"

Me mahi tahi tātou, kia ora ai te katoa

We must work together for the wellbeing of all

"

ANA ENGAGEMENT TOOLKIT

"

Ehara taku toa i te toa takitahi engari, he toa takitini

Success is not the work of one, but the work of many

"

Kia ora !

Welcome to the ANA Engagement Toolkit — a curated collection of practical tools designed as a starting point for those beginning a journey of engagement and collaboration.

While you can find hundreds of frameworks and checklists online, it can be overwhelming to know where to start. This toolkit will provide evidence, structure, guidance, ideas and further reading that may enhance your ability to find solutions to enhancing wellness. You don't have to follow every section — you may find it more effective to dip in and out of the toolkit and use selected frameworks for different occasions.

The activities are designed to be used as working documents that you can adapt and refine over time. Add to the checklists and refer to them on a regular basis to monitor your progress. If you click on the underlined words in this toolkit, these links will provide further information.

The case studies provided are only a small selection of the many wonderful examples of collaboration already occurring among the public health nutrition and physical activity workforce in Aotearoa.

ANA welcomes your input. You may wish to email a new tool or case study to ensure this document becomes a working toolkit that remains active and up to date. Email info@ana.org.nz if you are interested in contributing.

Nāku noa,

Alison Pask

Acting Executive Director, Activity and Nutrition Aotearoa (ANA).

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Collaboration

noun

;*the situation of two or more people working together to create or achieve the same thing.*

ANA are committed to improving the health and wellbeing of our population and are guided by our values and commitment to ethical practice. This means that relationships are of the utmost importance, as is collaboration which requires being open to different ideas, weighing up the benefits of different actions and sometimes making tough decisions.

Is Collaboration The Answer?

There is no doubt that collaborative work has the potential to deliver positive change for nutrition and physical activity. However, collaboration is often seen as a magical solution. The thinking goes something like this…"if we work together, something magical will happen and we will achieve great results". As Geoff Aigner explains in '*Collaboration: Getting Beyond the Magical Thinking',* the issue with this mindset is that collaboration takes much more than working together - it requires a completely different way of working; one of co-creation.

Collaboration has many applications. It can be sought to enhance the breadth and effectiveness of an idea or intervention, in instances where no one organisation or group can solve an issue alone or — within a [Tikanga Māori Values]() context — when working together is fundamental to the success of a project or initiative. Collaboration can be particularly useful when faced with complex issues, where individual behaviour change is simply not enough to achieve the impact you are seeking.

Effective and meaningful collaboration requires a solid foundation of openness and trust, including:

1. A shared commitment to working together on a mutually agreed goal.
2. An agreement on how the work will be structured with dedicated resources to achieve this.
3. The right partners at the table driving towards equal participation and rebalancing power.
4. Agreement on governance, decision-making and accountability mechanisms.
5. Consciously building trust and the capability of all partners.

Watch a presentation by Andrea Thompson on Mastering Collaboration [here]()

*"Effectively,
change is almost impossible
without industry-wide collaboration,
cooperation, and consensus."*

– Simon Mainwaring

Activity: Pros and Cons

Are you considering collaborating with others? Work with your colleagues to write a list of the pros and cons associated with the proposed way of working. Examples are provided.

	Expert-led decision making (top down approach)	*Collaborative decision-making (co-design)*
Pros	• More control over variables such as time frames, budget and the likely outcome. • More time to address issue at hand due to less need for consultation.	• Ability to tap into the collective wisdom of stakeholders and thus find innovative solutions. • Generate ownership of the solution by stakeholders which may help make the decision/solution implementable.
Cons	• May fall into the trap of the 'expert's blind spot' – there is knowledge in the system that stakeholders have that your experts may not. • Potential lack of exposure to vital information. • Stakeholders may not agree or accept a solution due to lack of input or understanding.	• Handover of some control of the process. • Potential for greater time commitment. • Lack of prediction regarding both the outcome and the budget needed to achieve this.

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Activity: Determine the need for collaboration

(Adapted from the VicHealth Partnership Analysis Toolkit)

If you are thinking about collaborating, begin by answering the questions in the section below. This will give you a good indication as to which areas of your collaborative relationship may require further work before proceeding.

	1 Strongly disagree	2 Disagree	3 Not sure	4 Agree	5 Strongly agree
There is a perceived need for the partnership in terms of areas of common interest and complementary capacity					
There is a clear goal for the partnership					
There is a shared understanding of, and commitment to, this goal among all potential partners					
The partners are willing to share some of their ideas, resources, influence and power to fulfil the goal					
The perceived benefits of the partnership outweigh the perceived costs					
SUBTOTAL					

Scoring

5- 8	The whole idea of a collaboration should be rigorously questioned.
9-19	Work is required to establish the need for collaboration.
20 – 25	There is commitment to the need for collaboration, proceed!

Considerations for Collaboration

Values-Based Approaches to Health Potential

"Our value is the sum of our values."

– Joe Batten

A values-based approach within health and wellness is a promise of values and value that will be delivered, communicated, and acknowledged through all facets of health provision. It is also a belief from the clients's perspective about how values will be delivered, underpins their experience and is transferred to them through their experiences. Values-based services can apply to an entire organisation, or parts thereof, through to products and services.

Values-based approaches are a commitment to the achievement of health outcomes and is a dynamic system in action. It requires strong leadership, a willingness to become an agent of positive change and a sense of shifting from deficit modelling to driving aspirational advancement.

If you would like to read more about values-based healthcare in Aotearoa, click here

"Keep your thoughts positive because your thoughts become your words. Keep your words positive because your words become your behaviour. Keep your behaviour positive because your behaviour becomes your habits. Keep your habits positive because your habits become your values. Keep your values positive because your values become your destiny."

― Mahatma Gandhi

Tikanga Māori Values

Understanding Māori values, mātauranga Māori and Te Tiriti o Waitangi and how they are interwoven into collaborative processes that involve Māori (and non-Māori) should be central to our work. Tikanga Māori values are described as a behavioural system designed upon general values which are seen and generically accepted country-wide.

These behavioural systems and values differ subtly in some cases and extremely in others, depending on the environment, Iwi and context in which they are enacted. Many pathways can lead to an understanding of Tikanga Māori principles – those listed here are a start and when applied with the right mauri (energy), wairua (intent) and relationships, contribute to the growth in collaborative opportunities with Māori.

Manaakitanga

is behaviour that acknowledges the strength of others, what they bring to the relationship and how collective strengths can be integrated for the benefit of all involved. Manaakitanga acknowledges the mana (authority and prestige) of others as having equal or greater importance than one's own, through the expression of aroha, hospitality, generosity and mutual respect. In doing so, all parties are elevated through a reciprocity of kindness, nurturing relationships, caring environments and building together through humility and the act of giving.

Rangatiratanga

underlines and acknowledges the need for autonomy in one's own health journey. "He Korowai Oranga," New Zealand's Māori Health Strategy, acknowledges Whānau, Hapū, Iwi and Māori aspirations for rangatiratanga, and the importance of having control over the direction and shape of institutions, communities and development as a people. Involving Iwi in decision-making as representatives and as partners ensures that new directions fit with the wider development goals.

On an individual basis, rangatiratanga can be expressed as the attributes of rangatira (weaving the people together) which include humility, leading by example, generosity, altruism and diplomacy. Rangatiratanga is reflected in the promotion of self-determination for Māori and an expression of the rights defined by Mana Atua, Mana Tupuna and Mana Whenua.

Whanaungatanga

underpins the social structures of Whānau, Hapū, Iwi and of Māori, and includes rights and reciprocal obligations consistent with being part of a collective. It is the principle which binds individuals to the wider group and affirms the value of the collective. Whanaungatanga is inter-dependence with each other and recognition that people are our wealth.

Whanaungatanga is also about relationships and whānau working together to make decisions and act in ways that support the betterment of the whānau.

Kotahitanga

is the principle which underlines unity of purpose and direction. It is demonstrated through the achievement of harmony and moving as one. All parties are encouraged to make a contribution, to have their say and to reach a consensus together.

Aroha

is central to all other principles. Without it, none of the principles reach their full potential. Aroha is about giving unconditionally and is the basis of strong whānau – strong whānau let each member know on a daily basis, through words of actions, that they are loved and appreciated. Aroha is also a form of respect and is expected to be displayed within any engagement with others.

If you are interested in reading more, the following case studies elaborate further:

- There are numerous Iwi throughout Aotearoa who have complex systems of Tikanga and Kawa and apply these principles to their health and wellbeing expressions. Te Arawa is only one of many Iwi that has developed organisations to support the health potential of their descendants.

- Sport New Zealand has developed an engagement framework known as 'Te Whetū Rehua'. The framework is based on five key values important for Māori cultural and social development.

- An interesting look at health engagement frameworks from a Māori perspective may lead to the Atua Matua Māori Health Framework, created by Dr Ihirangi Heke.

- The Whānau Ora journey can provide much support to understanding collaborative working frameworks and engagement important to Māori and Whānau.

Te Ture Whakaruruhau

Te Ture Whakaruruhau: Code of ethical principles for public health in Aotearoa New Zealand is a useful guide on the journey. The principles in Te Ture Whakaruruhau centre around our commitment to Te Tiriti o Waitangi, the founding document of Aotearoa New Zealand and as such, the basis for ethical relationships and actions.

The development of the *'Code of Ethical Principle*s' is a great example of collaboration. Within a Marae setting, an example of a Code is experienced as Kawa and/or Tikanga. There has been much discussion over many years about whether Tikanga Māori and generic principles of ethics could and/or should be contained within one Code. In 2012, the Public Health Association, guided by some wise kuia and kaumātua came to this understanding: while the two perspectives of health should not be seen in tension, they should also not be seen as the same — they are different. The two perspectives are equally valid in their own right but strongest when interwoven.

He Awa Whiria (the Braided Rivers model) proposed by Macfarlane and colleagues acts as a metaphor for this integration, depicting parallel rivers that inform both Māori and non-Māori about the importance of weaving knowledge systems.

ANA Engagement Toolkit

Te Whakaruruhau

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A values-based approach within health and wellness is a promise that values will be delivered, communicated, and acknowledged through all facets of health provision. It is also a belief from the client about how values will be delivered, underpins their experience and is transferred to them through their experiences.

Tikanga Māori Values

Tikanga Māori values are described as a behavioural system designed upon general values which are seen and generically accepted and known country-wide. These behavioural systems and values differ subtlety in some cases to extreme in others dependant on the environment, Iwi and context in which these are enacted. Many pathways can lead to an understanding of Tikanga Māori principles – those listed here are a start and when applied with the right mauri (energy), wairua (intent) and relationships contribute to the growth in collaborative opportunities with Māori.

Collaboration

Collaboration can be used when no one organisation/group can solve an issue alone or within a Tikanga Māori Values context is an expectation. It is very appropriate for complex issues, where the impact you are seeking will take more than individuals changing their behaviour to solve. Collaboration takes time, resources, trust and a giving up of power.

Ways of working together

There are many different and valid ways of working together. We use different terms for these ways of working, often without a shared understanding of what we mean. For example, terms such as partnerships, multi-agency working, collaboration, networks, service integration, coordination and cooperation are all frequently used yet are at risk of being misunderstood or misinterpreted.

When it comes to ways of working, the words we use are less important than our shared understanding and agreement on the parameters and expectations. A lack of clarity can lead to a number of issues including frustration, disappointment, inertia, cynicism and in some cases, a relationship that is broken.

The VicHealth Partnership Analysis Toolkit describes a continuum of ways on working together using the following words and definitions:

Networking: involves the exchange of information for mutual benefit. This requires little time and trust between partners.

Coordinating: involves exchanging information and altering activities for a common purpose.

Cooperating: involves exchanging information, altering activities and sharing resources. It requires a significant amount of time, a high level of trust between partners and the ability for agencies to share turf.

Collaborating: includes enhancing the capacity of the other partner for mutual benefit and a common purpose. Collaborating requires the partner to give up a part of their turf to another agency to create a better or more seamless service system.
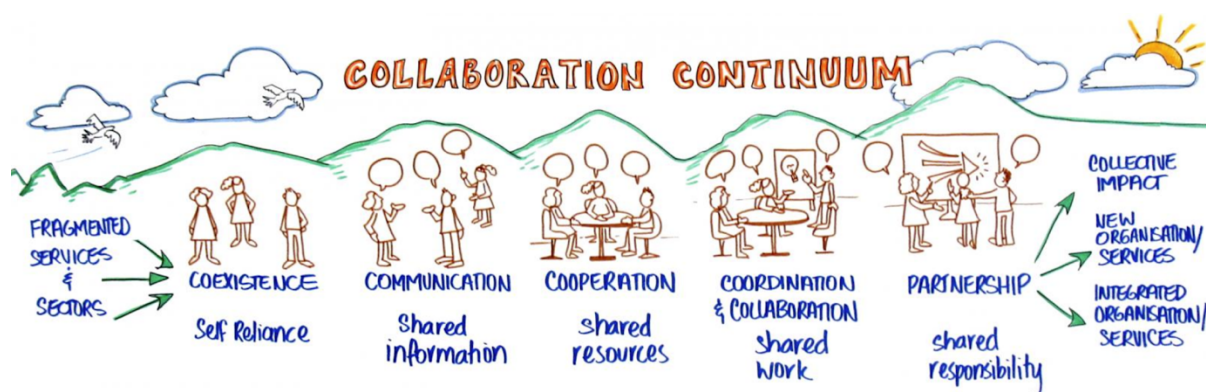
Sources: Graphic recordings from the symposium hosted by Te Pou o te Whakaaro Nui and Platform in Wellington from 20-21 October 2016

Not all relationships, however, will or should move towards collaboration or partnership. In some cases, networking is the appropriate response. The nature of the relationship depends on the nature of the issue and the willingness of participating partners. As relationships move toward collaboration they need to become embedded into the core work of organisations.

This table from the Centre for Social Impact's Guide lays out some of the differences between cooperation, coordination and collaboration.

Characteristic	Cooperation	Coordination	Collaboration
Relationships	Primarily informal	Range from informal to formal	Interdependent
Shared responsibility	Non	Partial	Complete
Communication	Ad-hoc	Project-dependent	Frequent and formal
Who benefits	Individuals or organisations depending on activity	Individuals or organisations with possible benefits for the community	Community with possible benefits for organisations

How to get started

Who could you collaborate with?

Defining the participants who can bring diverse and broad thinking to your issue or project is the next important area to develop. If your collaborators all look like you (other people/ organisations working in health promotion or public health), the solutions you develop are likely to be self-limiting.

Conventional community consultation, or community engagement, invariably means that a plan or proposal was substantially developed and then presented for comment or feedback. It neither allows the 'community of interest' to help shape the scope of the process, nor answer the questions or issues the plan or proposal is meant to address.

Actor Map

An actor map is a visual depiction of the key organisations and individuals that influence a topic, allowing insight into the players within a system. Mapping is an iterative, participatory process that draws on the experiences and insights of many people familiar with a given system.

Creating an actor map is a useful way to understand the range of people or organisations you may want to include in your collaborative work.

Actor maps can help us:

- Better understand current actors and their roles in the system.
- Diagnose the level of engagement and strength of connections among actors.
- Identify opportunities to build new relationships and explore other parts of the system.
- Identify potential points of intervention and levers of change.
- Identify and discuss ideas and questions that the map raises for both strategy and evaluation purposes *(e.g. developing a strategy, focusing an evaluation's questions and design).*

Activity: Create your own Actor Map

1. Brainstorm possible people or organisations you could engage with and why

| Who will you engage with?	What do they care about? (their interests)	What might they contribute?	How might they like to be engaged?
e.g. community	• *Accessibility* • *Affordability* • *Applicability*	• *Lived experience (understanding the issues first-hand)*	• *Community meetings/forums* • *Surveys* • *Consideration re: using interpreters, signers*

"Our mission and core values drive our culture and are the foundation of our practice. We measure each decision against these standards."

– Chris Hanslik

2.   Frame the system

The "system frame" refers to the loose organising structure for the actor map that identifies the map's core (e.g. the core beneficiaries of, or primary stakeholders in, the systems change work) and the related sub-systems that influence the main system. The frame serves as a conceptual guide for session participants.

For example, if your issue is childhood nutrition (birth-8 years), who is in the system frame? Create as many sub-systems as you need.

HEALTH	**PARENTS/ FAMILY**
EDUCATION	**SOCIAL SERVICES**
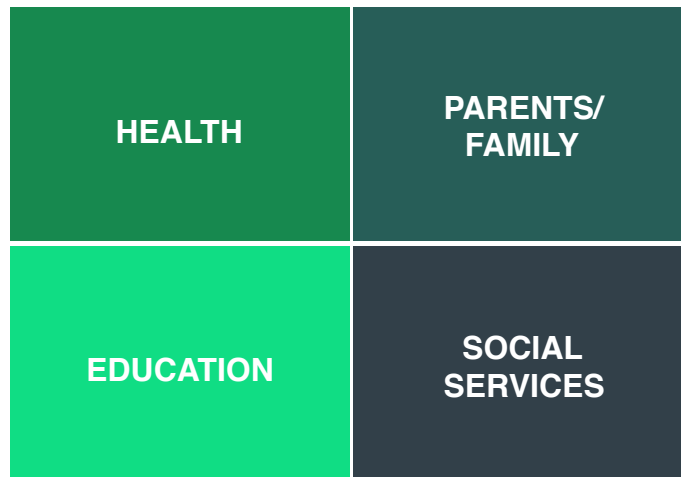
3.　　Populate the map with actors

Use sticky notes to place actors on the map in a way that illustrates which sub-system they belong to. If the actor cuts across two sub-systems, place their sticky note in between.

4.　　Map the level of engagement and connections

Firstly, discuss the level of engagement in the initiative of each actor on the map. The level could be strong (S), moderate (M), weak (W) or no engagement (N). Mark this on the actor map.

Next, discuss relevant connections between actors on the map and draw the relationships using solid lines for strong relationships and dotted lines for emerging or weak relationships.

5.　　Identify momentum, blockages and opportunities

Review the connections between the actors and discuss what parts of the system have positive energy and momentum. Place a green dot on those actors or clusters of actors.

Next, identify where the main challenges, blockages or gaps are in the system. Place a red dot on those actors or clusters of actors.

6.　　Discuss implications

The implications will vary depending on the goals of the actor mapping (e.g. identifying key collaborators, evaluation, strategy development).

 If you are interested in learning more about System Mapping, click here

Frameworks for collaborative working

There are many models for collaboration, but few that provide the 'how to' frameworks and skills needed to facilitate collaboration. This toolkit highlights two of the frameworks that give practical advice on the stages (which are unlikely to be linear) of working collaboratively.
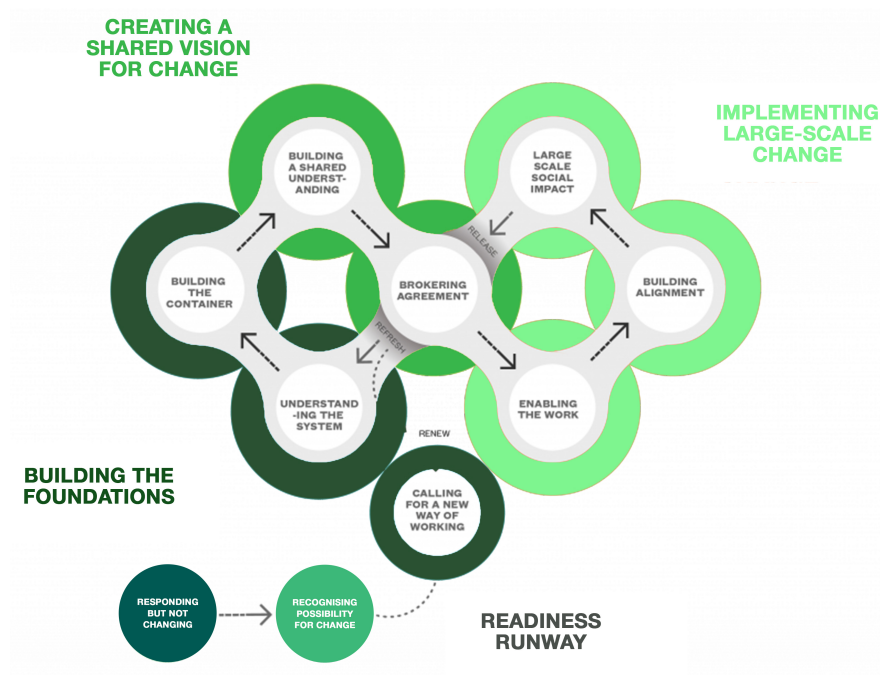
Framework One:

Twyfords Collaborative Governance Model
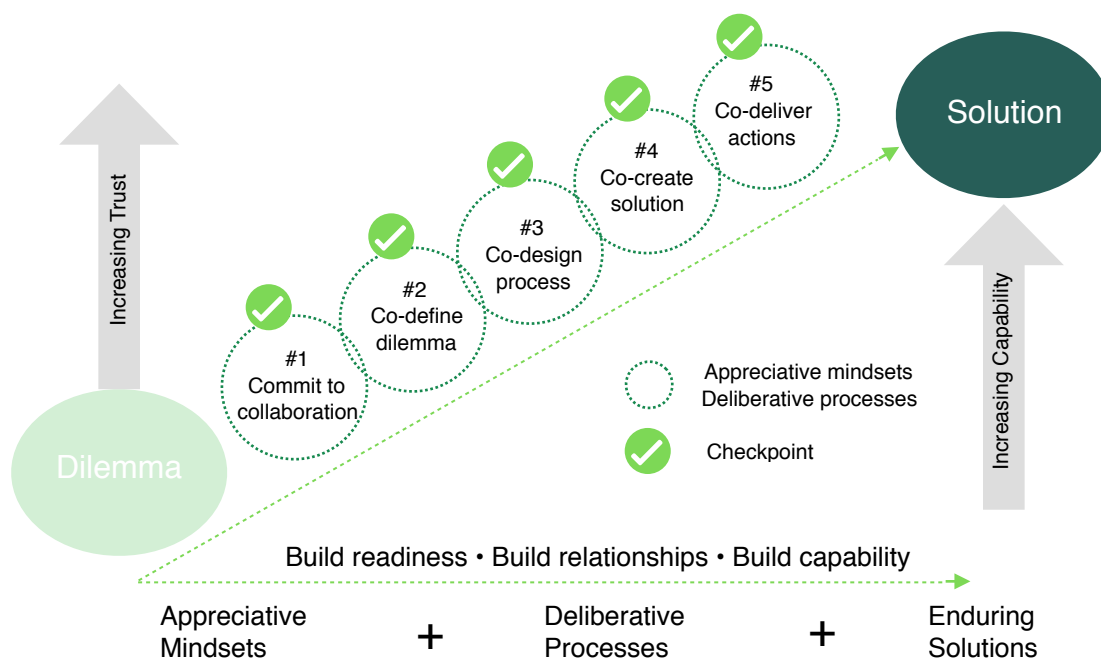
The Twyfords Collaborative Governance model shows the trust within a collaborative grows in tandem with its capability. Watch this explanation from Vivienne Twyford, for an overview of the model.

Framework Two:

Collaborative Change Cycle (collaboration for impact)

If you are interested in reading more about this model, follow this link.

Identifying and addressing issues that may arise in the collaborative process.

What is the nature of the issue?

While we don't often explore the nature of the issues we are dealing with, a value-based approach sees issues as points of potential that can be explored and developed. In doing so, a value-based approach can strengthen your understanding and comprehension of an issue before strategising ways in which to address it.

It is a useful starting point to discuss issues from different perspectives to ensure you have a thorough understanding. What you thought was the issue may not in fact be the key problem at all. For example, you may discover that children arriving to school without lunches isn't due to a lack of household budgeting ability but instead the high costs of housing resulting in less money available for food. Having this knowledge may change the way you approach and address the issue and who you engage with.

Activity: Discussion

Discuss how you see the issue and how others (including those impacted by the issue) see it?"

Frameworks

Whether we are working alone or with others, a failure to understand an underlying issue can lead to the implementation of strategies which are inappropriate or ineffective for the problem at hand. Below are two frameworks, either of which you can use to help distinguish the type of issue for which you are wanting to find a solution.

1. Agreement Certainty Matrix
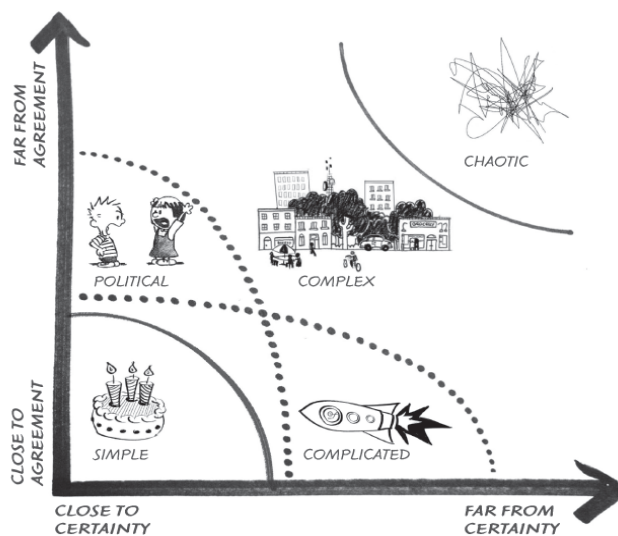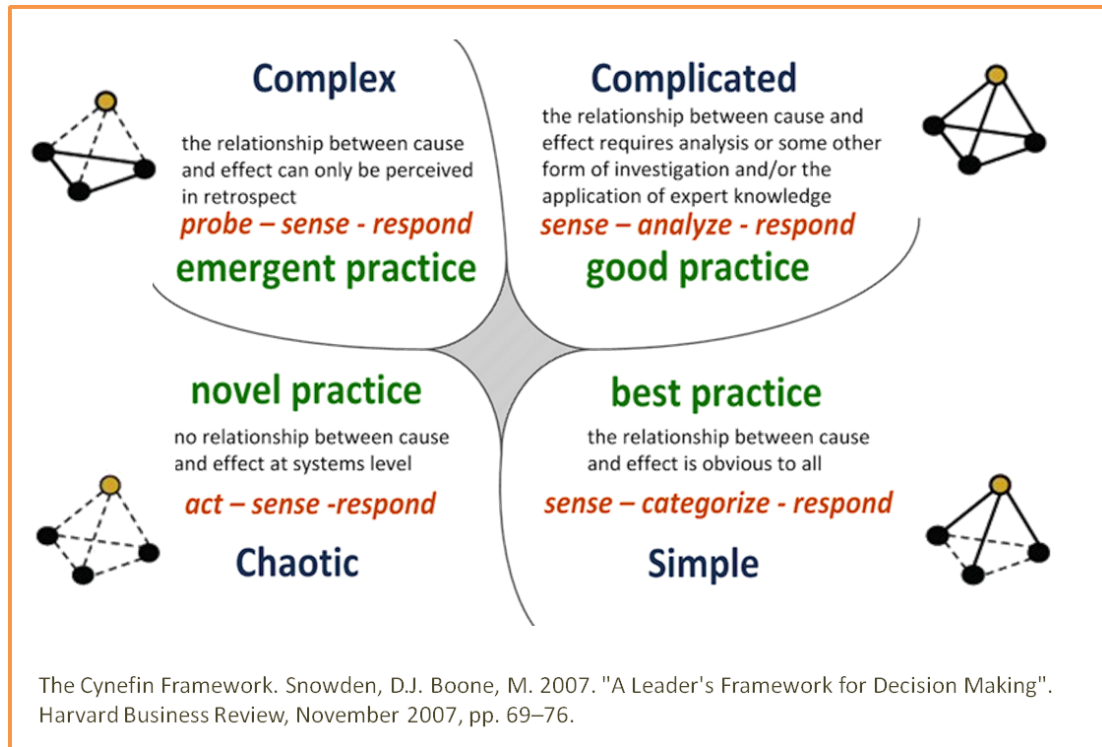

Adapted from Ralph Stacey

Close to Certainty: When underlying cause and effect relationships are clear, the leverage points for change are well known, the interventions well tested, and the outcomes predictable.

Far from Certainty: When underlying cause and effect relationships and the "leverage points" for change are unknown, the interventions untested, and the outcomes unpredictable.

Close to Agreement: When the values, interests, perspectives, and positions of key stakeholders involved in an issue or decision are aligned and / or are sufficiently close to find common ground to move forward.

Far from Agreement: When the values, interests, perspectives, and positions of key stakeholders involved in an issue or decision are in conflict and / or are sufficiently far apart that it is difficult to find common ground to move forward.

2. Cynefin Framework

Complex

the relationship between cause and effect can only be perceived in retrospect

probe – sense - respond

emergent practice

Complicated

the relationship between cause and effect requires analysis or some other form of investigation and/or the application of expert knowledge

sense – analyze - respond

good practice

novel practice

no relationship between cause and effect at systems level

act – sense -respond

Chaotic

best practice

the relationship between cause and effect is obvious to all

sense – categorize - respond

Simple

The Cynefin Framework. Snowden, D.J. Boone, M. 2007. "A Leader's Framework for Decision Making". Harvard Business Review, November 2007, pp. 69–76.

Unordered   **Ordered**

The Cynefin framework (pronounced Ka-ne-vin, developed by Dave Snowden, Cynthia Kurtz, Mary Boone and others) is useful in helping us think about the world of problems. It begins by making a distinction between the ordered and the un-ordered.

The ordered world is comprised of two sub-domains:

Simple

This is the domain of known knowns. Cause and effect are generally clear and well established, patterns tend to repeat, events are consistent, and so best practices are very helpful here. Routine mechanical or process issues tend to fall into this domain.

Complicated

This is the domain of unknown knowns. Cause and effect relationships are knowable, although it may take experts and a fair amount of analysis to sort it out. Most organisations act as though the vast majority of their problems fall into this domain and so approach them accordingly.

The un-ordered world is comprised of two sub-domains:

Complex

This represents the "unknown unknowns" and the domain of emergence. Cause and effect can only be deduced in retrospect, and there are no right answers. Leaders must resist the temptation to narrow or solve too soon; experimentation and monitoring are more helpful, as is diversity of perspective. Instructive patterns can emerge if the leader conducts experiments that are safe to fail.

Chaotic

In the *chaotic* domain, cause and effect are unclear. Events in this domain are too confusing to wait for a knowledge-based response. In this context, "act–sense–respond": *act* to establish order; *sense* where stability lies; *respond* to turn the chaotic into the complex.

The Tamarack Institute has a useful website with a variety of topics on engagement and collaboration

Strategies for different issues

Once you have identified the nature of the issue, you can then move on to investigating the best strategy to solve it. Different strategies will be needed for different issues.

In the ordered world of simple and complicated issues, we gather the facts to solve the problem and there is a tendency to rely on experts. In the un-ordered world of complexity and political issues, the facts are only part of the answer. Our traditional evidence-based ways of working are challenged. We need to move from conventional to collaborative solutions, where no one person or organisation has the answer.

The following table provides a summary of the way different issues could be approached.

Context	Strategy characteristics
Simple	Choose and follow the right recipe
Complicated	Discover solutions by doing your homework
Political	Create common ground
Complex	Learn by doing, experiment
Wicked/Chaotic	Create stability and take advantage of opportunities for innovation

The table below has been adapted from Max Hardy and summarises the key differences between a conventional (traditional) way of working compared to a collaborative approach.

Conventional	Collaborative
… deciding what can be influenced by the community and what can't	*… determining the scope of the collaboration collectively*
… assessing risks that certain interest groups pose to our plan	*… identifying who has an interest in this plan so we can invite their contribution*
… providing reasonable opportunities for people to provide feedback or input	*… co-designing how we will work with the 'community of interest' on this challenge*
… trying to obtain feedback on the merit of various options we are considering	*… co-creating possible solutions together*
… considering feedback provided by the community & possibly making changes	*… deliberating over possible solutions taking into account agreed criteria*

How to stay on track

It can be easy to get distracted and lose sight of the end goal when there are many people and factors involved. Being aware of potential issues that could derail the end goal will help to create a proactive plan and pre-empt potential issues or barriers that may arise.
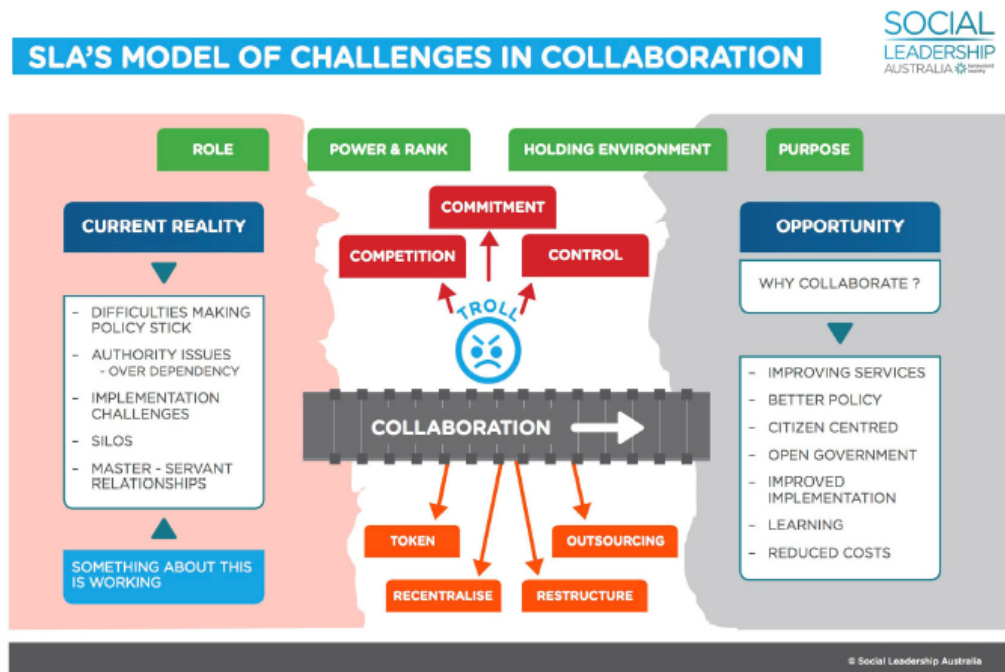
The three primary obstacles in the SLA Model of Challenges in Collaboration – control, competition and commitment — have been called 'Trolls' by Social Leadership Australia.

Control

Collaborating requires a way of working where some of the control we have over our work is either shared or handed over. This can be particularly tricky when current relationships contain power imbalances, eg. those between patients and doctors, investors and providers, academics and the community, clinicians and non-clinicians.

Competition

Competition is often seen as an ugly word. It can be difficult for collaborating parties to admit that in many ways, they are also competing (for attention, control, or a bigger slice of the gains). Competition lives under the bridge and doesn't see the light of day until people realise that power and benefits are going to be equally shared.

Commitment

It is often halfway across the bridge when people realise they didn't put enough resources and thinking into getting all the way across! Mutual commitment enables a safe 'holding environment' where it is possible to do difficult work together.

Activity: Assessment

Use this table below to help you identify potential ways to manage each obstacle, decipher who would be best to lead and discuss what strategies will be put in place to proactively manage these issues. Use the table below as a guide.

Potential Obstacles	Possible ways to manage this obstacle	Strategies
e.g. different agendas	Agree on clear goals Make the goals SMARTER goals	Ensure the goals are at the forefront of all meetings, papers, decisions

What's happening in Aotearoa?

There are numerous examples of collaboration in action across public health nutrition and physical activity in Aotearoa. Each case study has their own strengths and this section highlights a selection of different ways collaboration has been successful.

- ◉   [Beats Research Programme](#)

- ◉   [Fruit and Vege Co-op Wellington](#)

- ◉   [Kai Ora](#)

ANA Conference Presentations

- ◉   Community lead collaboration: How a disused soccer field inspired a community network. Watch a presentation by Julia Milne and Carolyn Watts [here](#)

- ◉   Collaborating to make a shift in the wellbeing of young women. Watch a presentation by Chloe Bryan [here](#)

- ◉   I just need two road cones; The state of play in the Hutt Valley**.** Watch a presentation by Mark Curr [here](#)

- ◉   Whakawhanaunga – Building sustainable relationships in education settings in the Waikato region **.** Watch a presentation by Wikiwira Pokiha and Jo Cottrell [here](#)

Activity: Checklist

VicHealth Partnership Analysis Tool provides a checklist that defines the key features of a successful collaboration. It is designed to provide an assessment of the current status of a relationship and suggested areas that need further work to support it. Use this checklist to reflect on your knowledge and skills and to help identify areas for self-improvement. You can add to the checklist or create your own as your collaboration skills mature and you may find it useful to come back to this checklist from time to time. Access the online PDF [here](#).

Acknowledgments

This toolkit has been a collaboration of experts, with many learning opportunities along the way. ANA uses the acronym "BIGGER" to summarise the key points learnt from this journey.

- **B** — Be flexible in your approach and be willing to pivot when necessary and introduce new knowledge and skills along the process to fill identified gaps.

- **I** — Invest in a strong project lead to make the project a priority and keep the momentum flowing.

- **G** — Get the right people around the table from the start.

- **G** — Gain buy in and commitment from all parties.

- **E** — Evaluation is important. Plan this from the start.

- **R** — Realistic goals are key to success.

The following whakataukī encapsulates the notion that while working in isolation might result in survival, working together can take people beyond survival and onto prosperity.

"

Mā tō rourou, mā tōku rourou, ka ora te iwi

With your contribution and with my contribution, the people will thrive

"