Formative evaluation

Ka Pū te Ruha, ka Hao te Rangatahi

Ushering in a new and fresh approach *Good practice guidance for stop smoking services*

JULY 2020

Produced by ThinkPlace for the Ministry of Health

MINISTRY OF HEALTH
MANATŪ HAUORA

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Acknowledgements

We would like to acknowledge the time taken by the stop smoking services to candidly share their views for this evaluation. It was especially generous that they gave their time during COVID-19, when some practitioners were being deployed to assist on the frontlines. We would also like to express our gratitude to Edward and Grant at the National Training Service (NTS) for generously helping with the survey and for taking time to assist us.

Ngā mihi nui

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Introduction

This document contains the findings of a formative evaluation of the Ka Pū te Ruha, ka Hao te Rangatahi – Good practice guidance for stop smoking services.

The good practice guidance document was written for stop smoking service providers to adapt their practices when working with young Māori women to quit smoking – it was never intended to be a step by step service specification document. Rather, it's a guide that was developed to support stop smoking services to better cater to the needs of wahine Maori. The Guidance document was introduced to service providers in late November 2019 with a spirit of experimentation. The ultimate aim will be to change provider contracts to reflect new requirements to reach and to have better outcomes for this cohort of young women.

The aim of this evaluation was to understand how, and if, the Guidance was being used by stop smoking providers. We examined topics such as initial impressions of the Guidance document, the look and feel of it, and the way it was presented and launched, and we explored each of the principles in detail to learn how easy or hard each one is to understand and how easy or hard each principle is to implement in practice.

We used a mixed methods approach – we sent a reflection survey to each of the 16 Ministry contracted providers to complete prior to an in-depth interview.

In addition, we employed the help of NTS who sent out a survey link on a newsletter. That survey asked whether practitioners had seen the Guidance and asked some questions about what they might need to implement it or improve their understanding of it.

This report outlines the evaluation findings and ends with several direct recommendations to enhance the Guidance uptake and implementation. We have also created some light-touch provider typologies that highlight differences in what the various providers might need for working more successfully with young Māori women as outlined in the Guidance.

Key findings at a glance

The participants love the look and feel of the Guidance and appreciate that focus has been given to this special cohort.

The general trend is the Guidance is easy to understand but harder to implement.

The practitioners signalled a desire for more support to help spark creative ways of working, especially via more case studies and peer learning opportunities.

Reasons for implementation difficulties are generally around lack of funding, lack of leadership support or contractual constraints (real or perceived) or troubles conceiving of creative ideas that break out of the status quo way of working.

We were surprised to learn how many people thought the Guidance was solely about group work – the early prototypes and examples shown to providers when the Guidance was launched may have implied group activities were required.

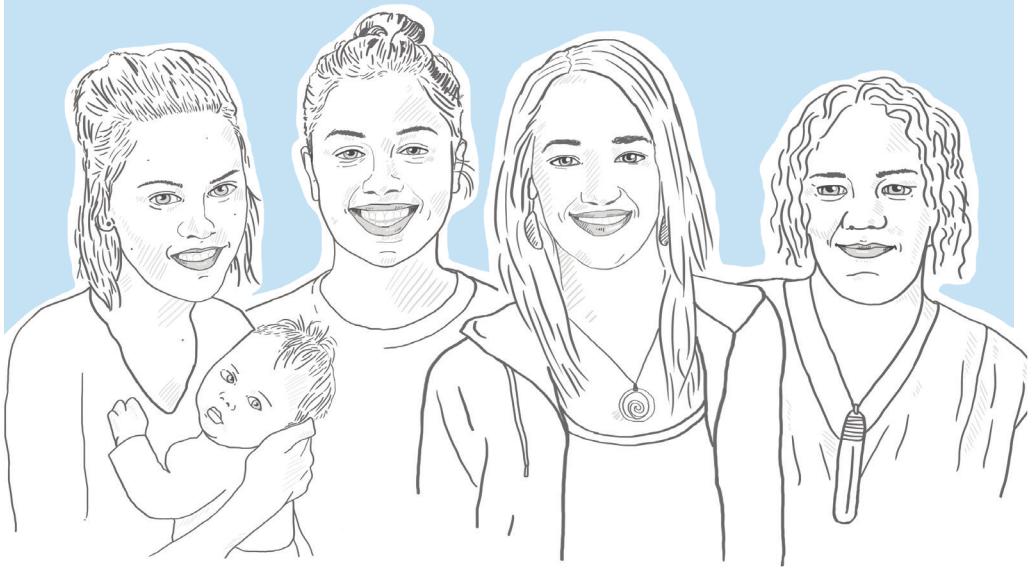
Background

The genesis of this project dates back to 2017, with the original aim to explore why young Māori women continue to have high rates of smoking.

Phase one of the project involved a deep dive research exploration with wāhine Māori to re-examine their experiences with smoking and refresh the Ministry's view of the problem. In phase two, four stop smoking services came together to ponder the problem in more depth and create some 'safe to fail' prototypes to try in their communities. Phase two ended with a kaupapa Māori evaluation of the prototype trials. Phase three was a project with a group of experts, Ministry staff and stop smoking practitioners that led to the writing and design of the Ka Pū te Ruha, ka Hao te Rangatahi – Good practice guidance for stop smoking services.

The Guidance document was presented to providers in what might be called a 'soft launch' approach that means leaving room for a concept or product that isn't yet fully formed, to change and iterate going forward. So while the Guidance was provided as a fully formed document, the way of working that is suggested in the document wasn't prescribed in detail. The Ministry was aiming to maintain some mandate and creativity for providers to work at their best in their local contexts while ensuring they were still meeting their contractual obligations (with the ultimate aim that high rates of smoking for young wāhine are being addressed).

Taking a new approach to understanding the experiences of people in our communities



Method

A formative evaluation method was chosen because the project is still in a 'scale up' phase from the smaller trials – it's a useful method to diagnose early problems with the implementation of this new way of working.

A formative evaluation is a good methodology to use early on – this project was a first glimpse into how the Guidance is being perceived, and how it is being used (if at all) in practice.

The Ministry began the evaluation process in March 2020 by informing all 16 stop smoking providers about the evaluation and inviting them to participate.

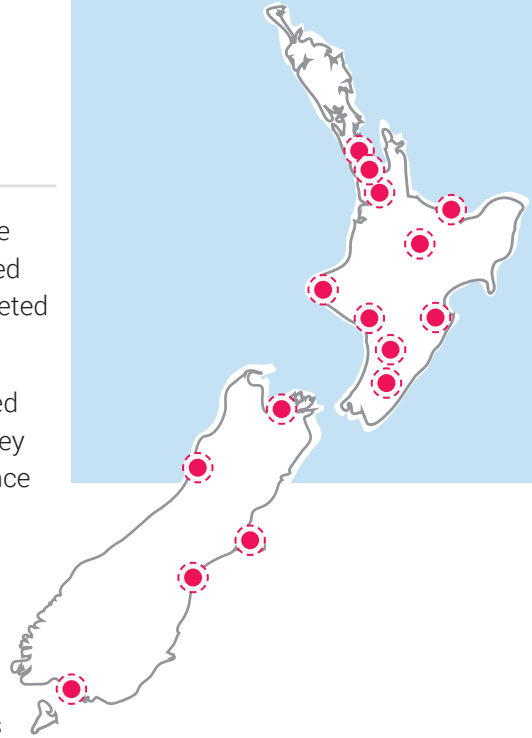
Not long after the invitation went out to the providers, the COVID-19 pandemic hit and the lockdown rules commenced. That meant we had to pivot quickly to online interviews via Zoom rather than the original plan of site visits to each provider.

In order to prepare the providers for the kōrero about the Guidance, we designed a Microsoft Forms survey to be completed in advance of the Zoom interview.

During the Zoom interviews, we referred to the information provided in the survey and we probed into each of the Guidance principles to learn more about how they were understood and whether they were being applied in practice.

We ended up speaking with 15 of the 16 invited providers. The interviews were conversational, and the providers were allowed to comment on the Guidance, and on working with young wāhine Māori in general, in a way that resonated with them.

We spoke to 15 Stop Smoking Service providers across the country about the Guidance document



The conversations generally followed along the line of questioning that included:

1. Please tell us about your role and/or your practice.
2. Please describe your initial reaction when you learned about the Guidance.
3. How did you come to learn about the document?
4. Then we asked questions about each of the principles, how well they were understood and how easy or difficult it was to work with them in practice.
5. The interviewees were invited to talk about anything else that could help our understanding of the Guidance implementation and/or working with wāhine Māori.

Findings

The findings of the evaluation are organised into the following five sections:

Section 1

Impressions of Ka Pū te Ruha, ka Hao te Rangatahi

This section provides an overview of the initial impressions of how the Guidance document has been received.

Section 2

Summary of self-reflection survey

This section is a summary of how the providers rated the understandability of each principle and how easy or hard each one is to implement.

Section 3

Guidance principles evaluation

This section is a deep-dive into each guidance principle to further understand any challenges or barriers providers face when trying to implement the Guidance in practice.

Section 4

NTS survey data

Over 80 practitioners responded to a simple survey of their familiarity and use of the Guidance document.

Section 5

Typologies

To illustrate some of the findings in more detail, we have created some typologies to demonstrate what different providers might need help with when implementing the Guidance.

Section 1

Findings

Impressions of Ka Pū te Ruha, ka Hao te Rangatahi

We asked the providers for their initial impressions of the document. We have chosen quotes that represent these views. We have broken them into positive and less positive comments.

Positive

"I love the look and feel, the plain language and the whakataukī."

"I thought, cool, it's about time we tried something else."

"I actually read the whole thing – that's a big thing for me."

"Each principle is a backbone of what we currently do."

"Sometimes people give me things that are too complicated and I don't read it. But I read this one, it's so easy to engage with."

"It puts a focus on equity."

"When I saw the headings I realised we had some gaps in our practice"

"I breezed through the document."

"I got it straight away and understood it completely."

"The depth of allowing wāhine to lead the programme is invaluable (compared to us designing the whole process)."

"Feels like it's at our level, not from the top down."

"It steered us in the direction of being wāhine led."

"I was excited to get something tangible."

"This document is an opportunity for me to look at my own practice."

"I like how everyone was treated as an individual."

"We already implement a lot of this in our mahi anyway. It made us feel like we were on the right path."

Less positive

"I only went through the document when I did the survey for this interview."

"It wasn't well thought out how the practitioners would receive it."

"I'm a quit coach and now you're telling me to be a life coach?"

"I didn't read it for quite some time."

"I only got the Word version – I didn't know there was one that looked like that [designed]."

"You call it a soft launch I'd call it a weak launch."

"It's a document that feels like it's telling me how to be me as a Māori woman."

"Oh my god what do we do with this? This is huge! We have to do some completely different stuff."

"I assumed this was group work or group based therapy."

"We're working at capacity and we're being asked to do more. Get real, how much more can we do?"

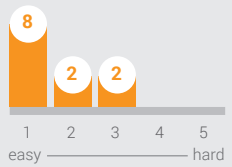
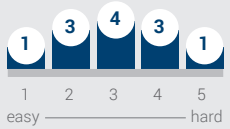
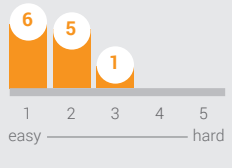
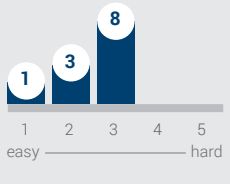
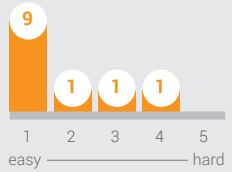
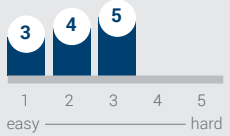
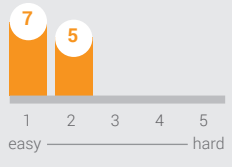
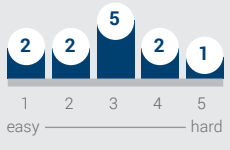
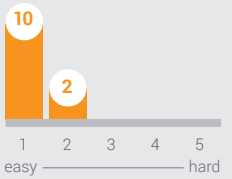
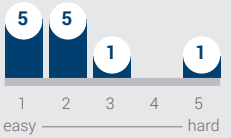
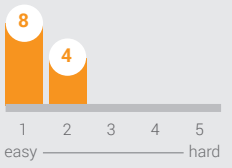
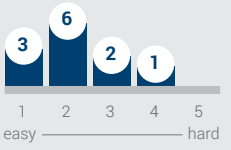
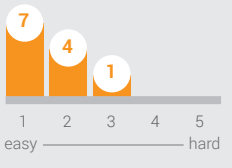
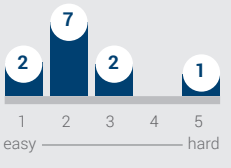
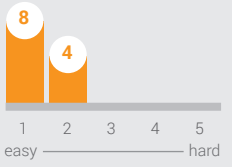
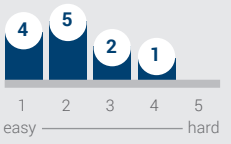
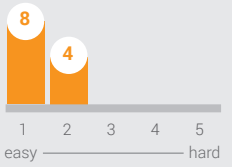
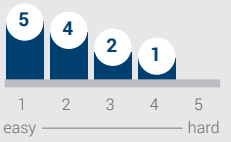
"We heard about it, but we didn't read it."

"Unless it's a contractual terms and conditions it won't change much over all."

"To be honest, I liked it but as a Pākehā I wasn't sure how to incorporate it."

Summary of self-reflection survey

Twelve providers completed a self-reflection survey, rating the ease of understanding and implementation for each guidance principle. There was a general trend that understanding was easier than implementation.

Guidance principle:	Ease of understanding	Ease of implementation
1. Proactively invite young Māori women		
2. Create opportunities for support people to engage		
3. Mates matter for wāhine		
4. Find out what makes the process fun and creative; it's not just about smoking		
5. Whakawhanaungatanga with wāhine is imperative to fostering trusted relationships		
6. Support wāhine to attend sessions by removing barriers		
7. Measure the change wāhine are making to their wellbeing and smoking		
8. Co-create opportunities to celebrate small achievements along the way		
9. Consider extended timeframes		

We explored each of the nine principles in detail with the interviewees:

1. Proactively invite young Māori women
2. Create opportunities for support people to engage
3. Mates matter for wāhine
4. Find out what makes the process fun and creative; it's not just about smoking
5. Whakawhanaungatanga with wāhine is imperative to fostering trusted relationships
6. Support wāhine to attend sessions by removing barriers
7. Measure the change wāhine are making to their wellbeing and smoking
8. Co-create opportunities to celebrate small achievements along the way
9. Consider extended timeframes

Principle 1

Proactively invite young Māori women

In general, the providers found the concept easy to understand and why it would be a good idea, but harder in reality for some of the following reasons. Here are some of the challenges as described by the providers:

Challenges or barriers to implementation

1 We heard opposing views

Some said getting wāhine through the door was easier than keeping them there. Whereas some found the invitation just as hard because they don't know where to find them or how to engage them.

"Getting wāhine through the door is a huge challenge."

"Finding them is okay but keeping them is hard."

2 Access to data

Lack of population data to know where the women are. This is particularly challenging for more sparsely populated regions.

"We spend more time looking for wāhine and not enough time doing our job."

3 Having a referral only mindset/way of working

Some providers can't see past waiting for referrals. However, some are trying to increase referrals via contact with GPs and other services and some are prioritising referrals for young Māori women when the referrals are received.

If a provider has a referral-only mindset, they are limited. For instance, one provider said they are constrained because young wāhine don't go to GPs as often as others – this belief thus limits their reach.

"Some wāhine aren't accessing GPs or Primary Care."

"Saying you're from a DHB is a barrier because wāhine are distrusting of them."

4 Low population

Places with a low population of Māori are struggling to find the wahine who might need support. Also, because of the low numbers they are unsure how much effort should be spent to reach out and invite them.

5 Beliefs about incentives

Many providers believe strongly that incentives are the best way to get wāhine into their practices. Therefore, they feel constrained if they don't have the budgets to incentivise, or incentivise at high enough levels for engagement. This belief might stop them from trying other things and limit an experimental mindset.

6 Perception of group work

One challenge we encountered is that some practitioners thought the guidance was about groups. Therefore, if they believed their local context didn't match the energy of a group, they didn't think about the invitation aspect.

"We are reluctant to invite wāhine to a group setting. They aren't keen."

7 Capacity/capability

For some, there are barriers such as no capacity or capability in the team to run campaigns on social media.

What providers are trying

Reaching out to other agencies is part of the invitation	
Networking with other services or places they belong to e.g. Kōhanga Reo	Leveraging relationships with other services e.g. Whanau Ora
Tried seeing if GPs and primary care could help invite them	Going directly to the surgical ward and put a face to the name
Proactively search DHB systems	Connecting with Māori health providers
Connecting with medical services, community organisations/events	

"Phone calls from us to clients are a barrier when unknown numbers show on their phones."

Tailored invitations	Tailored letters
Using plain language in the invitation	Inviting mums to bring kids, friends and whānau along
Going to wāhine, go to schools, tertiary education	Adapting to local context through Māori narratives
Inviting wāhine to group work	Triaging referrals to prioritise Māori
Using incentives to get wāhine through the door	

Social media	
Mainstream advertising	Facebook Messenger
Sharing success stories on social media	
Boosting advertisement through social media	

Principles 2 & 3

Create opportunities for support people to engage & mates matter for wāhine

The principles about support people, mates and whānau were spoken about together so we have grouped them for ease of understanding and to avoid double ups.

Challenges or barriers to implementation

1 Friends can be a barrier or an enabler

It's about choosing the right friend to bring on the journey. If friends are smoke free or are quitting, then they're an asset to the journey. Practitioners told us that mates can be a negative force as well so all mates aren't the same for the process.

2 We heard the same for whānau

They can be a barrier if they are all still smoking around the wāhine. In particular, if they are living with smoking whānau members.

We heard that having a mum or aunty in the room could be a barrier for wāhine to share openly – they might want their peers instead. Opinions varied about this point.

What providers are trying

Most practitioners are aware that whānau and friends are a big part of the journey. In general, the practitioners do this naturally.

- Whānau working together to quit
- Incentivising the whānau to quit
- Encouraging wāhine to bring along whānau, partners, friends, tutors at teen parent units, midwives
- Asking whānau to quit for the health of the baby (if hapū māmā)
- Going into homes, workplaces, library, swimming groups, hapū māmā groups

Utilising wāhine social networks

- Encouraging wāhine to 'spread the word' on their own social media channels
- Some practitioners encourage wāhine to refer their friends
- Taking people to a movie – a fun and non-threatening environment provided a platform to gather people and talk about holistic health before the film

"Nearly all of mine come because their friends are in the group."

Principle 4

Find out what makes the process fun and creative; it's not just about smoking

There is a disparity in providers' creativity levels that ranged from some providers trying new and innovative things, to some providers being unsure of how to even start.

Challenges or barriers to implementation

1 Unsure how to be creative

Some told us they are simply unsure how to do it, especially if they don't feel like they have a connection with the wāhine. In some instances, providers just don't feel they have creative practitioners on the team.

2 Wāhine distrust Government services

We heard that there is a general distrust of government services for wāhine Māori, which impacts on their desire to engage with agencies.

3 Other health providers not familiar with Māori tikanga

One provider said that it's hard to do this because there was an inability to 'decolonise' some practices in the region, meaning other providers were not familiar with or using Māori tikanga to set a cultural context for engagement.

4 Funding

Some providers said they don't have any money to do these fun activities.

What providers are trying

Creating a safe and fun environment

Having a laugh together, not being too serious	Creating a safe place to share stories
Maintaining conversations and keeping connected between sessions through WhatsApp, Messenger and Facebook groups	

Networking

Collaborating with training institutions that offer subsidised training	Going to correctional facilities, prisons
Connecting with local Māori health provider on weaving	

Exploring smoking and wellness in the context of trying activities, such as:

Pamper sessions	Beauty treatments, hair and nails, essential oils
Poi making, weaving, raranga	Kōauau (small flute)
Meetings at the marae	
Hauora kai, cooking on a budget	Walking groups to get to know the community
Self defence, Tai Chi, yoga	Physical activities
Local pool trips, bush walks	Community days
Making baby products	Money management
Social media competitions	Information on child development
Spot prizes	Journal making, crafts

Principle 5

Whakawhanaungatanga with wāhine is imperative to fostering trusted relationships

The providers reported having no real challenges with creating trusting relationships. They put a lot of effort into fostering relationships with their clients – it's a central part of their job.

"Being a young wāhine Māori practitioner was key to success."

What providers are trying

Māori tikanga

- Knowing the history of the whānau in the area
- Greet and get to know their name, pronounce names correctly
- Invited mana wāhine to perform a whakawātea (spiritual cleanse)
- Use of te reo, sharing kai, karakia, pūrākau (myths and legends), poi making, waiata

Relationships with wāhine and coaches

- Recruiting coaches that reflect the priority populations
- Having a quit coach who is an ex-smoker
- Facilitator needs to be well matched and have empathy
- Wāhine have the ability to choose their quit coach
- Comprehensive hand over if a practitioner leaves – for continuity of care

- Warm hand overs from referrers e.g. working closely to hand over from maternity carers or Whānau Ora nurses

Whakamana (empower) wāhine

- Always listening to them
- Being a friend who is non-judgemental, and professional
- Never assuming we know best, they are experts in their own lives

- Forming a positive connection, smiling, showing empathy, being real
- Supporting the wāhine to lead out
- Speaking freely about yourself as a practitioner – being open to share experiences

Understand what support wāhine need

- Catch up outside of the office

- Taking kai to appointments, catch up over a hot drink
- Texting people, responsive to requests
- Partnering with existing community groups that have more of a natural reach into the community

Principle 6

Support wāhine to attend sessions by removing barriers

This ranged from some providers meeting people where they live, to doing virtual consults. It was dependent on the set up of the practice and how flexibly they can work.

Challenges or barriers to implementation

1 Picking up wāhine

For those practitioners with transport available, picking wāhine up to attend sessions can be problematic for group attendance because gathering tamariki and getting everyone there on time is exhausting and can be chaotic.

2 Being office bound

Whilst some quit coaches pick up wāhine for sessions, others do not have that option at all as they are office bound.

3 Transport options

There are no taxis or buses in some regions, and we also heard that the wāhine are, "not the kind of women who would use a bus."

4 Illness and tamariki

Illnesses with the wāhine and their children make it hard to attend sessions. Wāhine don't always want to bring their tamariki to sessions, or they may have work commitments and busy lives in general.

5 Sharing information

The wāhine can be suspicious and anxious about who will know what, and what quit coaches are doing with the information.

What providers are trying

Establish trust	
Being flexible and adaptable	Being embedded in the community
Following through on promises	
Giving them a sense of responsibility or ownership	Male or female practitioner options

Offerings/incentives	
Providing transport, petrol vouchers	NRT for free (if required)
Financial incentives/ vouchers	
Good environment for tamariki, with toys and books	Using different reward systems

Make it easy for them	
Home visits	Go to them
Evening and weekend visits	Keeping the venue the same
Virtual consults	Small groups
Tamariki welcome to come along	Text reminders
	

Principle 7

Measure the change wāhine are making to their wellbeing and smoking

Providers work to their contracts, and they see changes in wāhine that may or may not be easy to report on.

Challenges or barriers to implementation

1 Not knowing what to measure

Some providers just simply didn't know what else would make sense for them to measure (e.g. they don't have the tools available).

2 Working to contracts

Some providers work to their contracts and report on only what they have to. This might miss what they're doing in practice.

"Reporting is specific to quitting, but success might be reducing to 3 cigarettes a day."

"I can't put down improvements to wellbeing on my spreadsheet."

"When you have a contract with a DHB they write down what you should be recording as a success."

"The Ministry just wants to see a quit."

What providers are trying

Wellbeing measures

Measuring attendance	Measuring alcohol intake
Measuring how much money wāhine are saving	Using the Waitangi Wheel
Group settings can highlight other's improvements for all wāhine to see	
Measuring how many referrals are made to other services	Publishing client stories on Facebook and in newsletters
Te Whare Tapa Whā – wāhine plot their own progress on this model, then share this in the group setting each week	

Self-reflection

Goal setting journals – they provide ownership and unpack anxieties	Reflecting on healthy things you did over the week not just smoking
Journaling the change from beginning to end	*"Journalling shows them the resilience they can control themselves."*
Whakamana – passions and aspirations	
Poroporoaki – self reflection and looking back at the journey	

Engage with other services

Looking at reports from other organisations, e.g. alcohol minimisation, SUDI prevention, as wāhine are across multiple services

Connecting with other health providers to check in on wāhine wellbeing improvements

Principle 8

Co-create opportunities to celebrate small achievements along the way

In general the providers found this easy to do because they are naturally encouraging of their clients and their successes. However, some felt that their clients were reticent to 'brag' about their positive stories so they were reluctant to share too much. It can create stress if the story is public and then there is a relapse.

Challenges or barriers to implementation

1 Sharing success stories

We heard from providers that some wāhine are reluctant to have their stories shared publicly (e.g. on social media) for fear they will relapse.

2 Resources

Providers told us they have constrained resources for celebrations.

What providers are trying

Sharing successes	
Share client success stories on social media platforms, national mainstream and Māori media	
'Bragging time' – time to share success so other wāhine hear	Sharing and talking about successes
Meeting people for a coffee or kai	
Creating champions for others	Whānau day

Celebrations and rewards	
Sending a homemade card in the mail	
Creating certificates along with incentive vouchers, small giveaways	
Setting up a reward system with a local gym	Cakes, tee shirts, certificates, gift packs
Weekly incentives to celebrate milestones	Celebrating goals that wāhine set - it's not just about the smoking goals
	Formal graduation at the end of the programme

Principle 9

Consider extended timeframes

All practitioners told us they already work beyond the four weeks. They all acknowledged four weeks is too short.

Challenges or barriers to implementation

1 Flexible timeframes

Some providers have a prescribed period of time, say six weeks, whilst others employ an 'as long as it takes' approach. The challenge might be that they do not receive funding for that extension and/or do not report their true efforts to meet the needs of wāhine Māori.

"We sometimes need to have people on our books for six months to have a sustainable quit."

"We have eliminated timeframes but track CO readings to record for our contract."

"We can't officially measure quit dates if it's beyond the four weeks."

"I think even 12 weeks is too short, considering what whānau have in their lives to be able to heal themselves."

"We are flexible but the data collection isn't."

"Manufacturing outcomes and pushing people to do it is technically a win, but in reality it could be a disaster."

What providers are trying

Sharing successes

Pre-quit sessions	No exit dates
Allowing them to keep attending for as long as they need to	Letting the client chose the timeframe
Not putting pressure on wāhine to be done by four weeks	Creating smaller achievable goals
If someone relapses, re-enroll them as an individual/one on one	
Providers extend to six weeks, 8-10 weeks, or 12 weeks	

National Training Service Survey Data

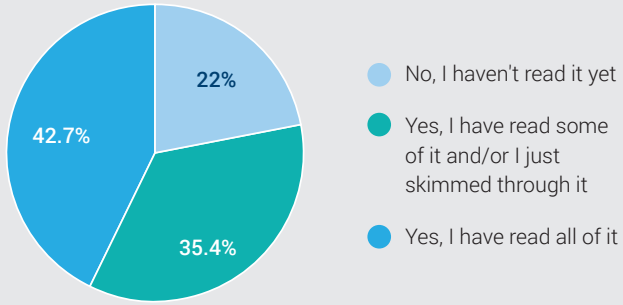
In order to understand more widely how stop smoking practitioners understood the Guidance, we asked NTS to help with a small survey. The link to the survey was sent out in a monthly newsletter to about 600 people, and the link was active for the months of April, May and June. There was a total of 82 responses.*

**Statistical significance cannot be calculated because the exact denominator is not known. However, anecdotally NTS said this is a very good response rate from their newsletter audience.*

The survey showed that most practitioners had either partially read or read all of the document.

1 Before today, have you ever read the Ka Pū te Ruha, ka Hao te Rangatahi Good Practice Guidance for Stop Smoking Services document?

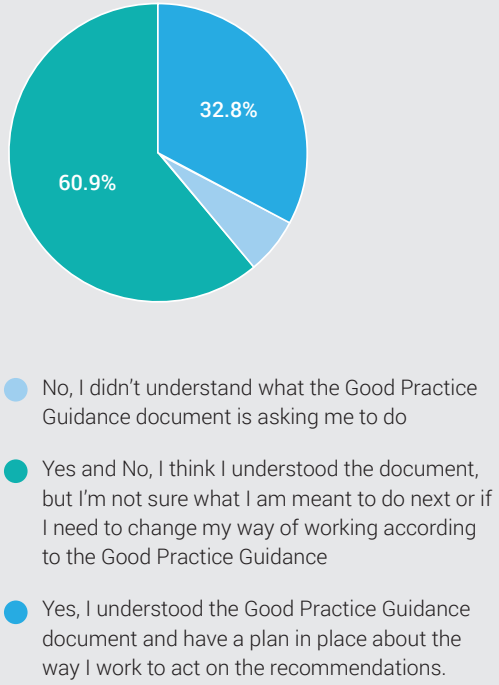
82 responses



Of those who had read it, most understood it, but the majority look like they might need some help adapting their practices.

2 Did you understand the document's recommendations about the way we could work as Stop Smoking Practitioners?

64 responses



The majority of respondents knew the Guidance is expected to change their way of working.

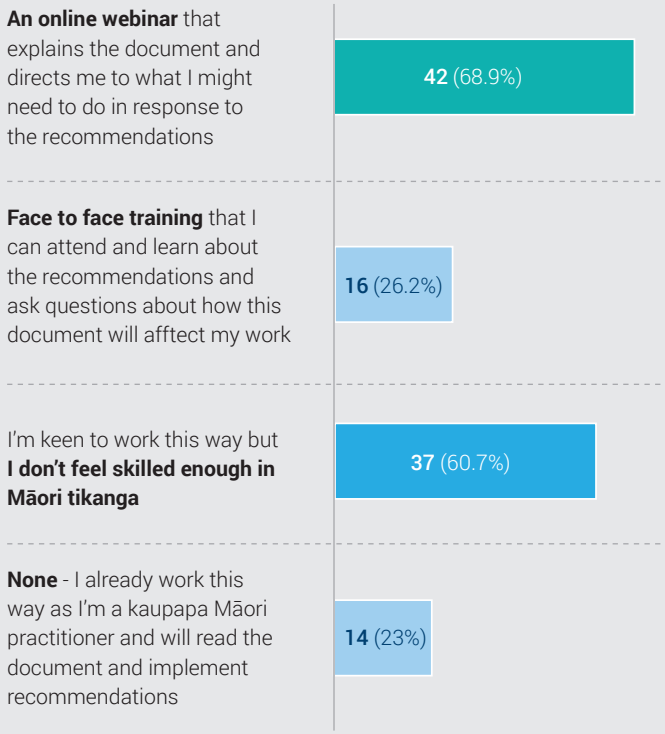
3 Are you aware that the Ministry of Health recommends Stop Smoking Practitioners may need to change their way of working in accordance with the Good Practice Guidance document?

61 responses

About three quarters of the respondents said they would like some help to improve their understanding of the Guidance, with the majority wanting an online webinar.

4 What do you need in the way of help or support to help your understanding of the recommendations in this document? *(Choose all that apply)*

61 responses



Only 17% of the respondents said they don't need further help working with young wāhine Māori. The rest of the respondents would like some support, with the majority preferring the option of brainstorming sessions with other practitioners over the option of workshops.

5 What do you need in the way of help or support to help your understanding of the recommendations in this document?

82 responses

Overall, this brief survey shows that there is good reach and comprehension of the Guidance, and that practitioners would like more help ensuring they know how to implement the Guidance in practice. These findings are encouraging and demonstrate an appetite to improve practice.

Section 5

Findings

Typologies of where people are at with the Guidance

We created a set of typologies to demonstrate how various provider types may be feeling and what help they might need. These aren't mutually exclusive; some providers may have a mix of these challenges and some may be further along the implementation journey. A suite of solutions and next steps can be considered when thinking about the various typologies.

Unaware

What I might need:

- Ministry of Health to push and market the Guidance.

Capability

What I might need:

- More case studies
- Co-design support
- Provider peer support
- Webinars
- Training modules.

Capacity/support

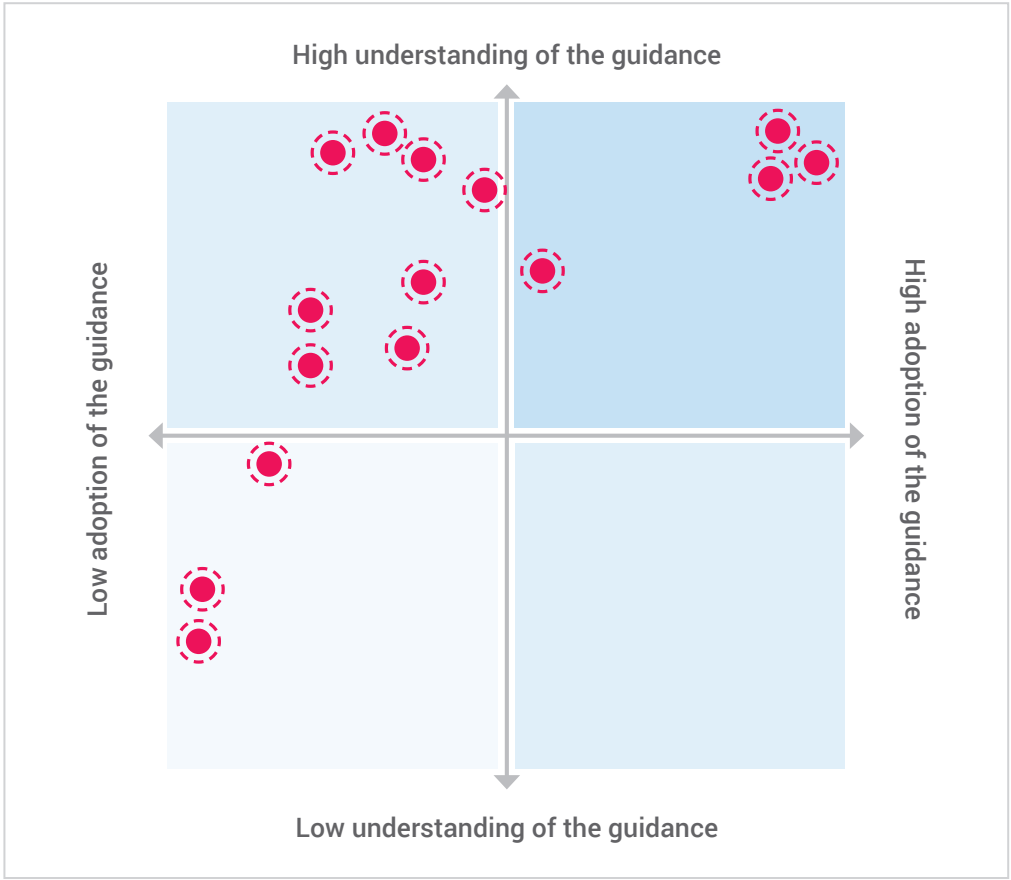
What I might need:

- Supportive leaders with buy- in who are knowledgeable and confident in the aims of health equity and smoking
- Leaders who can challenge the status quo and question the current modes of thinking
- Contracts that clarify permissive expectations to innovate.

Tikanga/cultural match

What I might need:

- More options for a well-matched team to support Pākehā
- Tikanga or Te Tiriti training
- Training modules
- On the job support.



We mapped our impression of where each provider sits on their understanding and implementation journeys. The aim is to shift the providers into the upper-right hand quadrant towards the highest adoption and understanding of the Guidance. The needs outlined in the typologies, along with the recommendations on the following pages, will help navigate the providers in the right direction and amplify their success in working with young wāhine Māori.

Experimenter

What I might need:

- Encouragement to keep going and try things in a "safe to fail" environment
- Training and collaboration to test ideas.

Fully implemented

What I might need:

- Opportunities to collaborate and teach others and share expertise
- Recognition for innovative practice.

Recommendations

In addition to the typologies and what providers might need, we have outlined this set of recommendations to consider when designing the next steps to amplify the Guidance uptake.

Invitation and reach

1. As much as possible, ensure that practitioners have population data for their local regions so they know how best to target their efforts to reach young wāhine Māori.
2. Ensure that providers know that implementing the Guidance isn't limited to group work. To help with this, we recommend finding exemplar case studies so that providers see a wider range of best practice in action.
3. Support providers to be able to run social media groups/ campaigns on Facebook or Instagram. Some told us they were constrained by a funder or lack of capacity or capability to promote via social media.
4. Strengthen the distinction between invitations, incentives and referrals. We heard many examples of an 'invitation' being conflated with 'incentive'. We believe the principle of the warm invitation could be strengthened by providing good and creative examples of the difference between an incentive and an invitation. What does a good mix of inviting, referring and incentivising look like? When does it work best to do one, two or all three? For example, receiving a referral for a young wāhine Māori may need to be prioritised and she may also need creative efforts to invite her warmly and non-judgmentally into the practice.
5. Ask providers to report on their invitations – not just referrals.

Creative support

1. Make sure that providers have the mandate and budgets to allow space for creative thinking to emerge. Consider making a creative endeavour part of the reporting structure, such as, what have you tried in terms of being creative this quarter?
2. Pair up providers who are performing creatively with providers who are struggling to bring in creative practices so they can learn from each other.
3. Provide a pocket of funding for creative engagement, or find a funder to walk alongside the Ministry for this purpose.
4. Create a programme of co-design support via light-touch coaching from professionals, formal training for all, or perhaps peer-led encouragement with exemplary providers who already use co-design/community design in their regions.
5. Remind practitioners that innovative practice does not have to be a huge re-invention; innovation can also be small tweaks. We are concerned that if some providers see these as huge, expensive group activities only, they will forgo trying small, light touch, effective things as well.

Contracts

1. The providers like to work to their contracts. That implies that the contracts are a constraint to innovative thinking if a provider does not sense the spirit of experimentation implied by the Ministry's Guidance. We recommend that contracts are written with the details of the Guidance in mind to ensure that the desired provider behaviour is less implied and more overt.
2. Providers felt constrained by their budgets and some queried that, "we have to do this now [implement the Guidance], on top of everything else, with no more funding?" It would be outside of our role and expertise to recommend a different funding structure, but how might the Ministry cater to innovation budgets? Is there a 'pocket' of funding for innovative practice? Rewards for innovation?
3. One provider asked us this question: "How much should the cost per person be for this kind of work, and is this intensive work 'bang for buck'?" It is a legitimate question and one that would require some calculations demonstrating return on investment. How might the Ministry answer that question and understand the investment required so that providers can make some funding allocation decisions to assist young wāhine?

Workforce development

1. Ensure that there are young Māori women practitioners available. One provider told us they are tapping into recruitment opportunities via their local Work and Income office.
2. Utilise regional hui to incorporate innovation coaching and co-design coaching.
3. To improve the Guidance adoption, practitioners need the opportunity to understand how it might work in practice. We recommend more and varied types of case studies be developed and shared as widely as possible with practitioners.
4. Ensure that all new practitioners begin as they mean to go on by understanding the Guidance as part of their training and induction to new roles.
5. Given the high number of respondents asking for brainstorming sessions with other Stop Smoking Practitioners, we recommend a series of sessions whereby exemplary practitioners could work with others wanting help and tell them what has worked well in their regions. Also, creative brainstorming sessions could be offered to give practitioners courage to try new things.
6. Work with a national training service to develop training modules, drive change in practice and build capability of the provider network to embed the Guidance

Reporting

1. Build in tolerance for relapse via measurements, rather than having a wāhine Māori go for four weeks, relapse and then "come back through the door".
2. It's clear that providers are working beyond the four week quit date already. How could the measures be changed to match the practitioners' efforts?
3. Consider having the quit date driven completely by wāhine, and report on that.
4. Report on cut-down rates of smoking for young wāhine Māori.
5. Create a tool/template for providers to measure wellbeing improvements beyond smoking. Many practitioners told us they like to measure against the framework of Te Whare Tapa Whā (as opposed to the Waitangi Wheel, which most find too time-consuming with all the other assessments).

System influences

1. We heard that relationships with midwives or LMCs weren't as good as they could be and that midwives don't always support the kaupapa. We recommend more engagement with the midwife community from the Ministry level, so they also understand the new Guidance and how they have a role to play in supporting the mahi of stop smoking.
2. GPs and other health providers refer to Stop Smoking Providers, so they also need a view of the new Guidance and how it works in practice. We recommend the Ministry comms team (or equivalent) help to introduce and market the Guidance to all relevant providers.
3. Vaping is a big part of the stop smoking practice. However, the Guidance does not deal with vapes. Providers told us that lack of funding for vapes is a barrier to some of the goals they'd like to put in place for wāhine Māori. We recommend that in a next version of the Guidance, the vaping legislation team be involved with best practice in this area.

ThinkPlace
WāhiWhakaaro