



**The HEART Movement
Strategic Plan
April 2018**



INTRODUCTION

HEART (Healthy Relationships in Tamaki) Movement is a long-term, local response to high rates of family violence in Tamaki. Te Waipuna Puawai supports this community-led response. Te Waipuna Puawai is a community development initiative of the Sisters of Mercy New Zealand. HEART Movement interventions aim to build community readiness to address family violence and build healthy relationships. As the readiness grows, the whole community takes action to reach its vision. Te Waipuna Puawai has a supportive role, and it is the whole of community action that will lead to change.

The Vision for HEART Movement is:

"Tamaki homes actively grow loving, safe and supportive relationships."

HEART addresses family violence using an innovative primary prevention approach that uses community mobilisation (community members collectively changing social norms) as a strand. Community mobilisation inspires and supports communities to achieve their dreams and aspirations. The other HEART strand is around building organizational capacity and collaboration to contribute to a coordinated response to family violence in the area.

The HEART Movement is an evidence-informed initiative, and was developed from the recommendations to use (Trewartha, 2010):

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

HEART Movement has a 20-year Strategic Plan developed through a ground-up community process, which includes a Theory of Change. The vision is aspirational, with a long-term time frame.

This document describes the principles around which the HEART Movement is built. It presents the outcome framework for how we will reach the vision set by the community. It also includes the interventions that will support the community to achieve this vision and the measures that will be used to determine the success of



this support, as well as community progress. This document includes the following sections:

- A. Core theories and principles
- B. Development and evolution of the 20-year Strategic Plan
- C. Community context
- D. Assumptions
- E. Phases of change and outcomes
- F. Interventions
- G. Learning and Evaluation

This is a living document that will be adapted as the HEART Movement develops. For more information about the HEART Movement, please contact the HEART Movement Programme Lead heart@twp.org.nz or 09 571 2098.

A. THEORY INTO PRACTICE: CORE PRINCIPLES

Theory of Change

Theory of Change is a method that brings people together to identify the desired goal and then work backward from the vision to identify necessary pre-conditions (outcomes) to achieving this vision, and to understand how and why change is expected to happen within their community context. The steps toward the goal are then mapped into an Outcomes Framework.

Once the outcomes are mapped, work is done to identify the types of interventions that will lead to achieving the pre-condition or outcome. The process articulates the link between the intervention and the long-term goal. It looks at each outcome and works out the interventions that will support to achieve the desired outcome. The relationship between these outcomes and their sequencing (what occurs in what order) is important to understand, to build the interventions.

Community Mobilisation

Community mobilisation focuses on nurturing energy and ideas and growing critical thinking within a community, and on supporting community members and local workers to lead change. It is an approach to build collective action and impact. This methodology fosters collective, community intelligence, planning, and interventions.

Community mobilisation adds up individual interventions, sequences them into a logical progression, strives to build on what is achieved, and has an overview of how



various activities will slowly come together to change the social climate (L. Michau, 2007).

Central to community mobilisation is to build a critical mass of community members who are taking action against family violence and focusing on building healthy relationships.

Community mobilisation is a long-term process, and social reformers and activists have used this methodology for years. In the last few decades, the learnings have been used as a programmed approach. The focus of this programmed approach is to implement interventions that help create the readiness and conditions for community members to lead efforts within their community. The organization interventions can increase community willingness and readiness to act; however, finally, the community members must act. The process is organic and complex.

Use of the Community Readiness Model

To measure how well our interventions are working to build community readiness we have used a tool called the Community Readiness Assessment which is a measure of how ready a community is to address issues and take action.

We have built the six dimensions of the Community Readiness Model or CRM (Plested et al., 2006) into our Strategic Plan as the preconditions to the vision being achieved. The CRM is built on the understanding that these six dimensions (Community Efforts; Community Knowledge of Efforts; Leadership; Community Climate; Community Knowledge of the Issue; Resources Related to the Issue) are necessary components of community change.

We established a baseline of Community Readiness in 2011, which was assessed again in June 2014 and December 2016. The Community Readiness Model will be used to assess change over time.

Public health approach to violence prevention

HEART Movement recognizes family violence as a significant public health issue and builds a practical approach to make an impact at a societal level. The public health framework uses three levels of primary, secondary and tertiary prevention to reduce family violence as below.

Primary Prevention	Secondary Prevention (Early Intervention)	Tertiary Prevention (Crisis Intervention)
Whole of community	Can be targeted or available for the whole of the population	Response after family violence incidence has occurred and been reported.



Community or locally- led and delivered, external support only catalytic.	Specific interventions delivered by trained professionals.	Specialist and trained teams.
Focus on social change and paradigm shifts, healthy relationships and gender equity.	Focus on prevention of offending before crisis point.	Focus on prevention of re-offending after the incidence.
Examples of Interventions		
Policy on family or sexual violence.	Screening and helpline services. Parenting programmes, anger, and emotional management programme.	Protection Orders, Sex offender treatment, and monitoring.
Media and advocacy campaigns	Counselling individual and relational and other social service support, support groups.	Specialized counseling and support groups. Men stopping violence programmes.

HEART Movement is a primary prevention programme. Primary prevention is the development, implementation, and evaluation of universal interventions (targeting whole communities regardless of levels of risk) that aims to stop violence by addressing the underlying causes and risk factors for perpetration and victimisation (World Health Organization, 2007).

HEART Movement does not work on secondary and tertiary prevention, however, Te Waipuna Puawai and other member organisations who are part of the HEART Movement do. This ensures partnership and linkages between prevention interventions and secondary and tertiary work are maintained and strengthened. The building of organisational capacity and collaboration strands of our work involve facilitating these linkages.

A focus on primary prevention means building protective factors to reduce family violence risk and build social environments that foster healthy relationships. The protective factors that our work currently focuses on the building are: -

- Changing social and cultural norms and behaviors that support violence in the family and the community including subordination of women, children, and young people.
- Working to reduce alcohol and other addiction harm in the whanau and community.



- Working to create healing, health, and wellbeing to address trauma, toxic stress¹, and other community mental health concerns.

Ecological model

HEART uses the ecological model (see Fig. 1) to understand community change. The action is required across the levels of the ecological model to affect long-term change. Initially, our actions are focused on the community, institutional, family/relationship, and individual levels. Progressively our actions will be focused on affecting change at the societal level (for example publishing research and practice articles and influencing government policy).

HEART thinks about the entire ecological system and creates partnerships at different levels for change to happen. In our design, we think about the entire ecosystem, rather than just individual intervention in isolation.

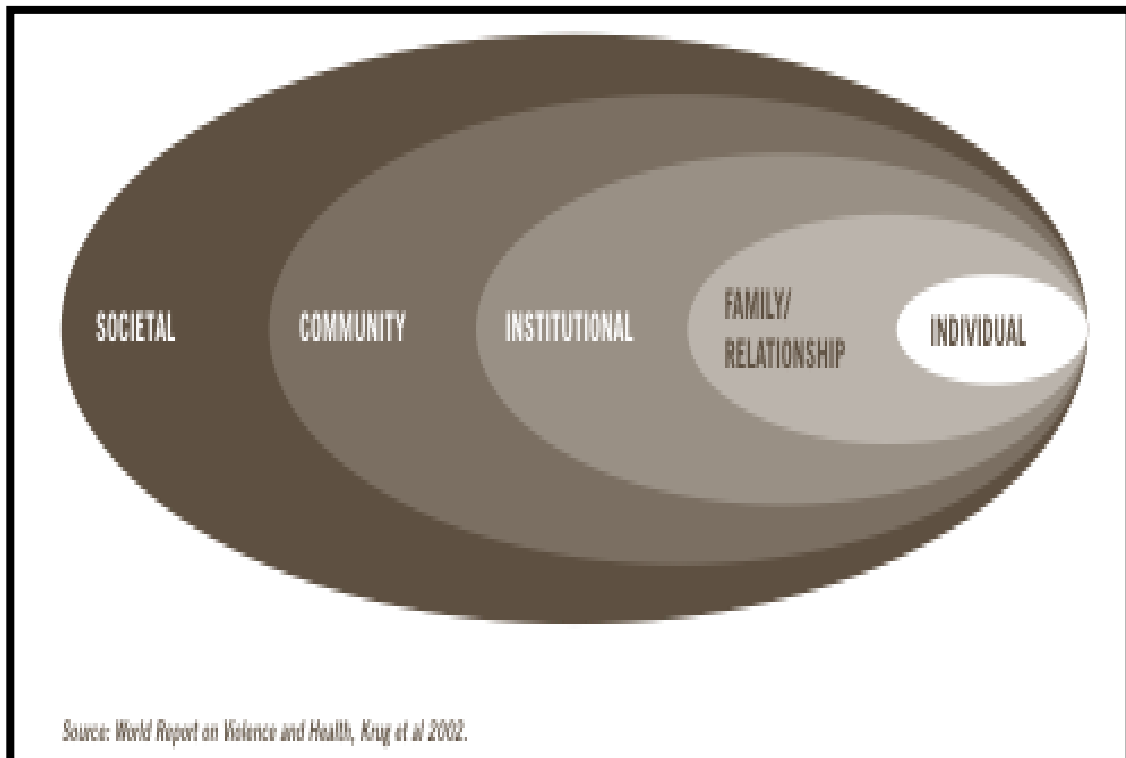


Figure 1: The Ecological Model (Krug et al. 2002).

¹ See for example Building Adult Capabilities to Improve Child Outcomes https://www.youtube.com/watch?v=urU-a_Fs5Y.



Coordinated Community Response Model

The Coordinated Community Response Model (CCR see Fig. 2; and Fanslow, 2005) is understood by the HEART as a good practice model for a whole community response to family violence. At its full potential, a CCR would be characterized by community members and organisations of skilled practitioners working together in effective collaboration. We assume that when this is achieved community services will provide effective and responsive family supports (services, groups, activities), new approaches will emerge, and effective prevention initiatives are part of business as usual. We are working towards achieving this way of working. Organisational Change and Development is one of the two strands of our work.

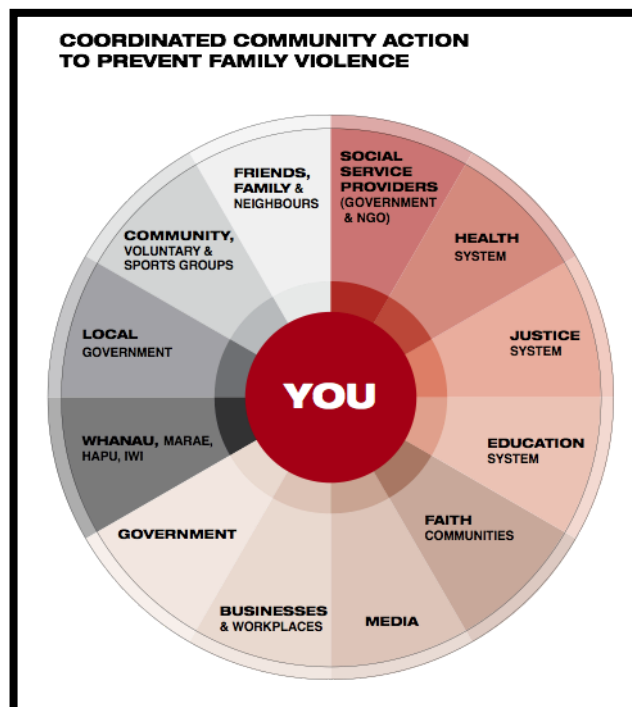


Figure 2: Coordinated Community Action Model (Campaign for Action on Family Violence, 2011)

Developmental, cyclical and emergent nature of community change

Community change is cyclical, and the HEART Theory of Change will need to be revisited and adapted regularly. Community change is emergent. As action is initiated in the community, there are responses from community members and organisations, and from here next actions emerge. So, while long-term planning is



important, it is also important to keep adapting approaches and to allow space for unplanned action and emergence.

B. DEVELOPMENT AND EVOLUTION OF THE STRATEGIC PLAN

HEART's first Strategic Plan was developed by a working group of HEART Movement network members between December 2011 and April 2012, using the Aspen Institute Roundtable on Community Change tool "The Community Builders' Approach to Theory of Change: A Practical Guide to Theory Development" (2005). The draft Strategic Plan 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 develop its Strategic Plan.

This Strategic Plan has guided the work of the HEART Movement since 2012 and has been adapted along the way. It supports 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 context changes over time. The previous version of this document was confirmed in August 2014.

Since 2014 we have made further updates to our Strategic Plan. These include: -

1. Introduction of a phased approach and development of phases, where outcomes are grouped into five key phases of work; Engage, Commit, Connect, Act, and Influence. The five phases are more quickly understood and grasped. Both our outcomes and interventions are now linked to phases of our work.
2. We have included an additional outcome around social cohesion and social capital. We have also changed the wording of a few other outcomes.
3. We have created an Outcome and Impact Pathway that is a visual representation of our outcomes, interventions, indicators and annual targets. The pathway helps to clarify the links between interventions, the phases, and the overall vision.
4. We have changed our boundaries to include Panmure, and these boundaries might change as the programme develops.



5. We have broadened our evaluation approach to include numbers and trends, critical reflection and stories of change and impact, besides tracking progress towards our outcomes.

C. COMMUNITY CONTEXT

Tamaki includes the suburbs of Glen Innes, Pt England, and Panmure. The area has an estimated population of 18, 000 residents. About 30 % of people are under the age of 15 (compared to 19 % in wider Auckland). It is a multi-cultural society with 23% Maori, 47% Pasifika communities, 21% European and 9% others. People living in Tamaki have a strong sense of ownership and pride in the area. Some families have lived in Tamaki for generations and see it as their ancestral home, while others are just arriving.

There are 11 schools, two libraries and several other community facilities in the area. Government social expenditure on three key benefits is \$1 million per week in the area. The unemployment rate in Tamaki is 17 % compared to 8 % in wider Auckland. The area has the highest rate of reported family violence incidence in central Auckland.

Suicide, particularly youth suicide, continues to be a significant concern to the community. There were several deaths during 2011-2013 and then again in 2017-2018. There is an estimated 1500 young people out of school and employment.

Housing continues to be a priority issue for the communities of Tamaki. One of the biggest plans in New Zealand for regeneration and development is being implemented in the area, with over 7500 houses projected to be added in the next 15 years to an estimated 5000 houses, of which 2800 will be social housing.

D. PRINCIPLES AND ASSUMPTIONS

Positive focus

We focus on the positive outcomes we want to achieve rather than on reducing family violence. We aim over time with the community to develop healthy relationships as the norm.

Long-term Vision



This Strategic Plan lays the foundations for a continued focus on preventing family violence and promoting healthy relationships over a 20-year time frame. We believe that it will take sustained activity for at least this long to further the vision:

Tamaki homes actively grow loving, safe and supportive relationships.

The word “homes” was used as it is inclusive of diverse whānau/family living arrangements including extended whānau, families with children, couples without children, same-sex couples, people living alone (young and old), flatting situations, etc. Our understanding is that what we learn within our homes shapes us and is the foundation of positive (or negative) growth.

Extent of influence

With a community change initiative of this type, there are a significant number of factors that are outside of our control. These include:

- Communities are dynamic and constantly changing. We cannot attribute decreased family violence, and increased healthy relating to HEART initiatives alone as many factors contribute to this change.
- Policy and practice changes at the regional and national level affect the socioeconomic position of families and the wider community. These changes impact on the levels of violence in the community.
- Growing economic disparities continue to impact on families and organisations:
 - Added financial pressure on families
 - Increased demands on community services (e.g., housing, food)
 - Reduced funding available for community organisations leading to reduced services
 - Focus on income and employment and away from other issues (e.g., family violence)
 - Government policy changes that remove resources from vulnerable families.

Throughout HEART there will be external changes that impact on progress, both positively and negatively. These changes must be acknowledged as they are identified, and decisions made about how to respond and adapt.

Research, and learning our way forward

HEART is an evidence-based initiative, and it has a strong research and evaluation component to develop effective interventions that fit the current community



environment and to track change over time. HEART takes a developmental approach and will continuously draw on our research, research in the local community, as well as national and international evidence to inform development.

E. PHASES OF OUR WORK AND OUTCOMES

A phased approach ensures that we can effectively articulate and facilitate a process of change in Tamaki. First the community moves from accepting an issue as normal to creating awareness around it. As awareness grows and people seek support to change their behaviours, they provide support to each other to act.

Once the community had identified the long-term vision we worked backwards to identify necessary outcomes and understand how and why change is expected to happen within their community context. The identified outcomes have definitions that are specific to HEART. These are mapped out in the attached outcome framework (Attachment 1).

The outcomes are linked to the phases of our work as well as the two strands of our work which are: -

1. Community Mobilisation
2. Organisational Change and Development

PHASES OF OUR WORK



OUR OUTCOMES

Vision- Tamaki homes actively grow loving, safe and supportive relationships.

OUTCOME

DEFINITIONS

PHASE ONE

People Engage - Information is made available to residents, households, and families on healthy relationships, family violence and the support and services available. These people and organisations learn about the HEART Movement. Relationships begin to form and ideas about what is ok and what is normal get challenged. People start to open to something different, and community members and organisations start to want to be part of this movement of change.

Community Mobilisation

Diverse community engagement

The people of Glen Innes know about the HEART Movement and how to get involved.



Accessible information effectively communicated	Information about healthy relationships, family violence, and services available to the community, is accessible in a range of places, and in multiple languages.
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Organisational Change and Development

Diverse organizational engagement	Diverse organisations and community groups know about the HEART Movement, want to be involved and are open to connecting and collaborating.
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PHASE TWO
 People Commit and Learn - Community members commit to learning and start taking the messages of the HEART Movement into their own lives, families, homes, communities, and networks. In this phase individuals start connecting with others, think about becoming a local champion of HEART, and organizations commit and become a member organization and to develop skills to foster healthy relationships and reduce family violence.

Community Mobilisation

Increased personal relevance	People face the impact of family violence on themselves, their families and the community, and the benefits of developing healthy relationships for families and the wider community.
Healthy relationships knowledge	Community members start to understand what healthy relationships sound, look and feel like and are building skills to help develop and maintain them within their families and community.

Organisational Change and Development

Skilled practitioners	Practitioners have the skills they need to build healthy relationships and stop family violence in their own families and community.
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PHASE THREE
 People Connect - Community starts building relationships with each other and supporting each other, they ask for help and build the personal and collective belief that change is possible. In this phase agencies network, get to know about the work that they all do in the community, refer clients to each other and ensure that they are not duplicating services.

Community Mobilisation

Fostering community cohesion and conversation	People start to reach out and talk to others about safe family environments, healthy relationships and how to build that within their own families and communities. They ask for support and provide support to others.
Belief in a better way	Community members believe that family violence can stop and that healthy family relationships are possible.
Community knowledge of support	Community members know about local support and services and their effectiveness. Effective support and services are accessible to everyone in the community.
Healthy relationships visible	A diverse range of local couples and families with healthy relationships are visible and share their stories in the community.



Organisational Change and Development

Stronger Collaboration	Community organizations are participating in joint training opportunities. Collaborative activities are implemented by organisations. Management and governance support increases collaborative working and services work more closely and effectively.
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PHASE FOUR
We Act - In this phase individuals and families commit to making a change, champions host conversations in their networks and families, family agreements are developed, and action is taken towards healthier relationships. Organisations develop a partnership agreement with HEART and commit to specific action to further the vision of the HEART Movement. The agreement is created to develop more effective and new approaches to the needs of the community.

Community Mobilisation

Intolerance of unhealthy relationships and behaviours	Community members are aware of the high rates of family violence within the community and how this affects the community. They reject this as a ‘normal’ and acceptable way of being.
Positive and receptive community climate	Community members believe that change is possible and feel responsible and empowered to develop healthy relationships and prevent family violence.
Effective Active Leadership	Appointed leaders and community leaders are actively involved in local efforts and use their positions to affect change.
Ownership of the issue and action	People feel it is their responsibility to act to address family violence and develop healthy relationships and are actively working to achieve this. Resources have been developed within the community that meets their communication and other needs.

Organisational Change and Development

Organizational change and development	Organisations have made changes in response to community needs and are working to improve services through collaboration and partnerships. A wide range of community groups (ethnic-specific groups, neighbourhoods, schools, workplaces) is supported to develop their activities (sourcing funding, developing thinking, implementing and evaluating activity).
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PHASE FIVE
We Influence- Residents and local champions are spreading the work of HEART and creating social change. Organizations and the community create a coordinated and high impact response to family violence in the Tamaki area. HEART influences policy and decision makers nationally to build healthy relationships in Aotearoa New Zealand.

Organisational Change and Development



Comprehensive community effort	Comprehensive efforts (services, supports, and policies) are in place to support healthy relationship development and address family violence.
Coordinated community response	A functional cross-sector partnership (working across sector boundaries to combine and leverage resources) is in place to address family violence and develop healthy relationships.
Resources related to the issue	Necessary resources (people, time, money, space, etc.) are in place to support community and local efforts.

F. INTERVENTIONS

The interventions have been developed based on the experience of working in the community and our understanding of how change happens. The interventions are logically sequenced and linked to phases of changes.

	<i>Phase 1: People ENGAGE</i>
1.	Community Engagement through HEART community events such as the Barbeque in Parks and streets, White Ribbon Day, and at other community events such as Matariki.
2.	Stakeholder engagement and building relationships and connecting with local groups and organizations and regional and government organizations.
3.	Communication and Social Marketing activities to grow and improve our social media presence (e.g., Facebook page), PR with media, Develop definition and examples of healthy relationships, Develop messaging and resources on healthy relationships and family violence, community campaigns.
4.	Make available resources on family violence prevention and healthy relationships to community and local groups
5.	Grow the HEART Network which includes local community workers, organizations, residents and other stakeholders and connects people around the work of HEART.
	<i>Phase 2: People COMMIT</i>
6.	Membership Agreement signed by organizations to commit to healthy ways of working and attending a range of training offered by HEART Movement.



7.	Identify, train and support local champions (popularly known as change agents) to become catalysts for change in their whanau and networks.
8.	Training programme for local practitioners and community members to grow their skills around factors and knowledge that keep their whanau safe.
9.	East HEART- Growing young people’s voice and intergenerational conversations
10.	HEART Leadership—Developing community workers and members as Leaders
	Phase 3 People CONNECT
11.	Pockets of Hope - Running the Friday youth and family hangout as a space for community dialogue and action
12.	Koru Group - Host Peer support groups (popularly referred to as KORU groups) for health and wellbeing
13.	Newsletter HEARTBEAT- Community newsletter highlighting HEART activities and positive stories of change, distributed through email networks and made available at the library and other community spaces.
	PHASE 4 We ACT
14.	Community change agent led conversations - Community change agents take healthy relationship conversations into their networks.
15.	Whanau and conversations - Facilitate conversations around healthy relationships and Whanau Tikanga with the community.
16.	Partnership Agreement - Partnership Agreement with Organisations to participate in the delivery of the HEART Movement.
17.	Plays, panel discussions and other events that spark debate and conversation around family violence issues and healthy relationships in the community.
	Phase 5 - We INFLUENCE –
18.	Evolution and Development of Strategic Plan
19.	HEART Awards - Acknowledge progress and good work through HEART Awards



20.	Community Research and Learning to inform practice- Communicate the change is happening in Tamaki. Community Research and Learning to inform practice (Reflection Corner)
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G. LEARNING AND EVALUATION

Community mobilisation is a complex thing to measure, and HEART researches as well as inform national and international good practices. We evaluate the impact of our work and strive to understand our impact at the community level. Each outcome in the Strategic Plan has an associated measure of success. Early outcomes must be achieved to ensure progression to the next phase of work is meaningful and smooth. Each of the five stages of change has specific interventions to build readiness and mobilize the community, along with associated measures of change and success. This link and interconnectedness are reflected in our Learning and Outcome Framework (see Attachment 1).

HEART will evaluate, learn and reflect on:

1. the progress made against intended outcomes
2. the difference being made by HEART Movement
3. how we can improve
4. population level changes happening in Tamaki.

Learning informs the development of the HEART Movement and the practice of the social change sector. We used three different yet connected learning and evaluation activities as below:

1) *Measuring HEART Movement outcomes*

It is critical to evidence progress towards our outcomes. We constantly ask “What difference are our interventions making?” and work to understand the nature, breadth, and depth of our impact. We have measures for each of our phases of change to understand the contribution that the HEART Movement is making to building Healthy Relationships in the community. These help track the intermediate changes as a result of the programme intervention and tell us if activities are bringing about the intended outcomes.

Measuring HEART Movement Outcomes



Current Activities	Description	Collection and Reporting
<i>Numbers that indicate patterns and trends</i>	Collecting numbers on the extent of participation in our interventions. Information is collected on the estimated number of participants at our events, on community change agents, family-based agreements, and conversations and many more. These measures and targets are defined annually.	Collected and reported in Annual Reports.
Outcome Measures	We have defined qualitative measures for each of our outcomes and phase of our work.	Collected through narrative tools and reported in Annual Reports.
<i>Stories of change and impact</i>	Growing community voice and developing positive stories of change.	Case Study Stories collected and reported periodically in newsletters and Annual Report.
<i>Impact Evaluation for HEART Movement</i>	Impact Evaluation to assess progress towards our vision	Depending on funding support we hope to complete this in 2019/2020.

2) Learning, Reflection and Improvement Activities

Practice improvement, reflection, and insight gathering activities to strengthen the interventions and the delivery of the programme in the community are outlined below.

Learning, Reflection and Improvement Activities		
Current Activities	Description	Timeline/Frequency of completion
Advisory Group	This group guides the strategic direction of the HEART. Members work as a collective to foster a learning culture and strong evidence base and enable robust discussion. We have senior managers from SHINE, Oranga Tamariki, the Tamaki Community Development Trust and the Auckland District Health Board.	Meets bi-monthly



<p><i>Critical reflection with partners and participants</i></p>	<p>Group discussions with volunteers, community members, and practitioners. This enables us to ask deeper questions.</p>	<p>Reflective and learning conversations at the network meeting with practitioners and change agents. Monthly team meeting</p> <p>Annual Workforce Development Survey.</p> <p>Annual Community Engagement Survey.</p>
<p><i>Developmental Evaluation Support</i></p>	<p>Ongoing external developmental evaluation support and facilitation of appropriate feedback loops and reporting. Engaged evaluator Rachael Trotman, Director of Weave Ltd (www.weavingchange.nz) to provide this support to the HEART Movement.</p>	<p>Average support of 4-8 hours a month, currently committed until June 2018.</p>

3) Measuring Population Level Change

To understand the wider population level change that is contributed through the efforts of a range of stakeholders, we are currently using two specific tools: The Community Readiness Model and Community Mobilisation Questionnaire as outlined below. These tools are being used as part of a Ph.D. study on the HEART Movement being completed by Cristy Trewartha at the University of Auckland.

<p>Measuring Population Level Changes</p>		
<p>Current Activities</p>	<p>Description</p>	<p>Timeline/Frequency of collection</p>
<p>Community Readiness Model</p>	<p>We use the Community Readiness Model to track community involvement and readiness for change. The Community Readiness Model “is a model for community change that integrates a community’s culture, resources, and level of readiness to more effectively address an issue” (Plested et al., 2006, pg. 3). There are six different dimensions that ask questions that provide a score for each dimension on the level of community readiness.</p>	<p>Collected in 2011, 2014 and 2016.</p> <p>Next in 4-5 years</p>



Community Mobilisation Questionnaire (CMQ)	A new tool developed as part of the Ph.D. research (Trewartha)) informed by the literature and the HEART Movement Theory of Change. CMQ measures six domains of community mobilisation: leadership; participation; organisation; critical consciousness; shared concern; and social cohesion.	Collected in 2014 and 2016. Next in 4-5 years
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Attachment 1

HEART MOVEMENT – LEARNING AND IMPACT PATHWAY

Vision - Tamaki homes actively grow loving, safe and supportive relationships.

This HEART Learning and Impact Framework sets out our intent and activity, and how we track value, effectiveness, and impact. It is built around the key phases of personal and community change towards healthy relationships, that we support individuals and families to move through.

Phases of our work	People ENGAGE	People COMMIT and LEARN	People CONNECT	People ACT
Outcomes	<p>A diverse community and organisational engagement</p> <p>Accessible information effectively communicated</p>	<p>Increased personal relevance</p> <p>Skilled practitioners</p> <p>Healthy Relationships Knowledge</p>	<p>Belief in a better way</p> <p>Community knowledge of support</p> <p>Fostering community cohesion and conversation</p> <p>Stronger Collaboration</p>	<p>Intolerance of violence in relationships</p> <p>Healthy relationships</p> <p>Ownership of actions</p> <p>Positive and healthy community</p> <p>Organisational Development</p> <p>Effective action</p>
What We Do Interventions	<p>1. Community Engagement through HEART community events such as the Barbeque in Parks and streets, White Ribbon Day, and at other community events such as Matariki.</p> <p>2. Stakeholder engagement and building relationships and connecting with local groups and</p>	<p>6. Membership Agreement signed by the organization to commit to a Healthy way of working and attending a range of training offered by HEART Movement.</p> <p>7. Identifying, train and support local champions popularly known as change agents to become a catalyst for change in their whanau and networks.</p>	<p>11. Running the Friday youth and family hangout as a space for community dialogue and action</p> <p>12. Host Peer support groups (popularly referred to as KORU groups) for health and wellbeing</p> <p>13. Community newsletter is highlighting HEART</p>	<p>14. Facilitate conversations about healthy and Whānau</p> <p>15. Community agents and relationships conversations independent their ne</p> <p>16. Partner with Oranga</p> <p>particip</p>



	<p>organizations and regional and government organizations.</p> <p>3. Communication and Social Marketing activities to grow and improve our social media presence (e.g., Facebook page), PR with media, Develop definition and examples of healthy relationships, Develop messaging and resources on healthy relationships and family violence, community campaigns.</p> <p>4. Make available resources on family violence prevention and healthy relationships to community and local groups</p> <p>5. Grow the HEART Network which includes local community workers, organizations, residents and other stakeholders and connects people around the work of HEART</p>	<p>8. Training programme for local practitioners and community members to grow their skills around factors and knowledge that keeps their whanau safe.</p> <p>9. East HEART-Growing young people voice and intergenerational conversations</p> <p>10. HEART Leadership—Developing community workers and members as Leaders</p>	<p>activities and positive stories of change distributed through email networks and made available at the library and other community spaces.</p>	<p>delivery Movem</p> <p>17. Plays, P and oth spark d convers family v and hea relation commu</p>
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<p>How we track value, effectiveness, and impact</p>	<ul style="list-style-type: none"> • Number and type of events run by HEART and attended by HEART • Community participation at HEART events • Increased and strengthened online HEART presence • Increased online community engagement (e.g., Facebook likes and posts) • Community awareness of HEART • Annual growth of the HEART network 	<ul style="list-style-type: none"> • The number and the annual increase in Community Change Agents that get involved and stay engaged • Participation numbers at Youth Conversations /Day forums • Number of members in the HEART Leaders Forum • Number of HEART member organisations • Number of Training events provided for community and practitioners • Participation in training programmes. 	<ul style="list-style-type: none"> • The number of Peer Support Groups (Koru) and average attendance in these groups. • Participation in hangout space • Number of Partnership Agreements • Mapping strength and relationship among member organisations and partners. • Written and digital stories made and shared with and by the community 	<ul style="list-style-type: none"> • Conversion by Community Agents • Number of families in whanau sessions • Stories relating to violence in the community (Facebook newsletters) • The number and percentage of people who have participated in training.
<p>Targets for 2018</p>	<ul style="list-style-type: none"> • 600 people at HEART neighbourhood events • 1000 Facebook likes • 350 people on the HEART network • Four videos made with/by the community and shared at all HEART networks and via Facebook and other social media. 	<ul style="list-style-type: none"> • 40 community change agents get involved and stay engaged • 20-30 members in the HEART Leaders forum. • Two Youth Day forums • 25 HEART member organisations • 30 training events provided by HEART Movement • 320 participants attend our training 	<ul style="list-style-type: none"> • There are 2 Koru groups • The KORU group has 5-12 people attending regularly. Each group has 25 registered members. • Hangout space attracts 30-40 people every Wednesday • Partnership agreements are 	<ul style="list-style-type: none"> • Community Agents conversion • At least 100 people participating in whanau sessions • Three people discuss violence in Tamaki



			signed by at least 6-member organisations	
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