violence and these were the first places that HEART BBQs were run. A park was chosen and flyers put in letterboxes of neighbours in the surrounding streets inviting them along.

All BBQs had a free sausage sizzle, and art was used as a non-confrontational way to introduce the kaupapa and begin engagement with HEART. This included: a children's colouring competition; a large wooden tree was set up at events with questions like "What helps to grow a healthy relationship?" stuck to it; mural or banner painting; and face painting. Sports games were set up (e.g. touch rugby or basketball) and toys provided for young children to attract people and give events a fun atmosphere.



HEART BBQ, Torino Reserve, June 2012

All of the activities offered at events were used as a way to connect people to the HEART kaupapa. Things were kept simple (simple messages, activities, and food) meaning that community members could run similar events in their local park without relying on funding, but by just pooling resources. The events were intentionally inclusive, always free, and open to anyone to attend no matter what their current situation was. It was about starting a conversation about healthy relationships that the whole community could be a part of. This meant those involved in running the events needed to understand the kaupapa of HEART and role model healthy relationships and positive interactions.



HEART BBQ, Taurima Reserve, March 2014

**HEART HELD 10 BBQ EVENTS
BETWEEN 2012-2014
OVER 1200 PEOPLE ATTENDED**

Community wide events

HEART ran a number of community wide events or worked with other groups to run events. Community wide events were open to anyone in the community and were promoted through posters, flyers, facebook, word of mouth, and email. Events that HEART ran, such as White Ribbon Day, had clear messaging and seemed to have good impact. Working with other groups to run large community events can dilute messaging, but was seen as worthwhile in some cases as it is a way to engage lightly with large numbers of people.

Children's Day

HEART collaborated with Tāmaki Learning Champions and Glen Innes Family Centre to run a Children's Day event in February 2012. This was a first opportunity to engage in a positive parenting event. It was held in Glen Innes town centre and attracted around 3,000 people.

Neighbour's Day

In March 2012 HEART joined a Neighbour's Day event run by Tāmaki Learning Champions in Glen Innes town centre. Community members were invited to contribute to a HEART mural on the theme "In our Whanau we love to...". This banner was later completed and gifted to Ruapotaka Marae. The event attracted 1,00 people.

Gladiators of Change

Gladiators of Change is a positive parenting event run in Manukau. In July 2012 a similar event was held in Glen Innes over two nights, one for Mums and one for Dads. The event involves a range of speakers sharing their stories of parenting and positive changes they had made especially around not using physical discipline and verbal aggression. This event attracted 120 people attended over two nights.

White Ribbon Day

HEART ran White Ribbon Day events in November 2012 and 2013. The first in 2012 was a low-key event in the town centre with a BBQ, music, distributing ribbons and resources, and talking with people. In 2013 a much larger series of engagements was run including a BBQ in the town centre, a promotion outside Pak n' Save, and a whānau event at Ruapotaka Marae.



White Ribbon, Ruapotaka Marae, November 2013

The White Ribbon Riders were invited to the Ruapotaka Marae event and spoke about family violence. The response from locals was very positive, they said they found the riders very powerful speakers. Local leaders also spoke about their commitment to preventing family violence. It was a powerful event to be held at the marae that attracted a good crowd of 100 people.

Running White Ribbon each year meant that people got used to it and more practitioners and community members got involved.

Raising Great Kids

In March 2013 HEART worked with Tāmaki Learning Champions to run a positive parenting event. Pio Terei did a great job of hosting the event and sharing his story of parenting. Those who attended said they got a lot out of the night. 100 people attended.

Matariki Art Exhibition

In July 2013 HEART ran an art exhibition alongside the Glen Innes Matariki Light Trail to draw from the large crowds and create a community engagement opportunity that reached a diverse group. HEART invited 7 local (4 Māori and 3 Pacific) artists to make an artwork on the theme of Whānau Ora. The 7 pieces represented the 7 stars of the Matariki constellation. The artists were young, in their teens, twenties and thirties.

This event was aimed at stimulating conversation and engagement of Māori and Pacific communities, as HEART had not had any specific activity in either of these target communities. The exhibition was held in Ruapotaka Marae over 8 nights and food was provided as a way to create a welcoming conversational atmosphere.

This was a very successful project with roughly 700 people coming into the exhibition across the week. The Community Facilitators and volunteers got a lot out of being part of the exhibition. Some said they learnt a lot about the community, others that it was good to get to know other local practitioners and community members. Those who helped out were really happy to do more than they had originally planned, because they enjoyed it and said that they felt like they were part of something.

GI 4 Life

HEART participated in an event called GI 4 Life run by East Tāmaki Healthcare, a fun family event that promoted the health and social services in Glen Innes. The event attracted only 300 people due to poor weather, and became an opportunity to promote HEART to other organisations.

Fanau Fun Day

HEART was invited to join the Fanau Fun Day a regular event run by the Pacific language nests in Glen Innes. It was great to have a presence at this Pacific community event, which was attended by 300 children, families and early childhood teachers.

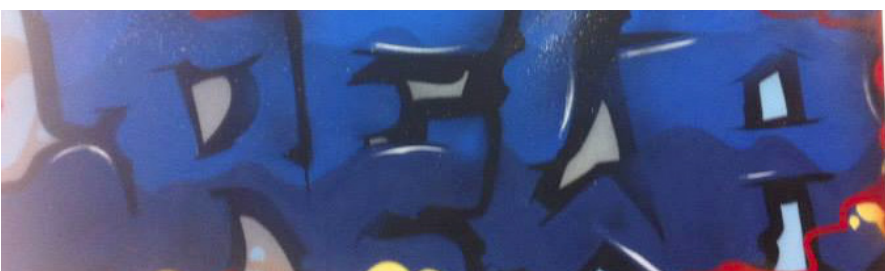
Playcentre Summer Festival

HEART was invited to join Playcentre's Summer Festival in November 2013. This was a celebration event and a great way for HEART to continue to build on the connections made with Playcentre in the first two years. Playcentre had been involved in a number of HEART projects and following this were supported to create the own t-shirts promoting HEART.

**13 COMMUNITY-WIDE EVENTS
WERE RUN BETWEEN 2012-2014
OVER 6,000 PEOPLE ATTENDED**



MATARIKI EXHIBITION



Intervention: Develop initiatives with groups

Developing initiatives with groups was an important approach built into all aspects of HEART. In the beginning the connections were sometimes surface level, but over time stronger relationships enabled more effective work with groups. Examples of this are documented throughout this report. One example was the HEART touch team. A number of residents who were also practitioners involved in HEART played touch rugby in the Tāmaki touch competition. From 2012 to 2014 HEART sponsored the team. They wore HEART t-shirts to play in and raised awareness of HEART in a subtle way. The team started to ask what else they could do. While there were a number of challenges to keeping the team going, by 2014 the team became a way to engage local youth in the kaupapa of HEART.

Intervention: Identify potential champions

The concept of community champions came from initiatives around New Zealand that had engaged community champions in family violence prevention efforts. The term 'community champions' did not sit comfortably with people in Glen Innes. Some said that this meant putting people on a pedestal as an ideal example of how to be within your family. It was clear that the language needed to change to fit with a preference for alongside leadership.

The Tāmaki Transformation Programme (TTP) had previously run an initiative to develop community leadership. This involved a group of community facilitators called Kaiārahi, a Māori word meaning to guide or lead. The Kaiārahi were community members identified as leaders, or as having leadership potential, who were invited to be part of an intensive process to develop their leadership and community engagement capacity. Community members and organisations in Glen Innes supported this as an effective initiative, and the concept was broadly used to inform development of the HEART community facilitator role, which has become the key community mobilisation strategy in the HEART Movement. This initiative was funded by Foundation North (previously ASB Community Trust), and the Todd Foundation.

Community Facilitators

Glen Innes and Point England residents who were well connected in the area and wanted to get more involved in HEART were invited to become HEART Facilitators. Community members were involved in activity wherever possible from the beginning of HEART. The community facilitator role asked people to commit to an ongoing involvement and development with the HEART Movement. Community facilitators were asked to:

- Learn more about HEART and do some training
- Engage with people in their natural social networks
- Get involved in events and projects
- Come up with their own ideas about ways to engage people with HEART.

The Facilitators were supported with appropriate training, resources and tools, and were brought together regularly to learn, share and support each other.

At first Facilitators were identified by local organisations, but as the initiative developed facilitators started to recommend other community members.

The concept of the HEART community facilitators was first introduced to community members in December 2013. Initially the aim was to develop a group of around 20 community facilitators. By February 2014 seven women had committed to the participating. The first meeting was held in April 2014.

The time community facilitators contributed was acknowledged with supermarket or petrol

vouchers as activity was usually in the evenings and on weekends and took them away from their families. Some were also volunteering for other initiatives too.

The community facilitators met monthly. The focus of these meetings was learning about the HEART Movement, family violence, healthy relationships, facilitating community change, and planning and discussing HEART activity. Each meeting finished with a shared dinner.

An important aspect of the community facilitator's role was to share the story of HEART with community members and to stimulate conversation in the community. This included getting community member's feedback on HEART activity and hearing their ideas to ensure HEART was responsive to what people wanted to see happening in their community. They took the learnings and discussions from the group out into their networks in the community, which created ripples of conversation. This also created a feedback loop as facilitators brought the support or concerns of community members back to the group to discuss.

Reflection and critical thinking were important skills that were developed within the facilitators group. They were encouraged to look at what was happening in HEART, how it was being documented, how useful this was, and to think critically about why and how decisions were made. The Facilitators were encouraged to take time to reflect on their involvement with HEART, how it impacted them personally, and how it affected their attitudes and beliefs.

The Facilitators were encouraged to think about how they would work HEART activity into their lives in a sustainable way rather than feeling obligated to rush into any specific activity. In the early stages the focus was on learning together and developing the role of the Facilitators. As the group developed the Facilitators were encouraged to start to raise awareness of HEART through conversation and to encourage people to get involved. As the Facilitators gained confidence they started to implement their own ideas for small projects in their families, neighbourhoods, and workplaces that promoted the HEART Movement and healthy relationships, and started to break the silence around family violence showing it was OK to talk about it. The Facilitators also got involved in running the HEART BBQs and events.

Training

The community facilitators were invited to join all of the trainings run by HEART. Two specific trainings were run specifically for the facilitators. The first was the How to Help training (It's not OK Campaign) which builds understanding of how we can all help in safe ways in our families and communities. The second was with the Auckland Central Police Family Violence Team who shared their role and the processes that were involved in responding to family violence. This session had a big impact on the Facilitators, some said that they had no idea what happened after an arrest and that it was like being let into a big secret.

A developmental initiative

By August 2014 there were 15 Facilitators (13 women and 2 men), and the group had defined the facilitators role for themselves. Facilitators were taking more leadership and thinking of diverse ways to take the kaupapa into the community and to improve HEART activities.

It was originally thought that the Facilitator role would be only focused on preventing family violence, however it became clear early on that many of the facilitators saw family violence in their community regularly, and that some were already supporting people in violent situations, as they were leaders in their streets and communities. In some cases people would knock on their doors in the middle of the night to ask for help. Rather than ignoring these existing community practices, HEART started to build capacity to identify when it was safe or not safe to help, and when to involve Refuge, Police, Child, Youth and Family or other services. The Facilitators asked for training to respond to family violence incidents and a number of the group completed the Eastern Women's Refuge volunteer crisis training. They also asked for more support around helping and a local social worker joined the group to address this need.

The Community Facilitators initiative was a very important component in developing a strong community mobilisation approach for HEART. The aim was that in time the Facilitators would drive decision-making and action of the Movement. It was a challenging and complex strategy, and there was no script to follow, which meant learning the way forward together.

OUTCOME: HEALTHY RELATIONSHIPS VISIBLE

The outcome Healthy Relationships Visible was defined as a diverse range of local couples and families with healthy relationships are visible and share their stories in the community.

The interventions used to achieve this outcome are detailed below.

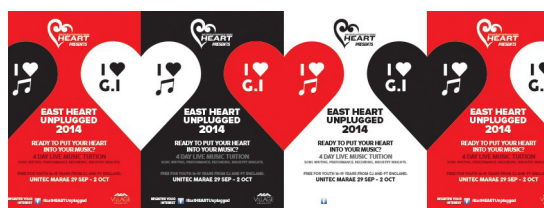
Intervention: Youth Healthy Relationships Initiative

Work to develop a local youth initiative began in early 2013. A needs assessment was completed to understand the needs of local youth around relationships. Focus groups were run with: the Young Mums programme (Te Waipuna Puawai), Young Dad's Group (Te Waipuna Puawai), and Mana Rangatahi (Glen Innes Family Centre). HEART also surveyed Tāmaki College students, contributed to the national pilot programme "Loves Me Not" run for Year 12 students at Tāmaki College, and ran community workshops. Also the It's not OK Campaign Champions Vic Tamati and Lua Maynard presented to the senior students at Tāmaki College. Family Planning was a key member organisation in this developmental work.

Through this process local youth said they wanted to learn more about all aspects of relationships, and especially:

- Communication (most often named need)
- Sexual health and contraception
- Dealing with jealousy, cheating and break ups
- Abuse and family violence
- The impact of alcohol and other drugs on relationships

Youth needs were significant and it was clear that there was not enough resource in the community to address these needs. The role of the HEART Movement was to mobilise the youth community for positive change, rather than to run programmes in community and school settings. This led to the development of an initiative called East HEART Unplugged in collaboration with Jerome Cowley and the Village Collective in 2014. East HEART used music to stimulate conversation amongst youth about healthy relationships and start to change social norms that violence and abuse are just a normal part of life.



Applications were invited from Māori and Pacific youth from Glen Innes and Point England to participate in a noho marae on music development and healthy relationships. Thirty applications were received, and 18 young musicians participated in a 3-day 2-night noho marae at Te Noho Kotahitanga Marae, Unitec. The participants attended Tāmaki College, Selwyn College, Glendowie College, Te Kura Kaupapa Maori O Puau Te Moananui A Kiwa, or were out of school or working.

Intervention: Identify and engage healthy relationship champions of all ages and ethnicities

Intervention: Gather personal examples and stories of healthy relating and stopping violence and feed into communications strategy

Initially it was thought that local people would be willing to become healthy relationship champions and to share their stories of healthy relationships and change through communications and events in the community. However the people approached were reluctant to be put on a pedestal or seen as in ideal healthy relationships.

It was clear that it would take time for an effective approach to take shape and that community members needed to say what this would look like. The collective approach of the HEART Community Facilitators was showing more promise.

In the first three years apart from the youth initiative, it was difficult to make progress towards achieving the outcome Healthy Relationships Visible.



East HEART Unplugged participants

OUTCOME: ACCESSIBLE INFORMATION, EFFECTIVELY COMMUNICATED

The outcome Accessible Information, Effectively Communicated was defined as: Communications strategy implemented that promotes healthy relationships and family violence prevention messages. Messaging reaches across the community and includes promotions to specific groups within the community. Resources have been developed with identified groups (ethnic specific etc) within the community that meet their information needs.

The interventions used to achieve this outcome are detailed below.

Intervention: Develop definition and examples of healthy relationships

The focus on healthy relationships meant that the HEART Movement was breaking new ground for family violence prevention. The long-term goal defined healthy relationships as loving, safe and supportive, but there was a will to further explain what healthy relationships looked like and provide examples. This was much more challenging than expected.

HEART invited network members to a workshop to better define what a healthy relationship was and what that looked like in daily life. Most of the participants were counsellors, social workers or worked with couples or families. The workshop identified a number of aspects of healthy relationships but did not result in a clearer definition of healthy relationships.

The findings were taken back to the Advisory Group and a decision was made to stay with the definition of “loving, safe and supportive”. The group decided that further defining what healthy was might be problematic and that a broad understanding may be more helpful. Instead of working to answer this question HEART continued to hold the question “what is a healthy relationship?” throughout the community, prompting discussion and critical thinking.

Intervention: Develop messaging and resources on healthy relationships and family violence

A wide range of resources on family violence were available when HEART began. These were provided to the HEART network and put in public places throughout the community. The gap was for local resources, and resources on healthy relationships.

Family Tikanga

The idea of a family tikanga came from community initiatives in Waitakere and Ashburton. A working group used these resources to develop a family tikanga for the HEART Movement. This resource was intended for people to use in the homes to start a conversation about healthy safe relationships and named things to do rather than not to do, and encourages positive and proactive ways of relating.

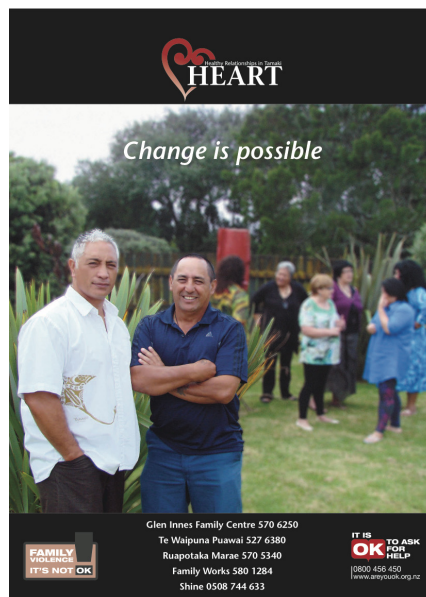
HEART Community Campaign

HEART launched a community campaign in February 2012. The aims of the campaign were to:

- Promote the HEART movement
- Make local leadership more visible
- Raise awareness of the local family violence services and contact details
- Stimulate community conversation and break the silence around family violence

Data from the 2011 Community Readiness Assessment was used to inform the development of the campaign. Analysis of the qualitative data showed that there was strong resistance to talking about family violence in the community. Experiences from family violence prevention initiatives around New Zealand had demonstrated the importance of visible local leadership in making it OK to talk about family violence (Campaign for Action on Family Violence, 2011). The Working Group decided to highlight the existing leadership in the community by inviting local leaders identified in the CR Assessment to feature in a community campaign. Another important part of the campaign was to promote the services that respond to family violence as the CR Assessment findings showed that people did not know about family violence services or how to contact them.

The community campaign included a series of four posters featuring local leaders, t-shirts, stickers, a pocket sized service directory of local services, and the HEART family tikanga resource. The resources featured positive messages about change and service contact details. Later HEART also produced drink bottles, caps, teardrop banners for events, and a photo album wall hanging of 2013 events. The resources were intentionally local and were only distributed in Glen Innes and Point England.



Campaign
posters,
February
2012

HEART Mural Competition

As part of the ongoing community campaign HEART ran a mural competition in August 2012. From the beginning of HEART art was used as a non-confrontational way to engage people with the kaupapa of the HEART Movement that worked to engage people of all ages. The mural competition was used to stimulate community conversation, engage local artists, and to use local media to connect with a wider audience. The murals offered a way to promote HEART that was visual and engaging in public places using images and messages that local people felt were important.

During the competition a local artist Emily Karaka offered to paint a mural for HEART that told the story of her family in Glen Innes. This beautiful piece was unveiled at the Glen Innes Library in February 2013 and continues to hang there.



Emily Karaka's mural, Glen Innes Library



The winning entry for the competition (pictured, left) was from Sanctuary Community Church. The mural used powerful imagery and messages about healthy relationships. The group had a connection to the Glen Innes Family Centre and the centre was invited to hang the mural on their building. They accepted and the mural now hangs at the GI Family Centre facing the busy Elstree Ave.

Intervention: Develop communications strategy

Intervention: Implement communications plan

A communications plan, aligned with the Theory of Change, was developed in June 2012. This plan was implemented between 2012-2014

WORK STRAND 2: ORGANISATIONAL CAPACITY AND COLLABORATION DEVELOPMENT

As HEART was developing it was clear that there was a lack of services to address family violence, especially services that were culturally appropriate, and for men. Many practitioners had little or no training in family violence although violence was very often an issue for people they were supporting. It was important to provide free training locally. More collaboration between services was also needed. In the first three years HEART started to build connections between services so that in time a more coordinated and effective system of services and responses would be available in the community.

In the first three years HEART was working to achieve the initial outcomes of the organisational capacity and collaboration development strand of the Theory of Change:

- Skilled practitioners
- Stronger collaboration

Good progress towards achieving the outcome Skilled Practitioners was made by 2014. The outcome Stronger Collaboration was more difficult to progress.

OUTCOME: SKILLED PRACTITIONERS

The outcome Skilled Practitioners was defined in the Theory of Change as:

Practitioner training and development needs have been identified and a training programme implemented based on identified needs.

The interventions used to achieve this outcome are detailed below.

Intervention: Complete an organisational capacity and collaboration survey

Intervention: Identify practitioner development needs

To better understand the capacity of organisations and practitioners, and the collaboration between services an Organisational Capacity and Collaboration Survey was completed in October 2012. Results showed that only 45 percent of HEART practitioners had completed a family violence training, and that 14 different training providers had run these trainings. There was a need to make training available to all member organisations and to foster some shared understandings about family violence.

The top five trainings requested by practitioners in the survey were:

- Introduction to Family Violence
- Kaupapa Māori Approaches to Family Violence
- Community Development
- Child, Youth and Family
- Mental Health issues
- Conflict resolution



An Introduction to Family Violence trainings at Ruapotaka Marae



How to Help Training, Te Waipuna Puawai

Intervention: Develop Membership Agreement

Intervention: Establish management support for practitioner development work through signing of Membership Agreement

A membership agreement was developed to formalise and further strengthen relationships between network members. The agreement was modelled on an example provided by TIES (TIES Team, 2010) and made specific to the HEART Movement. The agreement defined the agreed way of working, principles of HEART, and a commitment to completing ongoing training known as the HEART Standards of Practice. The agreement was signed by organisational managers to ensure staff were supported to complete training. In 2014 there were 21 member organisations (see Appendix 2).

Organisations that did not sign the Membership Agreement are not excluded from HEART meetings and trainings, rather the expectation of member organisations was higher and showed their commitment to the kaupapa, principles and training.

Intervention: Develop HEART Training Standards

Intervention: Implement practitioner capacity building programme

Training standards were developed from the results of the Organisational Capacity and Collaboration survey. The trainings were focused on meeting practitioner's needs, but over time more community members also joined trainings.

In 2012 the Standards training specified that:

- All **network members** complete: Introduction to Family Violence Training (by Shine and Family Works); How to Help – Bystanders training.
- All **practitioners** responding to family violence complete: Introduction to Family Violence Training; How to Help – Bystanders Training; Risk Assessment Training; and, Safety Planning Training.

Community members were invited to participate in the Introduction to Family Violence and How to Help – Bystanders trainings.

These trainings were run in 2013. 50 people completed the Introduction to Family Violence training, and 38 people completed the Bystander training. The Risk Assessment and Safety planning trainings were not run as a decision was not made about how best to position these trainings. Jude Simpson a family violence survivor also ran a training on the impact of family violence on women, which 20 network members attended.

The 2014 Standards training was informed by the annual survey and included:

- Working with Māori whānau
- Working with Pasefika families – Village Collective
- Peaceful Family Communication – The Peace Foundation
- De-escalation
- Child Brain Development - Brainwaves Trust and SKIP

The Introduction to Family Violence and How to Help – Bystanders trainings were run again in 2014 for those who have not yet completed them.

In 2013 there was increasing interest from the network for Kaupapa Māori training and training on working with Māori Whānau. A Māori Lead practitioner role was identified to assist the HEART Coordinator to organise these trainings, and to get input and ideas from HEART Māori practitioners, and to discuss where to next for Māori community activity.²

Three kaupapa Māori trainings were offered in 2014:

- Kaupapa Māori Approaches to Women's Experiences of intimate partner violence and the effects on tamariki - Alayne Hall
- Working with mokopuna Māori and whānau Māori - Dr Leland Ruwhiu
- Dynamics of Whānaungatanga - Kawei Ltd

In 2014 more than 150 people completed trainings with HEART. All of the Standards training were run successfully, apart from the De-escalation training as a training provider could not be found.

Intervention: Support network members to affect change within their own organisations

While there were a number of changes implemented in organisations in the first three years most came about through practitioner's involvement in HEART generally rather than specific interventions. HEART raised the conversation within member organisations about family violence and healthy relationships, and training helped practitioners to have more informed discussions.

Some organisations started to offer new programmes that they thought may be more effective for local families (e.g. culturally appropriate parenting programmes). Most local organisations started to display HEART posters and to provide more information about family violence and where to get help.

Practitioners who became more involved in the community through HEART said that they developed better understanding of families and the community, which helped them in their work. Practitioners also said that because HEART used a positive approach they wanted to be involved and felt proactive.

OUTCOME: STRONGER COLLABORATION

The outcome Stronger Collaboration was defined as:

Community organisations have participated in collaboration training and joint training opportunities. Management and governance support increased collaborative working.

The interventions used to achieve this outcome are detailed below.

Intervention: Facilitate signing of Membership Agreement by all members

The Membership Agreement was signed in 2012 and again in 2014. It was intended to be an annual process, but took many months and a lot of follow ups to get signed by some members. A more efficient way of signing this agreement was needed.

² This role was created for one year from May 2014 to May 2015, and has resulted in a Māori practitioner network which now operates beyond the HEART umbrella.

Intervention: Establish management support and involvement in strengthening collaboration

While managers were supportive of strengthening collaboration, there were very limited opportunities to make tangible progress in the first three years. The opportunities that did present would have require additional coordination resource to action.

Intervention: Identify network membership gaps and address

As gaps were identified in the network membership organisations were approached and invited to join the HEART network. Organisations that started to become more involved were invited to think about becoming a member organisation. Network members were quick to identify when new organisations began operating within the community and directed them to the HEART network to ensure they were connected locally.

Intervention: Map existing services and boundaries

The Advisory Group decided not to progress this action as it was time consuming and ever moving. The network provided connections between organisations so that practitioners had better knowledge of the services provided locally.

Intervention: Identify service gaps

Community members and organisations had identified gaps in culturally appropriate services, stopping violence and other support services for men. No progress was made by HEART to attract culturally appropriate services, but a connection was made with Man Alive a men's stopping violence service based in Waitakere. Man Alive's "Men in Relationships" 8-week programme was run once with Glen Innes Family Centre in 2013, but was not continued. Discussion about the sort of groups and services that were needed for men and how they could be funded continued.

The need for youth services was identified, and remained an issue throughout the first three years of HEART.

Development of HEART Parenting

In November 2012 positive parenting was identified as an important aspect of healthy relationships for HEART to focus on. In January 2013 the Glen Innes Family Centre (GIFC) received a small SKIP grant for parenting events. GIFC was the first member organisation to gain funding to progress the work of HEART besides Te Waipuna Puawai. In 2014 the GIFC received a grant from the Incredible Trust for a 3-year HEART Parenting Community Development role focused on parenting. The purpose of this role is to develop a long-term approach to positive parenting in Glen Innes and Point England, its focus is on developing responsive approaches to Māori, Pasefika, and young parents, and to contribute to the outcome Healthy Relationships Visible. The role is based at GIFC and the position is a community resource contributing to the HEART Movement.

Intervention: Complete an organisational capacity and collaboration survey

Intervention: Complete VicHealth Partnerships Analysis Tool

The Organisation Capacity and Collaboration Development survey was completed in 2012. While the survey was very helpful in informing the development of the HEART training standards, it was not sufficient to understand or baseline the current collaboration between members. The VicHealth Partnership Analysis Tool (VicHealth, 2011) was used to provide a baseline of the collaboration between HEART member organisations in 2013. The intention was to use the tool

over time to track change. There are two parts to the VicHealth tool - a partnership map, and a checklist. The partnership map was completed with the managers of each member organisation.

The managers were asked to define the strength of their relationships with other member organisations at four levels: networking; coordinating; cooperating; and, collaboration.

The tool is designed for use with a smaller number of organisations, who would usually complete the mapping exercise together. For HEART the map was completed individually, and became highly complex. However, the managers found the exercise very helpful for understanding the different levels of relationship towards collaboration, and how rare collaboration was. Some said having a structured way to think about their relationships with other organisations really helpful, and some had not done this before.

The second part of the tool, the checklist, was completed by the Advisory Group together in a workshop session. The checklist score for HEART was 90, which is the second band as per the rating scale below.

Score	Definition
35-84	The whole idea of a partnership should be rigorously questioned.
85-126	The partnership is moving in the right direction but will need more attention if it is going to really successful.
127-175	A partnership based on genuine collaboration has been established. The challenge is to maintain impetus and build on current success.

As the scores fall at the beginning of the band there is significant amount of work to be done on collaboration development.

Intervention: Implement collaboration development programme

This intervention was not actioned and required specific resourcing.

Intervention: Acknowledge progress and good work with HEART awards (practitioners and organisations)

HEART Awards

HEART Awards were developed to acknowledge those who had made an exceptional contribution to HEART. The Awards were pottery hearts painted by local artist Emily Karaka.

The first HEART awards were introduced in February 2014 and presented at the Annual Community Feedback Hui. The first recipients included Glendowie College, the East and Bays Courier, Family Planning, and three community members - Tara Moala, Joseph Liava'a, and Emily Karaka.

Intervention: Share good practice and learnings from organisational policy and practice change

This intervention was not actioned and would fit with the collaboration development plan.

03

RESEARCH, AND LEARNING OUR WAY FORWARD

HEART is an evidence-based initiative, and it has strong research component to develop effective interventions that fit the current community environment and to measure change over time.

The Theory of Change includes the measures that have been identified to track change and the impact of HEART. Each outcome in the Theory of Change has an associated indicator and threshold to measure when the outcome has been achieved and work can stop towards this outcome, and start of the next outcome on the pathway of change map.

Through a PhD project HEART is using the Community Readiness Model and a new tool developed using the HEART Theory of Change called the Community Mobilisation Questionnaire. Both of these tools were used in 2014 to create a baseline. A second assessment will be completed in 2016, and the results of the 2014 and 2016 assessments will be available in 2017.

There is more work to be done on the measurement component of the Theory of Change, specifically on developing the outcome indicators and thresholds. Specific work may be required to develop outcome measures for the organisational capacity and collaboration development work strand. This may include further analysis of the data collected using the VicHealth Partnerships Analysis Tool in 2013, and decisions about future use of this tool.

While the research aspect of HEART is developing, no evaluation has been completed on HEART to date. A discussion about evaluation of HEART would be beneficial, including: what type of evaluation should be used; when should evaluation be carried out and how regularly; who would complete the evaluation; and, how would it be funded. Developmental evaluation is an evaluation approach ideally suited to complex and innovative initiatives like HEART that could be further investigated.

04

ACHIEVEMENTS

This section highlights some key achievements of HEART in the first three years.

Creating A Vision

HEART has shifted from deficit thinking to a more visionary approach. HEART has developed well and there is a general belief that HEART has the potential to make significant change in the community. There is acceptance and excitement about HEART's vision and outcomes from practitioners and the community. Community members and practitioners continue to talk about the vision of healthy relationships, and are proud to be associated with HEART. There is considerable personal commitment to HEART from local people and a range of local and regional organisations.

A Clear Theory Of Change

HEART is a unique family violence prevention initiative as a Theory of Change has guided it from the very beginning. Developing a Theory of Change is an achievement in itself, but more importantly it has also provided much needed clarity about what HEART is, what is it not and what is it working to achieve, which has helped to foster engagement and support.

Changing The Language

The focus on healthy relationships has been a significant innovation for Glen Innes and New Zealand family violence prevention that has spread fast throughout the community and beyond. Starting a community conversation about healthy relationships has been a major achievement for HEART. This is an ongoing, generative, conversation that helps people shift into new thinking that is not accessible when only discussing family violence prevention.

The HEART Brand

The HEART brand is well developed; people know what HEART is about. The logo, resources and campaign materials are widely distributed and positively received.

Research

HEART is an evidence-based initiative and is using research to inform its development. This makes HEART is a unique family violence prevention initiative. To date community mobilisation has been thought of as too difficult to measure, but the HEART Movement has embraced the opportunity to develop new evidence.

Fostering Relationships

HEART has brought together diverse networks of community members and practitioners around the kaupapa of family violence and healthy relationships. The development in relationships through tangible projects and activities has been fruitful and satisfying for people who want to be part of addressing family violence. HEART has also sustained the largest practitioners network in Glen Innes over four years.

Securing Funding

HEART has attracted funding to sustain coordination and planned activities for over three years, and to employ a new parenting coordination resource. This is quite an achievement in a funding environment that is competitive, and as there are no specific funding streams for long-term community mobilisation work in New Zealand.

HEART funds have been sourced from a diverse range of funders, meaning there is not an over reliance on one funder. Also HEART funding does not lie with one organisation, currently two organisations hold the funding for HEART, which shares the workload, accountability and increases ownership of HEART with member organisations.

Funders of HEART between 2011 and 2014 included: Auckland City Council; Department of Internal Affairs; Catholic Caring Foundation; The Working Together More Fund; The Incredible Trust; The Todd Foundation; The Tindall Foundation; Tamaki Regeneration Company; Its not OK Campaign and SKIP (MSD); Foundation North; and, Maungakiekie-Tamaki Local Board.

Training

HEART has provided extensive free training opportunities to practitioners and community members. These trainings have been extremely well attended and anecdotally seem to have lifted the level of expertise in the community considerably. These trainings have also developed relationships between local practitioners who would usually not meet. A momentum has been created as practitioners and managers understand the benefits of this collaborative initiative, and that the resources they need to improve their practice will be provided.

05

CHALLENGES AND LOOKING AHEAD

Growing a social movement is challenging work. This section documents some of the challenges HEART faces, and questions that emerge when looking ahead.

Working with complexity

The HEART Movement is a complex initiative, working in a new space. An ongoing challenge for HEART is to continue to sit with this complexity and not to resort to working simplistically. Using simplistic approaches is an old way of working that has not given good results for addressing complex problems. This means an ongoing commitment to learning about working with complexity and what works to make change. This includes resisting the urge to go with bright new ideas and sticking with (and adapting if necessary) the Theory of Change. Outcomes must continue to drive actions, not the other way around.

Theory Of Change

The Theory of Change is a key tool for HEART, but it is not a tool many people have had experience using. Increasing understanding of the Theory of Change and why HEART has one is challenging, as many people prefer to be involved in action rather than strategic thinking. The Advisory Group plays a key role in holding the strategic direction, but it should not hold the Theory of Change alone. Community members need to be more involved in this part of HEART as time goes on. Decisions will need to be made about: whether or not the Theory of Change needs updating, or re-thinking; when is the right time to do this; who decides this; and, who is involved in the process.

Collaboration

Strengthening the collaboration between organisations is essential for developing services and supports that are more responsive to community needs, however this has been difficult to progress to date. Perhaps this is to be expected for an initiative at this stage of its development. It seems that to move this area of work will require specific resourcing.

HEART Movement is one of few initiatives where the workload, accountability and ownership sit with more than one organisation. Collaboration development is key to the sustainability of HEART and it is important that HEART facilitates a culture of collectively discussing resourcing for the place of Glen Innes and Point England rather than for organisation specific resources. This place focus is a promising way forward for developing collaboration, however progress has been slow, and has highlighted challenges around capability to develop effective systems and processes (including administrative processes), and roles and responsibilities.

Despite the challenges, there is strong support and commitment for a collaborative and coordinated response, with the aim to grow: collaborative action among HEART member organisations; joint programmes and activities to prevent family violence; shared understanding; and, shared tools and resources. The Advisory Group plays an important role in championing the collaborative efforts of member organisations.

Funding

HEART is a long-term initiative and this brings challenges for funding, as most available sources of funding are short-term. For HEART to develop to its potential it would be very beneficial to engage with funders over longer timeframes. Ideally, this would mean funders committing to supporting the approach HEART uses and outcome-based funding, rather than funding discrete activities. To achieve this HEART needs to develop and communicate clearer project designs and evidence of change.

Leadership

Leadership is a challenging aspect of HEART. To be successful HEART requires leadership at all levels. Change cannot be led by a few key community leaders, it requires large numbers of people to show leadership in their homes, social networks and in the wider community. Showing leadership on family violence can be difficult. Usually the more people engage with the issue the more they realise how violence has affected them, people they love, or people they know and it can be very unsettling and can make people feel vulnerable, especially in a community setting where people know each other. As people become more committed to seeing change the more they expect and seek out authentic leadership.

Māori, Pacific and youth specific initiatives

HEART has identified three target community groups Māori, Pacific and youth. Youth initiatives were developing well by 2014, but little progress had been made to develop Māori and Pacific specific initiatives. The HEART lead Māori practitioner role seemed to provide a useful catalyst and resource to bring Māori practitioners together which developed into its own network. Developing a similar role for the Pacific communities may be helpful in stimulating further engagement. The Community Facilitators will be an important group in developing Māori, Pacific and youth specific initiatives.

Developing And Embracing A Culture Of Learning

To be successful a culture of learning needs to be spread throughout the HEART Movement. As an innovative initiative HEART requires experimentation, this includes “failing fast” and not labouring on with interventions that are not working. Working with a complex social innovation means constant change and adaptation is needed as the movement evolves. The skills of reflection, deep listening and critical thinking are key to making this possible.

A Time Of Change

The end of 2014 was a time of significant change for HEART. The Manukura of Te Waipuna Puawai and the HEART Coordinator, both key to initiating HEART, left their roles as had been planned. A new HEART Coordinator, Nandita Mathur, was employed at Te Waipuna Puawai, and a HEART Parenting Community Development Coordinator, Anne Purcell, was employed at Glen Innes Family Centre. The Theory of Change was the key to holding the strategic direction of HEART through these changes and continuing to build on what was achieved in the first three years.

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