

The Northland Rural and Small Town Community Hub Project

Final Report

Report to the Northland District Health Board

May 2011

Prepared by Dr A Boulton & J Moore

for

Whakauae Research for Māori Health and Development

CONTENTS

LIST OF ABBREVIATIONS.....	3
LIST OF FIGURES AND TABLES.....	4
ACKNOWLEDGEMENTS.....	5
EXECUTIVE SUMMARY.....	6
1.0 INTRODUCTION	
1.1 Background.....	9
1.2 The Rural Small Town Community Hub Project.....	11
1.3 Community Development.....	14
1.4 The Healthy Eating Healthy Action Strategy.....	15
1.5 The Northland Region Sport and Physical Activity Strategy.....	16
1.6 Evaluation Research.....	18
1.7 The Community Hubs Evaluation Objectives.....	19
1.8 Report Structure.....	20
2.0 FINDINGS	
2.1 Community Readiness.....	22
2.2 Engagement and Participation.....	28
2.3 Initiative Identification.....	33
2.4 Training.....	41
2.5 Leadership.....	48
2.6 Initiative Implementation.....	54
2.7 Improvements in Community Capacity.....	60
2.9 Sustainability.....	62
2.9 The Community Hub Project Framework.....	65
2.10 The Effectiveness and Impact of the Community Hubs Project.....	71
3.0 DISCUSSION	
3.1 Identifying community needs and prioritising future directions.....	80
3.2 Provision of training to increase evaluation capacity.....	82
3.3 Building local capacity.....	84
3.4 The effectiveness of the Community Hubs Framework.....	86
3.5 The creation of healthy and sustainable Northland communities.....	88
3.6 Limitations of the evaluation.....	90
4.0 CONCLUSION AND RECOMMENDATIONS.....	92
5.0 REFERENCES.....	95
APPENDICES.....	97
A1 Evaluation Methodology	
A2 Example of Evaluation Resources	
A3 Tikipunga Community Survey	
A4 Community Hubs Information Flyer	
A5 Te Kopuru Newsletter	
A6 Community Hubs Project Plan	
A7 Data Tools	

LIST OF ABBREVIATIONS

HEHA	Healthy Eating Healthy Action, used to refer to initiatives developed under the Healthy Eating Health Action Oranga Kai – Oranga Pumau Strategy
HRC	Health Research Council of New Zealand
KCI	Kaipara Care Incorporated PHO
MAPO	Maori Purchasing Organisation
MoH	Ministry of Health
MPHO	Manaia Primary Health Organisation
NDHB	Northland District Health Board
NRSPAS	Northland Region Sport and Physical Activity Strategy
NRST	Northland Regional Sports Trust
PHO	Primary Health Organisation
SPARC	Sport and Recreation New Zealand
TTTPHO	Te Tai Tokerau Primary Health Organisation
WRS	Whakauae Research Services, now known as Whakauae Research for Māori Health and Development

LIST OF DATA SOURCE CODES

KI	Key Informant
PTM (Date)	Community Hubs Project Team Meeting Minutes (Date)
PO	Participant Observation
IM	Individual Meeting with Community Hub Facilitators
SMR	PHO Six Monthly Report to the DHB
EMN (Date)	Evaluator Meeting Notes (Date)
MISC	Miscellaneous Documentation

LIST OF FIGURES		Page
Figure 1	Funding Streams for the Community Hubs Project	10
Figure 2	Map of Northland	12
Figure 3	Pehiaweri Marae Garden	31
Figure 4	Administering the Tiki Pride survey	42
Figure 5	Understanding the Basics of Project Evaluation	44
Figure 6	Understanding of the Relationship between Project Planning and Evaluation	45
Figure 7	Working one-on-one on Logic Modelling	46
Figure 8	A Logic Model “Working Draft”	46
Figure 9	Refining the Logic Model	46
Figure 10	The Final Product: Logic Model for Goal “Cohesion within the Community”	47
Figure 11	Community Garden in Te Kopuru	60
Figure 12	Community Hubs Logic Model	74

LIST OF TABLES		
Table 1	Definitions of Key Community Development Concepts	14
Table 2	Community Hubs Staffing Changes 2008-2011	23
Table 3	List of Activities in Each Community Hubs Site 2008-2011	34

ACKNOWLEDGEMENTS

We would like to thank all those involved with the Northland Rural/Small Town Community Hubs (Community Hubs) project and in particular the many community members who made themselves available to the evaluation team over the course of the three year project. We appreciate the time and assistance they have given to this evaluation and the willingness with which they contributed their knowledge and expertise so that others may learn from their experience.

This evaluation was funded by the Northland District Health Board. The views expressed in this report are those of the authors and do not necessarily represent those of Northland District Health Board.

EXECUTIVE SUMMARY

The Northland Rural and Small Town Community Hub Project (Community Hubs) was implemented in three sites from May 2009 to June 2011. The project aims to have a community-based approach to sport, physical activity, nutrition, and health promotion, seeking to attend to individual, interpersonal, community, and organisational needs; and provide communities with an opportunity to participate in and influence programme development, implementation and evaluation. The project builds on the successful Healthy Hikurangi community development pilot project run by Manaia PHO. Funding for the project comes from Northland DHB, through Sport Northland, who in turn contract three Primary Health Organisations: Manaia PHO, Kaipara Care Incorporated and Te Tai Tokerau PHO to implement the project in their respective communities.

This report presents the key findings from a three year evaluation which included formative, process and impact evaluation phases and a significant training and capacity-building component. The evaluation drew on a series of data sources including: documentary evidence (PHO performance monitoring reports; Community Hub Project Team meeting minutes; informal meeting notes; and Facilitator planning documents); key informant interviews (process, impact and exit interviews); surveys (of Community Hub Project Team members and of Facilitators); participant observation of community meetings; and numerous informal conversations with the Facilitators themselves.

Findings

The study found that the Community Hubs Project, representing a mixture of community development and health promotion principles and objectives, is a complex and sophisticated one. The high level goals the project sought to achieve were particularly ambitious given the level of funding allocated; the innovative nature of the project; the fact that the project represented a merger of NRST and NDHB goals; and the relatively short time frame in which it was implemented. Given the complexity inherent in community development approaches, projects of this nature can stand or fail on the strength and skills of the Facilitator, the level of community readiness and commitment

by community members to support the project after short term, or pilot funding, is withdrawn. The Community Hubs project demonstrated that, as in other Northland-based community development initiatives, local knowledge, local connections and the skills experience and personal attributes of the Facilitators were crucial to successful project implementation.

The impact of having a dedicated human resource to assist these communities to assess needs, identify initiatives, develop plans, and see these plans through to fruition, cannot be underestimated. The additional resource to support community development was welcomed by communities and especially useful to the communities targeted in this project: those that are rural, isolated, with high needs and few resources. The Facilitators who were able to leverage other pools of funding and combine Community Hubs work with related project work made the most gains in the project's short timeframe. Even small amounts of resource applied through community development principles were found to maximise the overall impact of that resource.

The Community Hubs Project, through the work of the Facilitators, played an important role bringing communities together in a structured manner. After three years of developing community cohesion, building community confidence and identifying community needs these communities are now ready and able to contemplate the challenges associated with improving health inequalities through a community-based approach to sport, physical activity, nutrition, and health promotion. Careful consideration, therefore, of the future of this project should be undertaken to maximise the gains that have already been made.

Recommendations

Three key strategies are required both to improve the implementation of the programme in the future and contribute to programme sustainability:

1. Direct resourcing of Facilitator role:

We recommend that consideration be given to direct resourcing of the Facilitator role to communities and/or identified community organisations. Direct resourcing will, in our view, increase the likelihood that Facilitator's not only have the requisite community development and health promotion skills, but also the necessary connections to, and trust of, the local community in which they will be working;

2. Funding and sustainability:

We recommend that an initiative fund to complement the Facilitator role is provided to enable the Facilitator to support community initiatives. Small amounts of funding can be directly applied to communities with effective and efficient results, which also impact on the credibility of Facilitator and enhance the community's trust in that Facilitator;

We recommend that sufficient resource is made available in each community to enable continuity and sustainability of initiatives in recognition that achieving substantive attitudinal and behavioural change is a long term process; and

3. Training:

We recommend that priority be given to the training of community-based workers, Facilitators and communities themselves in order to support current and future community development projects. High levels of understanding and skill in community development philosophy and processes is important in the complex implementation of community projects. The investment in training may be undertaken by a range of organisations who stand to benefit in the long-term from the building of local community capacity, such as local and district councils; health, education and social service funders and providers; and iwi and hapū.

1. INTRODUCTION

1.1 Background

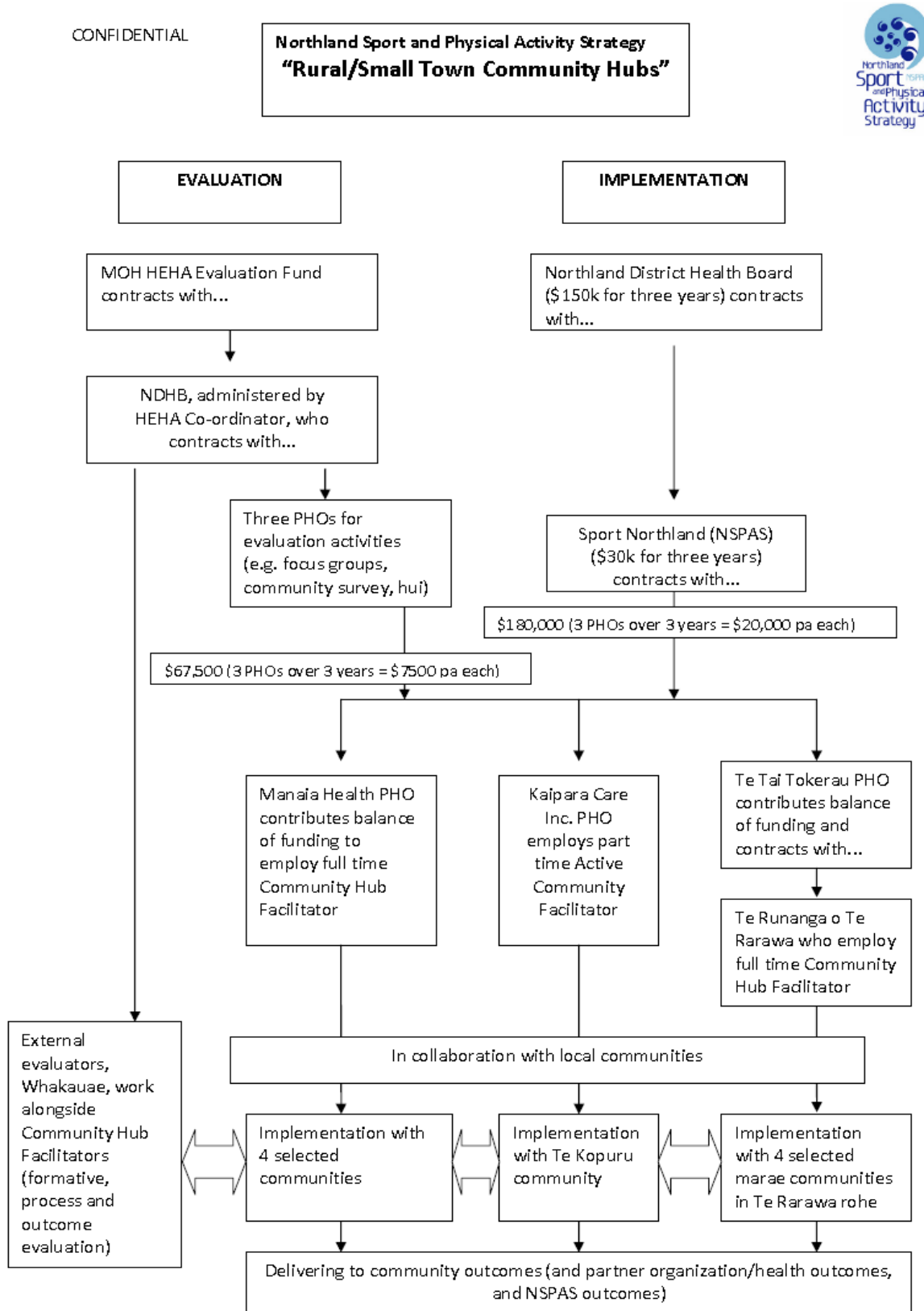
There were two strands of project development that came together to support the emergence of the Northland Rural and Small Town Community Hub Project (Community Hubs).

The first of these strands was pilot project, Healthy Hikurangi. Initially Healthy Hikurangi was conceived as a two-year, Ministry of Health-funded project with the aim of improving the health and wellbeing of people in Hikurangi by focusing on reducing the incidence of heart disease and diabetes within the community. While coordinated by Manaia Health PHO, the project was driven by the community itself. Key values of the project included inclusiveness, participation, equity and a strengths-based approach. The programme was successfully piloted (NorthTec, 2010), and therefore opportunities to recreate similar programmes in Northland was sought.

At the same time that Healthy Hikurangi was being implemented, a region-wide sports and physical activity strategy was being developed. The Northland Regional Physical Activity and Sports Strategy (NSPAS) was developed with input from Northland District Health Board (NDHB), Te Tai Tokerau Maori Purchasing Organisation (MAPO) Trust, the Far North District Council, Kaipara District Council, Northland District Council, Whangarei District Council and Sport Northland.

In order to implement the NSPAS Manaia Primary Health Organisation (PHO), in conjunction with other Northland PHOs and the Northland Sport and Physical Activity Strategy Working Group were successful in securing funding to develop the Community Hubs Project for the whole of Northland. Funding for the project therefore comes from a variety of sources, one of which being Northland DHB which contributes \$150k for the three year project, through a contract with Sport Northland.

Figure 1: Funding Streams for the Community Hubs Project



Sport Northland contributes additional funding and contracts directly with the three Primary Health Organisations (Manaia PHO, Kaipara Care Incorporated and Te Tai Tokerau PHO), to implement the project. In addition Manaia PHO contributed an additional 50k per annum to ensure their Facilitator was employed in a full-time (1 FTE) position.

While these three PHOs have initially been engaged to implement the Community Hubs initiative, this does not preclude the possibility that in the future, the project could be delivered by organisations other than PHOs. Funding to evaluate the project as it is implemented was also secured from NDHB and an evaluation team engaged through a competitive tendering process. The diagram on Page 9 illustrates the implementation and evaluation streams of the project and the relationship of each stream to the other.

1.2 The Rural and Small Town Community Hub Project

The Rural or Small Town Community Hub project aims to have a community-based approach to sport, physical activity, nutrition, and health promotion¹. The project seeks to attend to individual, interpersonal, community, and organisational needs, providing communities with an opportunity to participate in and influence programme development, implementation and evaluation. Each Community Hub is encouraged to utilise and build on that particular community's social and infrastructural strengths, whilst improving community-identified areas of weakness.

The premise behind the project is that people in rural areas or small towns often experience difficulty accessing the determinants of health. The geographic isolation of these communities limits their ability to access opportunities, goods and services other, larger, urban communities take for granted. With no access to public transport and only limited local infrastructural and facility provisions there are many obstacles to Northland's more rurally-based citizens becoming active and healthy.

¹ This project refers to the term 'community' by locality

The creation of “Community Hubs” is regarded by the Northland Sport and Physical Activity Strategy (NSPAS) partners and the PHOs as a way of ensuring the physical activity, nutrition and health needs of isolated and small communities may be met.

Figure 2: Map of Northland



Oversight of the project is the responsibility of the Northland Sport and Physical Activity Steering Group comprising Northland DHB, Te Tai Tokerau MAPO Trust, the Far North District Council, Kaipara District Council, Northland District Council, Whangarei District Council and Sport Northland. While all these entities may be considered to be the project “stakeholders” only NRST and NDHB have provided financial support to the overall

project. Te Taitokerau PHO has also contributed funding to increase their facilitator’s FTE to a fulltime position.

The project aims to assist communities in the Far North District, Kaipara District and Whangarei District by providing these communities with a project facilitator. Initially it was intended that communities would be prioritised by a District Steering Group, made up of iwi, Maori Health Providers, PHOs, Sport Northland, Local Councils, HEHA facilitator and other local representatives. To be selected, communities were required to

meet a number of criteria such as being geographically isolated, having a low socio-economic status (SES) rating; having a high Maori population; having few public facilities (sports stadiums, parks etc); having no or only limited access to public transport; and having limited infrastructural provisions (e.g. roading, footpaths, parks, public toilets).

A project facilitator would then be found in, and assigned to, each community to assist the community to empower and up-skill themselves so that they may direct positive changes within their respective communities. Background project planning documentation states that the project is fundamentally about creating sustainable healthy Northland communities. Therefore it was envisioned that as each community's capacity was developed, the facilitator would be able to minimise the leadership and facilitation role they played within that community. As the degree of facilitation lessened, the facilitator's intensive support would focus on another community. However it was expected that each facilitator would still support and remain a contact for all communities they assisted.

The project highlights the importance of addressing problems at multiple levels and stresses the integration of factors within and across levels (interpersonal, organisational, community and public policy). Based firmly on principles of health promotion and primary health, the purpose of the project is to enable people to increase control over and improve their health through community action and empowerment (World Health Organisation, 1986). The project aims have a bottom-up approach to sport, physical activity, nutrition, and health promotion, which will ultimately build community capacity and assist with creating physically active, healthy, and sustainable Northland communities.

The project has, at its heart, a community development approach to improving population health and wellbeing. It is therefore necessary to briefly outline the elements of community development, and the key national and local health and wellbeing

strategies that inform the development of the Community Hubs project before outlining the project's evaluation framework.

1.3 Community Development

Community development for health, or community-based approaches to health promotion, have grown in popularity in recent decades for two key reasons: firstly community development approaches are considered to provide an effective strategy for addressing health problems in a cost effective manner (Guldan, 1996). Secondly they are regarded as providing the means of enabling people to increase control over and improve their health (World Health Organization, 1986). Community development approaches emphasise community's identifying their own needs and mobilizing community resources to meet their needs. The emphasis of health promotion in the community is about changing lifestyle by changing socio-economic-political structures in the local environment (Guldan, 1996). Community participation, empowerment, enablement, and ownership are the underlying principles that drive community development (Nilsen, 1996). Glantz et al. (1996) added critical consciousness, community competence and issue selection to the list of principles and concepts underpinning community development. The following table, developed by Minkler and Wallerstein (1997) to explain community organisation and community building, provides useful definitions of these key concepts.

Table 1: Definitions of Key Community Development Concepts

<i>Concept</i>	<i>Definition</i>	<i>Application</i>
Participation and relevance	Community organising starts where people are at and engages community members as equals	Community members create own agenda based on felt needs, shared power, and awareness of resources
Empowerment	Social action process for people to gain mastery over their lives and the lives of their communities	Community members assume greater power or expand their power from within to create desired changes

Concept	Definition	Application
Critical Consciousness	Consciousness based on reflection and action in making change	Community members engage in dialogue that links root causes and community actions
Community competence	Community ability to engage in effective problem solving	Community members work to identify problems, create consensus, and agree on change strategies to reach goals
Issue selection	Identification of winnable and specific targets of change that unify and build community strength	Community members identify issues through community participation, decide on targets as part of larger strategy

Minkler and Wallenstein, 1997

For this particular project, the concept of “community” is defined by geography, history and the local environment. The project is founded on the understanding that the health of an individual is shaped by their environment and that the environment in which that individual lives, is in turn shaped by the health of the population. From the set of principles and concepts described above, three in particular underpin the Community Hubs project and guide its implementation: empowerment, participation and ownership. Accordingly the key tenet of the project is

“don’t do for people what they can do for themselves”.

1.4 The Healthy Eating Health Action: Oranga Kai Oranga Pumau (HEHA) Strategy

Improving nutrition, increasing physical activity and reducing obesity are important goals for the New Zealand Health Strategy and the basis for the Healthy Eating – Healthy Action: Oranga Kai Oranga Pumau (HEHA) Strategy. The vision of the HEHA strategy is:

An environment and society where individuals, families and whānau, and communities, are supported to eat well, live physically active lives, and attain and maintain a healthy body weight.

The three goals of the HEHA strategy are to:

- Improve nutrition
- Increase physical activity
- Reduce obesity

Through the Ministry of Health, the Government has made funding available to support the establishment and operation of initiatives, programmes and services that deliver on the HEHA strategy. The Northland District Health Board was successful in being allocated funding from the HEHA funding to support local initiatives in its district such as Community Hubs.

There is a large body of evidence supporting the role adequate nutrition and physical activity play in the prevention of obesity and chronic diseases, and the maintenance of health and wellbeing. However the Ministry of Health notes that there is a lack of good quality evidence on effective actions to improve nutrition and physical activity (Ministry of Health, 2004). Monitoring, research, and evaluation are one of eight objective areas within the Ministry's HEHA Implementation Plan. The Ministry has developed an integrated research, evaluation and monitoring approach to underpin the evidence base for the HEHA Strategy. To support the framework and DHB-led evaluation of public health initiatives consistent with the HEHA Implementation Plan, the Ministry has established the \$1.6m per year HEHA Evaluation Fund. The Northland DHB received funding from the HEHA Evaluation Fund in the October 2007 funding round to evaluate the Community Hubs Project.

1.5 The Northland Region Sport and Physical Activity Strategy

In 2005/2006, Sport Northland, in conjunction with a number of other stakeholders, developed a Northland Region Sport and Physical Activity Strategy. The aim of the

strategy is to establish increased collaboration for physical activity, sports development and project implementation across the Northland region. The partners to the strategy collectively prioritized the needs of Northlanders. At the top of this priority list was the need to improve provisions to rural and isolated communities. The vision for the Northland Region Sport and Physical Activity Strategy 2006-2009 is:

Northland naturally active

The vision strives for Northlanders of all ages choose to be active in their own communities; to work together to ensure everybody has access to the sport and physical activity opportunities and experiences they want; to utilise the region's natural environment and resources; to develop facilities, clubs, activities, programmes and teams that deliver for Northlanders in ways that work for them; to overcome barriers and find ways to get active because they really want to; to deliver great sporting experiences for young people that allow them to reach their potential and to produce winning teams and individuals. The four goals of the strategy are:

- Goal 1: Regional Collaboration
- Goal 2: Participation
- Goal : Sport
- Goal 4: Facilities and Active Friendly Environments

Specifically the Community Hubs project is seen to contribute towards achieving the following sub-goals from the NRSPS:

- 2.1: the development of region-wide community-based physical activity programmes;
- 2.4: a reduction in barriers and improvements in equity of access to physical activity;
- 3.2: the provision of administrative support for sports clubs and organizations;
- 3.4: the recognition that volunteers are the lifeblood of sport in the region and support for their recruitment, development, retention and growth;

- 3.6: improvements in the financial viability of sports clubs and organizations;
- 4.3: the development of Active Friendly Communities; and
- 4.4: improved utilization of existing facilities within the region.

1.6 Evaluation Research

Evaluation has been defined as the systematic investigation of the merit, worth or significance of an object (Scriven 1998; Shadish, Cook and Leviton, 1991). For many community development programmes the ultimate goal is to improve the well-being of people. Evaluation furthers this goal by providing a) ongoing, systematic information that strengthens projects or programmes during their life cycle, and b) whenever possible, outcome data to assess the extent of change. The evaluation effort should leave an organization stronger and more able to use such an evaluation when outside support ends. (W. K. Kellogg Foundation, 1998).

Data gathered during evaluation enables managers and staff to create the best possible programmes, to learn from mistakes, to make modifications as needed, to monitor progress toward programme goals, and to judge the success of the programme in achieving its short-term, intermediate, and long-term outcomes. MacDonald et al. 2001.

In 2008 Northland DHB, in conjunction with the Northland Region Sport and Physical Activity Strategy, sought Registrations of Interest from evaluators to undertake an evaluation of the Rural or Small Town Community

Why evaluate community development programmes?

- To monitor progress toward the programme's goal
- To demonstrate that a particular programme or activity is effective
- To determine whether programme components are producing the desired effects
- To permit comparisons among groups, particularly among populations with disproportionately high needs (eg Maori)
- To justify the need for further funding and support
- To learn how to improve programmes
- To ensure that only effective programmes are maintained and resources are not wasted on ineffective programmes

Hubs Project. Whakauae Research Services (WRS) was commissioned by the Northland District Health Board (NDHB) in May of 2008 to undertake the evaluation which would include formative, process and outcome evaluation phases. One of the first tasks WRMHD undertook upon having been awarded the evaluation contract was to develop an evaluation plan for agreement and sign-off by NDHB and the Ministry of Health. The evaluation plan was based on the project documentation provided to WRMHD, the original RFP and discussions with the stakeholders. The evaluation plan outlined the three stages of the research: formative (corresponding approximately to the first year of the project); process (approximately year two) and impact (approximately year three) and the evaluation activities that would be conducted in those phases. A copy of the evaluation plan is available from the evaluators. The evaluation proper commenced in June 2008, despite the Facilitators in only one of the three sites being on-board at the start of the project and the evaluation. This issue is discussed further in the Findings Section below.

1.7 The Community Hubs Evaluation Objectives

The aims and objectives of the Community Hubs project are deliberately broad: the idea being that adopting a holistic approach would allow each community to be supported to develop its own aims and objectives and therefore maintain the community development ethos. Consequently, the evaluation objectives were required to be equally broad. As stated in Northland DHB's Healthy Eating Healthy Action DHB Evaluation Fund Proposal (2008), the original evaluation objectives were to:

- Create healthy sustainable Northland communities
- Increase the health and wellbeing of Northlanders that live in rural, small town and isolated communities
- Build on rural and small town communities social and infrastructural strengths
- Empower and up-skill communities to participate in and influence programme development, implementation and evaluation within their community
- Facilitate the development of community capacity

- Maintain an organic and flexible approach to the community development framework
- Improve physical and mental health and wellbeing (Northland DHB, 2008)

The stakeholders (ie those who have either funded various components of the project, or those for whom the project assists to meet some strategic goals) further defined and refined the purpose of the Community Hubs Project evaluation and these in turn have been used as high-level evaluation objectives:

- a) to work with the stakeholders, Community Hub Project Facilitators and community groups to identify community needs;
- b) to prioritise future community directions;
- c) to provide increased evaluation capability and capacity to Community Hub Project Facilitators and communities;
- d) to determine if the structure and framework of the project is effective;
- e) to determine if the project is meeting its objectives and specifically if it is creating healthy sustainable Northland communities;
- f) to establish if/what adaptation needs to be made to the project; and
- g) to build local capacity.

While the overarching evaluation objectives listed above guided the evaluation activity in the field, for the purposes of this report, the evaluation team have also addressed the specific evaluation questions outlined in our original evaluation plan. These evaluation questions provide a structure for the report as discussed below.

1.8 Report Structure

E Jane Davidson, a highly regarded NZ evaluator, has noted that in reading evaluation reports, commissioners of evaluation seek the answers to the evaluation questions that have been posed (2010). This observation has directly impacted the structure and layout of this final report, as the key findings are presented directly after this introductory section.

The report is broken into five main sections: **Introduction** (which provides the background to, and context of the evaluation); **Findings** (the answers to the specific evaluation questions); **Discussion** (the implications of these findings for the evaluation commissioners and the sector more widely); **Recommendations**; and an extensive set of **Appendices**, which includes, as Appendix 1, a detailed section on **Methodology** (how we went about gathering the data).

Within the **Findings Section**, the original formative, process and impact evaluation questions have been grouped under a set of broad themes and the findings pertaining to those themes presented. The Findings Section therefore covers the themes of: Community Readiness; Engagement and Participation; Initiative Identification; Training; Leadership; Initiative Implementation; Improvements in Community Capacity; Sustainability; the Community Hub Project Framework; and the Effectiveness and Impact of the Community Hubs Project.

A further set of themes, which emerged from the data, is presented at the end of the Findings Section. These themes include Funding; the Importance of the Facilitator; and the Challenges of Community Development Approaches.

2. FINDINGS

2.1 Community Readiness

This section addresses the following evaluation questions:

- How does the community feel about the health and wellbeing of their community?
- What are the community strengths, weaknesses, opportunities, threats?

Establishment Phase

The Community Hubs project was initially implemented in three areas: Whangarei, Kaipara and Te Rarawa/Far North. In two areas (Whangarei and Kaipara) Community Hubs Facilitators were employed directly by the Primary Health Organisations which operated there, namely Manaia Primary Healthcare Organisation and Kaipara Care Incorporated respectively. In the Far North, Te Tai Tokerau PHO sub-contracted one of its member provider organisations to employ the Te Rarawa/Far North Community Hubs Project Facilitator.






The project began in May of 2008 and at that time it was expected that all three areas would have Facilitators on board by July or August of that same year. As demonstrated by the timeline below, there were delays in employing Facilitators in all three sites; Manaia PHO's Facilitator was the first to be employed and was able to begin work in June 2008. KCI employed their initial Facilitator in December of 2008, while Te Rarawa's Facilitator came on board in July 2009. In the case of Te Rarawa, the delay in employing a Facilitator has led to the project being extended in that site for a further six months².

In 2009 significant staffing changes occurred, which again impacted on the continuity of the project and on the progress of the evaluation. In April of 2009 the Facilitator for Manaia PHO left and in June that same year, the Facilitator for Kaipara Care Inc also resigned. However by August of 2009, all three PHOS, including Te Taitokerau PHO

² The Community Hubs evaluation however, has not been extended, thus this evaluation report will not capture the final six months of the Te Rarawa Facilitator's work.

had secured new and/or replacement Facilitators. The following table illustrates the changes in staffing that occurred in the first two years of the project.

Table 2: Community Hubs Staffing Changes 2008-2011

Role	Year							
	2008		2009		2010		2011	
	1st Half	2nd Half	1st Half	2nd Half	1st Half	2nd Half	1st Half	2nd Half
Project Implementation								
Project Evaluation								
Community Hubs Facilitator Site 1								
Community Hubs Facilitator Site 2								
Community Hubs Facilitator Site 3								

Community Selection

The method of community selection by the PHOs, and the community needs assessment processes were varied. Some communities had already undertaken an assessment of their needs and were beginning to become active and formalise their activity around working groups and community groups. In other sites, the introduction of a funded position assisted the community to work in a coordinated fashion. The selection of Community Hubs sites is described in more detail below.

Manaia PHO – Tikipunga, Pipiwai

Initially, Manaia PHO had a contract for their Community Hubs Facilitator to work with two sites: Tikipunga and Pipiwai. Tikipunga is an urban community, where at the time of

employment of the Community Hubs Facilitator, a newly formed community group had recently commenced meeting. This provided the PHO with an avenue for engagement. Just prior to the Community Hubs initiative being rolled out into the community, a policy planner from Whangarei District Council held a community meeting in Tikipunga, where community members raised a number of concerns about their community. The policy planner then approached Manaia Health PHO for assistance and key people from the PHO and the Council were invited to a follow-up community meeting. This follow-up meeting decided to form a working group, which eventually came to be known as TikiPride.

At the same time that the community themselves were becoming active, Manaia PHO were also investigating which communities would be the most appropriate first sites for the Community Hubs project.

This involved a 'desk top exercise as well as discussions with Ministry of Social Development, Department of Internal Affairs, Northland District Health Board Public Health Unit, Whangarei District Council, Ngati Hine"
PTM 26/11/2006

Tikipunga was chosen as a Community Hub site because it was regarded as a *community where this is the right opportunity at the right time* (PTM 26/11/2006). A community needs assessment process was carried out for Tikipunga and a summary report entitled "Community Selection" was produced, which is currently held at Manaia PHO.

The initial Facilitator employed by Manaia PHO also conducted a need assessment of their own which involved a further "desktop" analysis, a series of interviews with key community leaders and an extensive survey of community residents at a TikiPride picnic day (KI07). The purpose of the survey was to determine the positive aspects of the community, what could be improved in the community and also to identify potential

“champions” and people within the community who might be willing to assist in community development initiatives.

.... 70 survey forms were collected on the day ...completed forms went in the draw to win a ‘healthy hamper’ PTM 26/11/2008

The second site Manaia PHO identified as potentially benefitting from community development facilitation and resource was Pipiwai, a small, rural community some 40kms north west of Whangarei.

Pipiwai with a population of about 300, has also been considered. There is an opportunity to work alongside an existing key community person. PTM 26/11/2008

In the early stages of the Community Hubs Project (June 2008-June 2009), the TikiPride group and strengthening linkages with Pipiwai were key foci for the Manaia PHO Facilitator. However, after a protracted engagement and negotiation phase, it became evident there was a lack of community readiness to progress the Community Hubs project at this site. This realisation prompted a re-negotiation of the contract between Manaia PHO and the DHB which resulted in the Manaia-based Facilitator reducing their role to concentrate on one community, but with the inclusion of an additional project within the community. To that end, by the conclusion of the project the Facilitator’s two projects were working with the TikiPride group and assisting to support and develop a marae garden at Pehiaweri Marae.

KCI – Te Kopuru

In the case of Kaipara, the small community of Te Kopuru was identified as being a potential site for the Community Hubs project. This decision was based on some earlier work the PHO undertaken for a health promotion project.

KCI PHO initially engaged with the Te Kopuru community in 2004 however nothing came of it as at the time there was no resource to commit. The history underlines the importance of delivering something this time. PTM 26/11/2008

The Facilitator assessed community needs by using the same format as the TikiPride group, and reported *using a survey based on the one used by [Facilitator name]. Two hundred surveys were sent out with 39 being returned PTM 4/2/2009*

Te Kopuru is a small village 12kms from Dargaville. Unlike Manaia PHO who co-funded the Facilitator position to bring this up to a full time position, in Kaipara the Facilitator only works .2 FTE on the Community Hubs project, i.e. one day per week. Having such a small resource available to the community impacted on the community development work that could be done, and how it was done. While there were two Facilitators over the life of the project in Kaipara, the first Facilitator combined their Community Hubs FTE and worked one week in five solely on Hubs work.

I enjoyed it, I love community development, working alongside the community. It was hard in the role though, because of the limited time, but I think it worked well doing one week a month system. I was out and about and my face was seen during that time. I made lasting relationships. KI08

The second Facilitator decided to use their FTE differently, working one day a week on Hubs.

It was difficult for me to feel like I was making an impact, to generate enthusiasm and keep things rolling. But that is hard in small towns with different personalities and different meeting times. The value had been to try and encourage the community group to talk more, to be more au fait with what's available and encourage them a bit more. Tricky with it being a

*short time frame...more hours over a shorter period might have worked,
would have had more oomph! KI18*

The ability of the Facilitators to immerse themselves in community development work within this small allotment of time, in conjunction with the major changes that occurred as Kaipara Care Inc transitioned to combine with Manaia PHO has had an impact on the extent of progress in this community. Indeed the changes within the PHO environment resulted in the resignation of the second Facilitator prior to the end of the project. A decision has been made not to replace the Facilitator, given the short term left to run of the project.

Te Tai Tokerau PHO – Te Rarawa

In the case of Te Tai Tokerau PHO, a decision was made by the PHO to situate the Community Hubs project with the PHO provider partner Te Rūnanga o Te Rarawa. This was done for a number of reasons, such as the Rūnanga already having an existing, research group, the ability of the Community Hubs Facilitator to “tap into” the existing hapū planning process; the realisation that hapū based initiatives fitted well with the PHO philosophy; and that to do so provided an excellent opportunity to strengthen relationships between the PHO and Te Rarawa.

*Did a major marae based research ... community needs assessment .. what
individual marae needed EMN30/4/09*

Te Rūnanga o Te Rarawa tribal area transcends two PHO boundaries, that of Te Tai Tokerau PHO and Hokianga Health Integrated PHO. The two PHOs have cooperated to enable the project to work across PHO boundaries, so that the Community Hubs Facilitator is actually able to work within the tribal boundary. Geographically this area is very large, rural, isolated and has high levels of deprivation. The area is intersected by the Hokianga and Pawarenga harbours and transport and access in the region is one of the major challenges for the area. The Facilitator in this community was employed one year after the first Facilitator came on board, and six months after the current

Facilitators. In part this was due to the iwi being focussed on a Treaty claim, but also in part because the PHO wanted to ensure they selected the right person for the position, as it was understood to be a challenging role requiring a particular skill set.

The strategy this Facilitator has adopted in implementing the Community Hubs project has differed slightly from the approaches adopted in the other two areas. As the Te Rarawa Facilitators observes:

The implementation in Te Rarawa was across the whole rohe, ie 23 hapū/ marae (which in turn is across five takiwa where marae are grouped geographically). Hence the broader focus of the projects, such as Hapū Planning, Kaumaatua tangata, the Gout Research Strategy, my involvement with the Health Strategy Group and the Iwi Research and Development Group and, doing other things such as Waireia Trust who own the general store at Panguru. Personal Communication, Te Rarawa Facilitator

The delay in employing the Te Rarawa-based Facilitator has not impacted on the achievement of the programme at all. Te Rarawa's active research programme has already primed community members to the need for evaluation and research while the hapū planning process had encouraged community members to consider community and hapū, needs. Consequently the implementation of the Community Hubs project in Te Rarawa was relatively straightforward and very quick to get up and running once the Facilitator was in place.

2.2 Engagement and Participation

This section addresses the following evaluation questions:

- How have participants been engaged in the project?
- What has been the result of the engagement?
- Who is participating in the community projects?
- How has the Community Hub Facilitator engaged with the community at different stages throughout the Community Hub Project?

Community Engagement

Tikipunga and Te Kopuru

The community participants have been engaged through a variety of methods, such as Community meetings and hui; brainstorming planning sessions; community events (such as the TikiPride picnic); participation in community surveys and one-on-one meetings with the Facilitators.

Community Facilitators have spent time visiting key community members in their homes, or at their place of work in the case of community members who work in schools, churches, councils. Umbrella groups such as community networkers in Whangarei and a similar group in Dargaville have been utilised to raise community awareness. In the case of Tikipunga, the Facilitators have purposefully developed relationships with other individuals and groups who provide services into Tikipunga, (such as Amokura and the Communities Roadshow) and worked closely with their counterparts from other government-funded ministries and departments (eg: Youth Workers).

Facilitators have also frequented places where community members gather, in order to inform and advocate for the Community Hubs project. For example Facilitators have talked about Community Hubs at local hotels; presented to existing sports groups; and, in the case of Te Kopuru, made themselves available at the local shop, which is focal point and key gathering place for this particular community. Surveys; letters; and community newsletters were also used to engage and inform community members, both in the initial needs assessment and engagement stage and throughout the life of the project.

A community letter went out asking who had what skills, about sharing resources with another marae EMN 17/2/10

Newsletters have been an effective instrument of engagement. Early on in the project the Facilitators working with Tikipunga and Te Kopuru developed newsletters as a way

to introduce the project to the Community and seek community buy-in. From humble beginnings as a one or two-page leaflet, in the case of Tikipunga particularly, the newsletter has now developed into a glossy, high quality 20-page A5 document full of local news, articles, important contact information and community notices.

*It will be hard to measure what difference it has had on health and wellbeing outcomes. One of the crucial things, I think, for Tikipunga is they now have a community newsletter.*KI14

Te Rarawa

In Te Rarawa, community engagement initially occurred through the hapū planning process. The Facilitator made themselves available to various marae groups as they were completing their hapū planning and was able to inform the community about the role of a Community Hubs facilitator, and how the Facilitator might be of use to the community.

The Facilitator carried out a very creative process with her groups around planning.

I tend to sit there and I'm just meeting with just one person from the group, have a chat and I'm writing, put on stickys and then I go away and write it up ... using template that I had for the netball. [Facilitator name] showed us examples of plans with post it notes all over them) I send them back something, check it take it back to groups, e.g rugby, hard to get meetings, go from talk, to post it, go back check it out, report, sent back and then written over, and then fill in gaps and take it back. ETM 1/7/2010

Results of Community Engagement

As the communities vary widely, so too are the results of the community engagement equally diverse. As evaluators through our observations of Community Hubs Project Team Meetings, and in one-on-one meetings with Facilitators, we have noticed that increased linkages have been made within the community by the work of the Facilitators

(EMN 7/12/10). Overall, the recognition of Community Hubs as a specific project or programme is linked with either the name of the particular Facilitator, or the group they are working with e.g. TikiPride, or Pehiaweri Marae, or Te Rūnanga o te Rarawa.

Tikipunga and Te Kopuru

In Tikipunga, the result of engagement has been different with the two projects. With TikiPride, there has been internal group dynamic difficulty which has impeded the potential effectiveness of the Facilitator. The Facilitator has also taken a “hands-off”, almost “purist” community development approach which may have been less than optimal for a group that has been struggling with leadership issues, self-motivation and building capacity for action.

However this same facilitator has been very effective at Pehiaweri Marae, assisting the marae committee to progress initiatives, access additional resources, and foster effective collaborative relationships (e.g. between the marae garden project and the local general practice).

Figure 3: Pehiaweri Marae Garden

The way the Facilitator engaged with this group was through attending marae meetings, documenting the garden project in photographs, and introducing people with the specific expertise that the marae garden group needed, to the garden project.

In Te Kopuru, both the Facilitators worked to enhance the confidence and skills of an existing Hall Committee, to enable the group to eventually act as an umbrella



organisation for a range of other initiatives needed in the community. These initiatives included holiday programmes and other initiatives directed at the youth of the community. The Hall Committee has also been assisted in its negotiations with the Kaipara District Council to gain ownership of the Hall itself and to apply for funding to enhance its own sustainability. In particular, the most recent Facilitator assisted the Hall Committee apply for funds for secretarial assistance.

Engagement with Maori has been a feature in the Manaia PHO case, however less so in Te Kopuru. This in part, may be due to the experience of the respective Facilitators' in each site and their own degree of comfort in engaging with Māori specific communities.

Te Rarawa

With Te Rūnanga of Te Rarawa programme, the result of the engagement has been that a myriad of small community groups, and community members, have been assisted to develop and participate in projects and initiatives which, without such a resource, would have been denied them. The skills and capabilities of the community members involved in these initiatives have also been improved³. We will return to the issue of capacity building later in the report.

Challenges in the HEHA project, ... people feel not confident enough for [the] steering group, but now have six, most from Pangaru. Some from Kohukohu would be good. People keen but don't have capacity. People find it hard to believe that they can make decisions, not used to being put in the position to make decisions ... don't have confidence that they can plan so having this little process here, is good. ETM 1/7/2010

Facilitators in all three sites have reported that the hardest group to engage with are the youth of each community. Community concern, particularly from parents, from school

³ The issue of capacity building is discussed in more detail in Section 2.7 Improvements in Community Capacity

teachers and community members more widely is and remains high for this group whose needs in each of the three sites remains, as yet, unmet.

There are little cliques in the community, which make it very interesting, town versus country. It made things harder to bring together, they are set in their ways. The community had identified that they wanted a youth centre and the school had said their grounds were available, but there was some misunderstanding about that. KI08

Engaging positively and healthily with youth, and addressing issues of concern to them, remains a challenge in Tikipunga and Te Kopuru. However, some headway is advancing youth needs is being made in Te Rarawa through an increase in the provision of sporting opportunities.

2.3 Initiative Identification

This section addresses the following evaluation questions:

- What community services/initiatives/projects currently exist?
- What services/initiatives/projects does the community want to develop and implement?
- What services/initiatives/projects have been developed and implemented through the Community Hubs Project process?
- What new projects do the communities want developed in the future?

The following table illustrates the breadth of activity that occurred in each Community Hubs site over the period of the project. In the case of Te Rarawa, many of these projects were achieved in conjunction with other HEHA-funded initiatives, demonstrating the exponential effect that combining funds and resources can have in a community if a skilled Facilitator is given the flexibility to work across funding, strategy and policy boundaries. In Tikipunga the establishment of a legal trust has greatly assisted initiative prioritisation and eventual implementation.

The table indicates initiatives that have already been completed; those which are still current at the time of the evaluation; those which were considered but did not occur;

and some which the community have identified as worthy of pursuing in the future. Where an initiative linked with other funding sources or strategies, this is also indicated.

Table 3: List of Activities in Each Community Hubs Site 2008-2011

Tikipunga						
Projects	Completed	Current	Future	Linkage	Did Not Occur	Notes
Supported the development of Tikipunga Community Trust	✓					General support of the group Attendance at development discussions
TikiPride Community Newsletter		✓				Assistance with development and printing Full support in graphics design and layout
Tikitubes	✓					Support at meetings
TikiPride Day (x2)	✓					Varying levels of support
Breakaway Holiday Programme	✓					Full involvement and collaboration with Sport Northland & Pehiaweri Marae Completion of agreement Completion of policies & procedures and required paperwork Organised waka ama for holiday programme
Pehiaweri Marae Gardens		✓				Recording of progress through photography and log of events Support of Marae planning through linking up with expertise required Ongoing support for sustainable development Accessed funding from TPK Completed all reporting aspects to TPK
Tiki Has Talent			✓			Discussed as desired future project
Tiki Pride Election public	✓					Support of committee

hui						
Paramount Medical Centre social worker project – nutrition		✓				Funding gained through Te Puni Kokiri with major Facilitator input Plan was for Paramount Parade social worker to identify whanau in need of fresh fruit and vegetables and for the CH Facilitator to assist them with gardening The model was revised to link the whanau up with the Marae garden project
Tiki Pride Community Hui		✓				Supports committee
START, innovation proposal youth worker modelled around waka ama			✓			Joint proposal developed with leadership from Manaia facilitator Proposal submitted but not short-listed 155 Community Trusts were successful in the contract Have kept the proposal for the base of any new funding
Ki-o-Rahi module in Tikipunga		✓	✓			Full involvement with Sport Northland, Pehiaweri Marae and Tikipunga Rugby Club Completed “Train the Trainer” workshop with community organisations of Tikipunga Run ki-o-rahi at Holiday Programme Run Ki-o-Rahi community module by end of April 2011
Tiki Graffiti Project		✓				Community Hub, Whangarei District Council, Housing NZ, District Health Board have funded an assessment towards the project The report focuses on graffiti, vandalsim, accessibility and injury prevention Community Hub has provided funding to complete a safety report

Te Rarawa						
Projects	Completed	Current	Future	Linkage	Did Not Occur	Notes

Hapū planning		✓		✓		Assisted Community researcher at other marae Carried on process with own marae over the last 2 and a half years Piloting own processes for implementation at own marae including Charities Commission application Work with other marae as requested
Te Roopu Maiangi – aged care project		✓				Completed outcomes Plan 3 Takiwa focus across Kohukohu, Panguru and Pawarenga (North Hokianga) Reviewed outcomes plan 2010 for gaps Identified need for strengthening kahui kaumaatua roopu which operates across Te Rarawa
Kaumātua Well-being Project						Te Rarawa-wide Assisted with seeding grant application to HRC – successful Assisted with full research application and rebuttals to HRC – declined with advice to narrow question and reapply next round Assisting now with new application to HRC Maori Committee
Working to keep local store open		✓		✓		Developed outcomes plan – linked with local Maori farming trust Offered presentation to Board Linking in Te Rarawa Asset Holding Company Business Development Manager
Civil defence and pandemic planning	✓					Assisted with research by arranging interviews, doing some interviews, and critiquing final report
Gout Research Hui /Project		✓				Leading process Facilitated Runanga consultative hui with trustees for approval to develop a process - approved Utilised Hub evaluation funds to run a community consultation (formative evaluation) Involved health and community reps and public Assisted with seeding grant application to HRC to develop project proposal – successful Assisting with development of MOU & full research proposal in conjunction with Otago University

Whanau ora Action Research		✓				Attended Te Puni Kokiri 2 day hui to discuss the process
IRD – Iwi Research & Development Group		✓				Participate in 6 weekly meetings re Te Rarawa research Participate in resulting projects Use Te Rarawa research to inform own practice
HEHA Project- Te Rarawa/Te Tai Tokerau PHO/Hauora Hokianga Collaboration				✓		
Hauora Hokianga		✓				Work with HEHA Facilitator re planning of meetings Assist with reports to MOH Work collaboratively to address administration issues
Steering Committee		✓				Worked with 3 takiwa of Panguru, Kohukohu and Pawarenga to identify community reps for the committee Developed meeting processes for discussion and agreement by the committee Provide support in the community to committee members Facilitate meeting processes in conjunction with HEHA coordinator Prepare documentation for meetings
Newsletter		✓				Assist community members with production of newsletter Gather information Proof read
Kohukohu/Ma ngamuka						
Motukohu Youth Group		✓				Completed outcomes plan 2 x successful HEHA proposals 1x successful COGs funding
Ngapuhi ki Te Raki Youth group		✓				Fledgling group – outcomes plan completed 1 x successful HEHA application
Kotahitanga Netball		✓				Completed outcomes plan Completed evaluation with Hub evaluation funding

Initiative						Junior netballers identified for wānanga with NZ reps and coaches – March 2011 – Te Oranga (Te Runanga O Te Rarawa involved) 1 x netball Leadership scholarship being offered for 2011 through Te Oranga – these reps often given preference for tertiary sporting scholarships
Zumba		✓				Outcomes plan developed
North Hokianga Junior Sports Club		✓				Outcomes plan developed Assisted with initial equipment funding for summer sports and sponsorship Rugby for Junior boys 2010 – some selected for reps – Taniwha Cup tournament Dargaville Group fundraises regularly Received HEHA assistance for summer camp and water safety programme
Kaumatua garden					✓	
Table Tennis - Pawarenga		✓				Outcomes Plan 1x successful application included with Zumba and tennis above
Table Tennis – Rangi Point					✓	Difficult to motivate despite desire for initiatives Difficult to pin down people
Mau Rakau			✓			Attended community hui Plan developed Successful HEHA application for weekend wānanga Hub evaluation funding utilised at wānanga Group have continued to meet 2xweekly since the wānanga in October Group has self selected 5 reps to travel to Whangarei once a month to train with the tutor to progress to first Pou level. The 5 will also train others back home with what they learn Further HEHA funding given for travel and training support Group fundraising
Gym initiative Pawarenga				✓		

Kiorahi		✓				Work in conjunction with Te Oranga trainer to encourage and offer training
Exercise programme for diabetics					✓	Motuti sponsor moved from area Rangi Point interest but has not yet eventuated in action
Dance Class 1 Panguru	✓					1 x sucessful proposal thru HEHA 8 wk programme Drop off in attendance at the end of the period – possible due to arrival of Xmas period Instructor came from Kaitaia each week
Dance Class 2 Panguru		✓				Outcomes plan developed 2 x local instructors Focus on mothers & babies and Kaumaatua 6 week programme approved for HEHA funding – may expand to marae – to be held in Panguru
Waka Tete Panguru					✓	Waka broke apart Group yet to reconvene
Mara Kai Kohukohu Primary School					✓	
Te Taumata o Panguru Xmas in the Park	✓					Required intervention by Steering Committee with School Principal Kohukohu expressed interest in holding the event if not wanted by Panguru Organisation by me was significant Cancelled 2 days before event to be held This school now facing significant issues with the MoH re its perfomance
Pawarenga senior netball Pamper night	✓					Local initiative to follow up sucessful netball season
Kohukohu Movers and		✓				Group of elderly received HEHA funding for small amount of equipment and hireage Group had been meeting regularly

Shakers						with Hauora Hokianga Kai Manaaki Tangata Size of group has grown
Te Kura O Hata Maria – Jump Jam	✓					Outcomes plan developed Received some HEHA funding for day Focused on encouraging attendance from North Hokianga schools and whanau Very Successful – increase from 2 to 5 schools attended Full report received
Triathlon Event		✓				Kai Manaaki Tangata Kohukohu planning to run event May have to be duathlon as it is becoming too cold for the pool Assistance offered from Te Hauora O Te Hiku O Te Ika
Kaumaatua Ball		✓				Evolving process
Training		✓				People starting to see the usefulness of outcomes planning Will be offered in each of the 3 takiwa through the next newsletter First aid training to be offered as above in the next newsletter

Te Kopuru						
Projects	Completed	(was) Current	Future	Linkage	Did Not Occur	Notes
Working with Hall Committee – funding and ownership of hall building		✓				Supported Hall Committee to access funding through COGs Worked with Hall Committee to facilitate the use of the legal entity to umbrella other Te Kopuru initiatives Supported Hall Committee to negotiate ownership of hall
School gardens		✓				Linked with school to develop gardens
Newsletter						Developed and printed newsletter
Xmas parade			✓			Exploring feasibility of Xmas parade for Te Kopuru
Youth holiday programme			✓			Working with Youth group to arrange funding holiday programme

Youth dances/discos at hall	✓					In collaboration with youth group
Games sessions for children	✓					Held but difficulty with space to keep games set up

New projects that communities have identified for future development include youth services (all sites); health services in Tikipunga; a BMX track in Te Kopuru; a kuia and kaumātua ball, and a housing project tailored to Te Rarawa kuia and kaumātua.

2.4 Training

This section addresses the following evaluation questions:

- What evaluation training do Community Hub Facilitators and/or community members require?
- What formative evaluation support do Community Hub Facilitators and community members need to plan and undertake community assessment?

Establishment Phase

A significant component of the evaluation involved identifying how well Facilitators were able to plan, implement and evaluate community-identified initiatives and to provide training in these skills where necessary. However, the ability to conduct training with the Community Hubs Facilitators in a formal and systematic way was hampered in the early stages of the project due to delays in recruiting the Facilitators in each Hub. Given these delays, the evaluation team decided to adopt a more organic and flexible approach to training, work with the Facilitators on a one-on-one basis, as they came on board, to identify their knowledge, skills and experience of needs assessments, environmental scanning, project planning and project evaluation. As is often the case in community development initiatives, the skill levels of the Facilitators employed in the different Hubs varied widely according to their experience within the fields of community development and health promotion.

Figure4: Administering the Tiki Pride survey



The first Facilitator employed by Manaia PHO had a health promotion background and was experienced in conducting community-based needs assessments. This Facilitator started with the project in July 2008 and enjoyed a lengthy period of community engagement and networking. For a number of months this Facilitator was the only one working on the Community Hubs

project and as a consequence WRMHD were able to develop a range of resources for the Facilitator including planning material and literature (see Appendix 3). This Facilitator also benefited from the experience of their manager, who was well-versed in research techniques such as community-based needs assessments and the use of surveys. It was agreed that, given the Facilitator was well-supported by the PHO, formal training by the evaluators was not required and would be scheduled for when the full complement of Facilitators were employed (EN 9/10/08).

While in this position, the Facilitator undertook community assessments and worked closely with their Manager to identify appropriate communities to become Hubs. Part of this needs assessment involved administering a survey to community members at a local event to ascertain their views on what could be improved in their community (see Appendix 4).

Kaipara Care Inc PHO was the second PHO to engage a Community Hubs Facilitator in December of 2008. This Facilitator was less experienced than their counterpart at Manaia PHO and WRMHD was able to offer this Facilitator intense, one-on-one support via telephone and email. The support provided to both Facilitators in this initial phase included advice on survey design techniques; advice on formative evaluation data

collection methods; advice on collecting robust data and maintaining good records of activities undertaken; and advice and material on developing programme logic models and planning for initiatives once they have been identified within communities.

WRMHD's practice in the early, set-up stages of the Community Hubs project of being available to Facilitators as and when they came on board, and as and when they required advice and support resulted in peaks and troughs of activity for the evaluation team. However, this approach was preferred to one where Facilitators are compelled to attend courses or training which may occur too soon in a project's lifetime or be poorly tailored to the needs of the project. The different experience and expertise levels of the Facilitator's required the evaluation team adopt a flexible approach to the provision of education, training and support in the formative phase of the project.

Formal Training

Once every site had Facilitators in place the evaluation team suggested a formal workshop be held on programme planning and logic modelling with all three Facilitators. The purpose of the workshop was two-fold: to provide an opportunity for Facilitators to learn from the experiences of others and secondly provide some structured training in the need for, and use of, tools such as programme logic models, rubrics and indicators of success.

The one day workshop was held in Kaikohe in September 2009. While the training session was particularly targeted at the three Facilitators, it was open to all those on the Community Hubs Project Group and two members from this group participated in some part, or all, of the day.

Prior to the evaluation training session participants were asked to give some thought to the following:

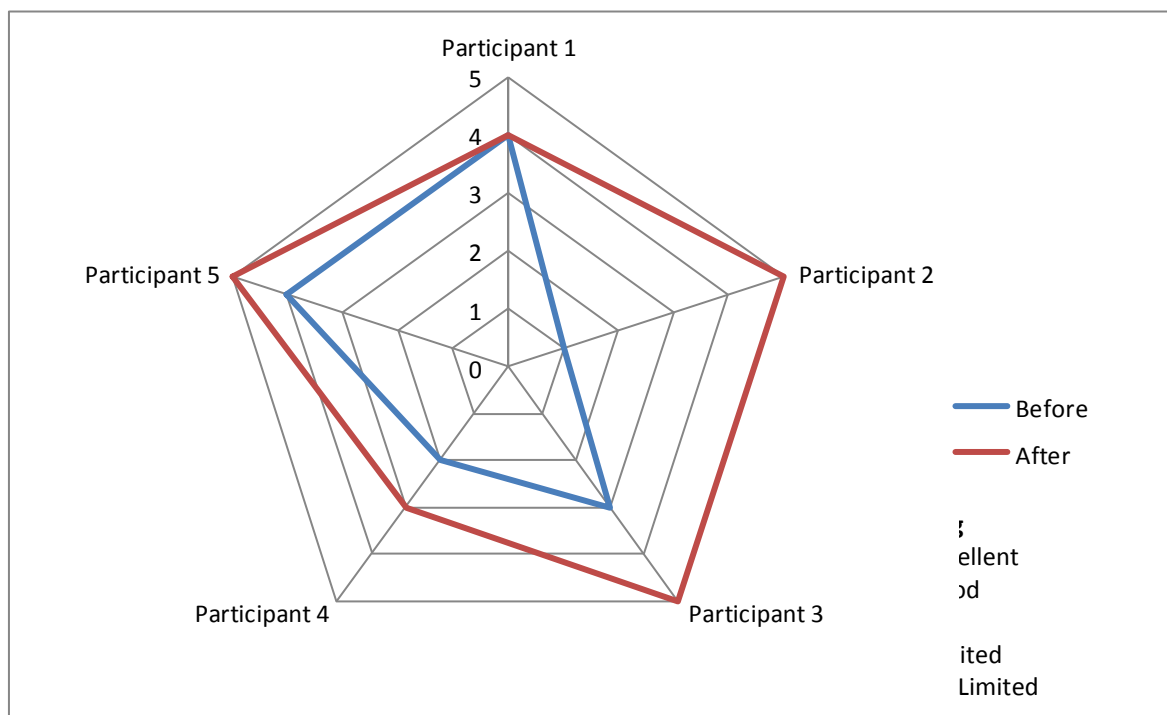
- What a community project evaluation toolkit might include;
- The advantages of project planning; and

- Any current or past Hubs project planning activity Facilitators are engaged with or have engaged with (including project plans, logic models etc) so that everyone can learn from each other and share practice experience.

Participants were guided through an evaluation workbook developed by WRMHD specifically for use by community workers and health promoters. Participants undertook a range of exercises, individually and in groups which covered topics such as: the evaluation toolkit; working with community groups; working out where we are going and how we will get there; logic models; knowing if you've made a difference; deciding what to evaluate and how; and doing the evaluation.

Participants at the workshop were asked to rank their understanding of project evaluation and their understanding of the relationship between project planning and evaluation at the start, and the end, of the workshop.

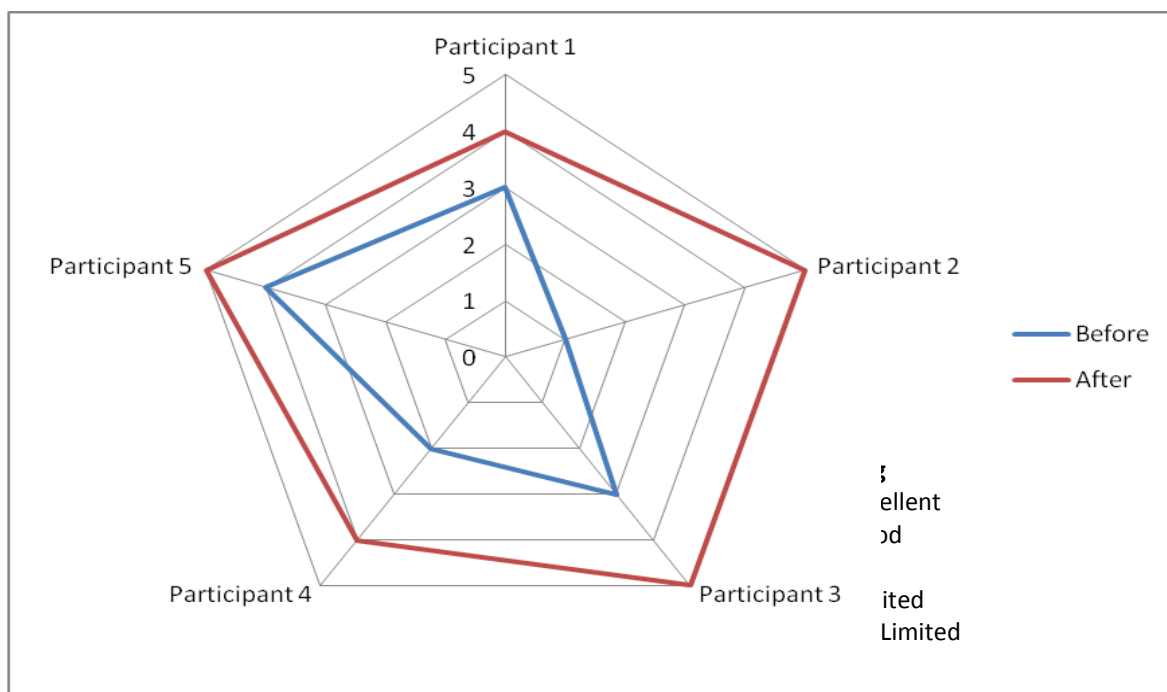
Figure 5: Understanding the Basics of Project Evaluation



As the figure above indicates, of those participants who completed the survey, most increased their understanding of project evaluation as a result of participating in the training. Participant 2 ranked their understanding of project evaluation at the conclusion of the workshop as excellent; a considerable improvement from the “limited” ranking they gave themselves at the start of the workshop. A further two participants also ranked their understanding of project evaluation as “excellent” by the end of the workshop.

Perhaps even more important however, was participant’s knowledge and understanding of the link between project planning and evaluation at the end of the workshop. By the end of the workshop all participants’ understanding of the link between the two activities had been increased, and once again, Participant 2’s understanding had improved from a ranking of “limited” at the start of the workshop, to one of “excellent” at the conclusion of the workshop.

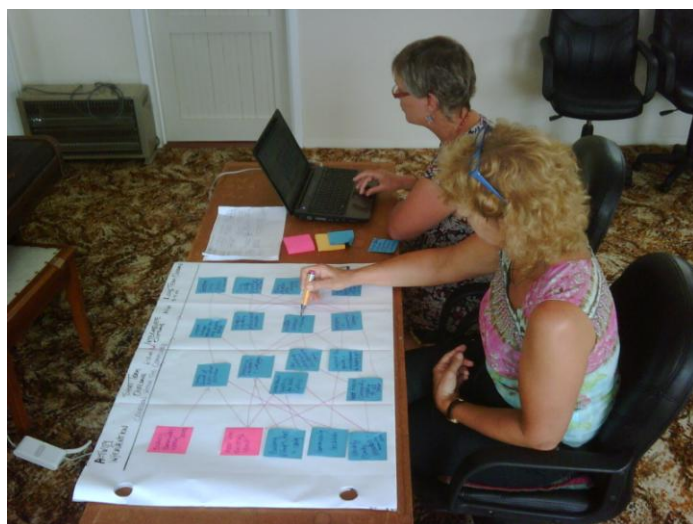
Figure 6: Understanding of the Relationship between Project Planning and Evaluation



Post-training Follow-up

After the formal training session WRMHD followed up with the Facilitators over the email and in person to further ensure the concepts and ideas that had been discussed in the training session were embedded. Email follow-up included sending out further material regarding programme logic and planning as well as further workbooks for the Facilitators so they could extend their learning at their own pace. Face-to-face meetings to provide advice and support on a regular basis also occurred.

Figure 7: Working one-on-one on Logic Modelling



Intensive follow-up on logic modelling was also completed with one of the Facilitators, after the formal training session held in Kaikohe. This one-on-one session provided a useful opportunity to further cement the concepts that had been discussed at the training session, and work with real-life examples of goals for this particular community.

Figure 8: A Logic Model “Working Draft”

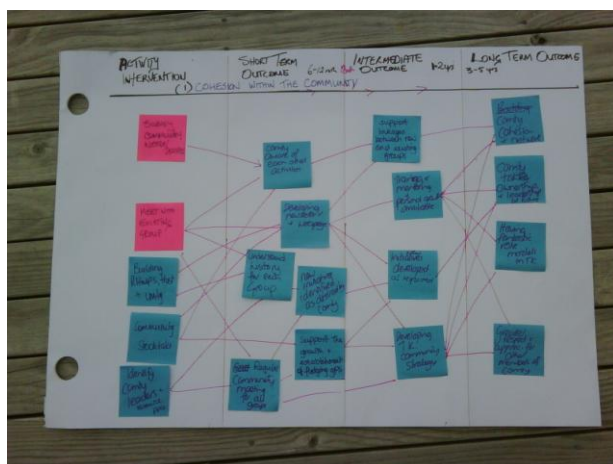
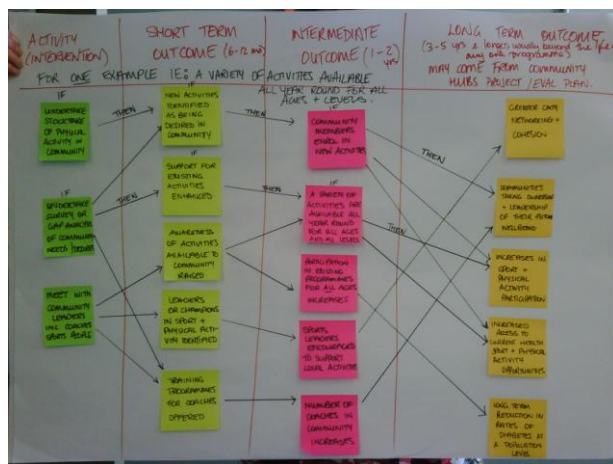
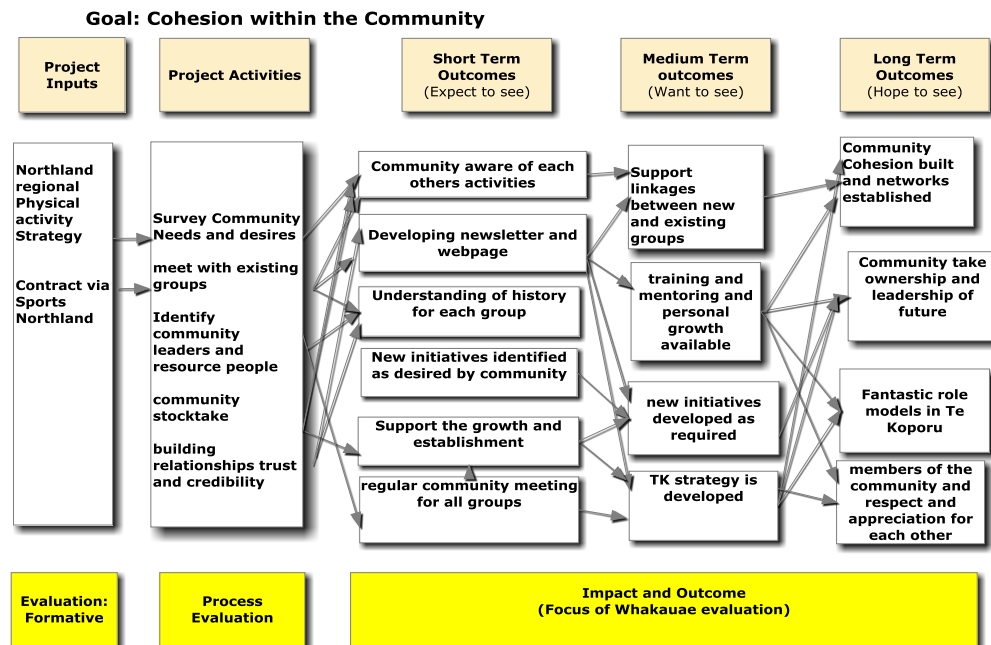


Figure 9: Refining the Logic Model



In the course of a further half-day session, the evaluators and the Facilitator were able to work through two specific goals. Further refinements to the draft logic models were undertaken at a later date and returned to the Facilitator for checking and agreement.

Figure 10: The Final Product: Logic Model for Goal “Cohesion within the Community”



A further consequence of the face to face meetings was the discovery that one of the Facilitators was finding it difficult to explain the overall project, and the evaluation component of the project, to the groups they were working with. The Facilitator suggested that a “one-pager” describing the project and the evaluation would be useful to hand out to community people. Consequently, WRMHD developed a flyer which is still being used by two of the Facilitators as they engage with members of the community (Appendix 6).

2.5 Leadership

This section addresses the following evaluation questions:

- Who are the existing leaders in the community?
- How has community leadership been supported to develop for the purposes of sustainable Community Hub Projects?
- What influence have the various partnership/governance/advisory groups had on the Community Hubs Projects?

Governance and Leadership of the Community Hubs Project

There are a number of stakeholders and stakeholder groups with an interest in the Community Hubs project able to provide leadership to the Project as a whole. Governance for the project is provided by the Northland Sport and Physical Activity Strategy Steering Group which is representative of Sport Northland, the three District Councils of Northland, the Regional Council, Northland District Health Board and Te Tai Tokerau MAPO. Sport Northland also has a management oversight role.

In addition to the governance group a smaller stakeholder group, The Community Hubs Project Team, (CHPT) has been established. Membership of this group includes representatives of Northland Regional Sports Trust, the Northland DHB (both the planning and funding and the provider arms), the three PHOs, the MAPO, the evaluators and the Community Hubs Facilitators. Although the MAPO was initially a member of this group, after attending the first meeting they decided that as the CHPT acted in an operational capacity it was inappropriate for the MAPO, as a co-funder to participate. This concern was also voiced by the DHB funder, however the CHPT specifically requested that DHB membership on the group be maintained so that funder knowledge, necessary to support the effective implementation of the project, could be easily accessed. The specific nature of the funder's role in the CHPT continued to be highlighted at CHPT meetings by the funder throughout the course of the project.

Formal minutes are taken by the Chair and circulated to group members. In addition, individuals including the researchers, keep their own personal records of these meetings.

The CHPT was initially chaired by Anna McKernan, the Strategy Facilitator for the NSPAS, however in May of 2009 Anna's role within Sport Northland changed and, as a result, her position on the CHPT was taken over by Colleen Atchison. The group meets every two months and meetings are regarded as a regular forum to bring together the various people responsible for driving the Community Hubs initiatives in their respective regions. The primary role of the CHPT has been agreed by the group members to be one of information-sharing. Other roles include coordination of Hubs sites, networking, information gathering, communication between Hubs and the provision of advice to Facilitators.

Its a tool to deliver cohesion across the sector. It has worked ok in terms of managing any difficulties. ... I think everyone has the same goals, its just about growing awareness and seeing where they fit. KI09

A small survey regarding the aims and functions of the CHPT group was conducted in 2010. Five out of six CHPT members who responded to the survey indicated that information sharing was the most important function of the group, while activities such as coordination of Hubs, networking, information gathering, communication between Hubs and the provision of advice to Facilitators, were rated as being less important overall. Survey respondents were asked to rank how well the group performs its functions. Most respondents rated the group's performance as good or better (a ranking of 3 or above on a scale where 1=poor and 5=outstanding). Only two respondents ranked the functions of coordination of Hubs sites, networking and information gathering as being merely "satisfactory" (a ranking of 2 on the scale).

CHPT members noted that in addition to the core activities noted above, the group also played other roles, such as being the link between the HEHA Strategy, the DHB, the Evaluators, and the Facilitators; being "like a supervision session" (KI25); and providing motivational support. One Facilitator noted that they *found [the CHPT] meetings with other, networking and finding out what they were doing, and your [evaluators] input really fantastic.* KI18

Two survey respondents noted that the role of the group had changed over the course of the project one noting that at the beginning of the project the group provided more formative guidance, whereas a second indicated that the group's focus changed "subtly from the training to collegial support" (KI19).

The meetings also provide a valuable opportunity for Sport Northland to gather information about the implementation of the project in the regions. Sport Northland has a contractual obligation to provide Northland DHB with half-yearly reports on the implementation of the Community Hubs project. The discussion and updates that are provided in these meetings goes some way to fulfilling this contractual obligation.

From the evaluators' perspective the meetings have two key functions. Firstly they allow members of the evaluation team to be quickly and efficiently updated on progress with the implementation of the project and any barriers that might exist to implementation. Secondly, they are a useful forum for the evaluators to update CHPT members on the progress of the evaluation. At times these meetings have also been used to ascertain whether members require specific evaluation training or support from the evaluation team.

When asked about how this group could be enhanced, respondents to the survey noted that a number of improvements could be made. Suggestions for improvement included increasing the focus on training and up-skilling members, more "leadership", and providing an opportunity to regularly review the outcomes developed by the Facilitators in the course of their training. Overall, one respondent summed up the CHPT as being "imperative" for ideas exchange and as a way of maintaining the momentum of the project (KI26).

Community Leadership

The relationship between the Community Hubs Facilitators and the leaders in each of the respective communities has been a pivotal factor in achieving traction with the project in the communities and ensuring community buy-in. In each community,

unsurprisingly, community leadership has manifest in its own unique way. Each of the Community Hub sites is described in detail below:

Tikipunga

In Tikipunga, we have observed two loci of leadership with relation to the Community Hubs project: that which has centred around a pre-existing, but fairly new group TikiPride; and a second locus of leadership focused around the marae Pehiaweri.

TikiPride was identified as a potential vehicle for community development relatively early on, by the first Facilitator based at Manaia PHO. The group was initially set up by a woman from outside the community, who had a vision for improving the health and wellbeing of the community:

So out of my own little bat I decided okay, I want to run an experiment which is what this is all about from my point of view, to see what would happen if we started something along certain principles which I believe my principles are different to a lot of principles. And therefore, uh, would do it in a different way which is what I saw might work better. So that's why I've called this community in to being. With my agenda of hey, you are the people, and, uh, this organisation is about empowering you with power and skills so that you can actually be the people that make the rules and help the people in your area and know how to talk to young people. KI11

However, the approach of transforming a community through the efforts of one, albeit interested, individual, was soon modified. The community members themselves appeared desirous of a more inclusive approach to community development and transformation, which in turn brought new players, such as local iwi, to the table. A high profile Kaumātua became Chairperson of TikiPride, and the group expanded to include a range of community leaders, including representatives from the local church and Whangarei District Council, supported by other community members.

In Tikipunga this includes participation in community meetings recently initiated by other parties. Have intervened in that process in an attempt to ensure an inclusive community development approach is taken and community action is based on a community needs assessment. PTM 9/10/08

The dynamics within this group have continued to reflect a long history of differing approaches to improving the Tikipunga community; from evangelical and faith-based approaches on the one hand, to community-development approaches on the other. A plethora of documentation exists outlining the details of these dynamics.

We've sort of argued ... in the early days, some people wanted us to do all sorts of things, and the aim was let's do one or two things, and let's do that well. We have struggled to do some things well. Some groups, when they're starting off, tend to shoot themselves in the foot, become crippled. And, yeah, so we have struggled. KI05

And then again you've gotta have the, the recipients of the programme, and how good are they? And I have to say, Tiki Pride has not been, has not shaped up too well. For a lot of reasons. We are...a diverse ... community, and of course we are a diverse group as a result. KI04

These dynamics have tended to curtail the ability of the group to achieve their own goals, although significant milestones have been achieved in the last year such as: the development and distribution of a community newsletter (see Appendix 7) which is now self funded through sponsorship by local businesses; a commitment by community members to hold a regular community event, such as the TikiPride Picnic first held in 2008; and the establishment of a legal entity (Tikipunga Community Trust) as a vehicle to access continued and additional resources.

The second thread of community leadership which has been important in Tikipunga has been the leadership from Pehiaweri Marae, at Glenbervie.

The current Community Hubs Facilitator has linked closely with the Chairperson of this marae and has been instrumental in supporting the marae to move forward with its aspirations. Community gardens have been established, and now horticultural training courses are being run from this venue. There is a lot of energy surrounding this initiative and the Community Hubs Facilitator assisted with the planning and bringing in the right expertise that the marae needed.

A lot of initiatives wouldn't have happened without [Facilitator name], the marae couldn't see the possibilities, they were ground down. [Facilitator name] facilitated a lot for me, accessed funding from Te Puni Kōkiri. KI21

Te Kopuru

In the case of KCI, the Facilitator worked with a small pool of leaders including the existing Hall committee, the school staff, and the owners of the local shop, which was regarded by the community as a central hub for distributing information.

Te Rarawa

Within the TTTPHO project, the Facilitator, who has in-depth knowledge, linkages and relationships with the community leaders, has been working closely with these key people to ensure progress. At the outset, this Facilitator has used existing processes and procedures as a means of gaining greater traction for the Community Hubs work, and to ensure synergy between Community Hubs goals and the aims and aspirations of these local communities. To that end the Facilitator has used local hapū-planning processes, already in existence at the time Community Hubs was launched, as a basis for the Community Hubs planning. The Facilitator linked directly with kuia and kaumātua, harnessing local energy to support existing leaders run particular events. The Facilitator also assisted local leaders by seeking funding opportunities and identifying local human resources. The Facilitator's experience with kuia and kaumātua as the initiators of "Kaumātua Historical Walks" illustrates the role of kaumātua as community leaders:

In Pawarenga we have got together doing historical walks, - there is a kuia who takes people for walks across the paddocks – they want walks that aren't too hard. Finding with the aged care group I'm working with that they want to feed the mind as well as exercise So we take them to where they were born, talk about whakapapa etc. More than just people going for walks. There are key movers and shakers in the aged care group that has come together. They are having a sleepover to work on their collective philosophy, and getting kuia and kaumātua to formally support the group.

K119

Community leaders were also those people with desire and motivation to get things going in the communities.

I moved back to Pangaru – bought my four daughters , I started rallying around to see if netball was a goer, [facilitator name] heard I was keen to get netball going , and she helped me get it off the ground, and got me on the steering group for Pangaru K122

2.6 Initiative Implementation

This section addresses the following evaluation questions:

- From the perspective of the community how successful are the initiatives that have been implemented?
- From the perspective of a range of Community Hubs Project stakeholders how successful are the initiatives that have been implemented?
- How do the initiatives relate to HEHA?

The Community Hubs project was characterised by a protracted formative phase, where Facilitators were employed, then resigned and new Facilitators had to be found. This formative phase also required an extensive phase of negotiation, consultation and trust building with the community. The need to extend the establishment phase of the project not only impacted training of Facilitators, but also resulted in a shorter initiative identification and implementation phase; one that did not begin in earnest until the middle of 2010. Having said this however, a number of discrete initiatives have begun

and we were able to gather the views of community members and stakeholders alike as to the success of these initiatives.

Community perspectives of success

Interviews undertaken with community members across all three sites indicate the Community Hubs initiatives have been successful for a variety of reasons. First, the Community Hubs project has provided the opportunity for rural and isolated communities to access support (both in terms of funding and in terms of human resource) that such communities would usually miss out on. Having access to a Facilitator assists the community become aware of opportunities that exist, develop proposals for funding and have a real chance at accessing this funding. For these communities even receiving very small amounts has made a significant difference to getting an initiative underway.

I think that, I know that we have a health system in the Hokianga, but when you have a Hub like this, who have that extra assistance to give opportunities for, you know, smaller groups to access the funds ... we're all on a level playing field so to speak. KI15

Second, community members have learnt skills such as how to organise themselves for success, how to write proposals, how to plan, how to run meetings and in doing so, community members have grown in confidence and self reliance.

See when you're starting to get local delegates, local people that are on the committee and those locals come back out and they promote whatever, whatever else is going on in the, in the Hokianga, or even further out than that. That's what I like. KI15

However, there are factors that have impacted on the success of the initiatives and in some instances, actually hindered the success of the initiative implementation.

First, as mentioned above, the small amount of resource in Te Kopuru, i.e. a .2FTE position was considered insufficient to gain real traction in this community. Second, the type of character traits the Facilitator brings to the community can assist to galvanise a community into action, or potentially keep a community stalled. Facilitators in the Community Hubs project are required to manage complex group dynamics, so their individual communication skills, inter-personal skills and facilitation style are crucial. Facilitators must have the capacity and skill level to manage the most difficult of community members, the ability to actively drive projects without compromising community development principles; and yet be ever willing to provide the support that the community deems most useful to them, at that time. If any one aspect is found lacking, or under developed in a Facilitator a consequence might be that the project as a whole stalls, or loses momentum until this is rectified or community members can pick up the slack.

I think partly why there hasn't been a huge amount of stuff done in [this community] was because [Facilitator name] has been so hands-off, really. ...I mean, [Facilitator] has come up at times and rescued things, and made things happen ... but I do have a question in my head about maybe if [Facilitator] had taken more of a hands-on role prior, that there may not have needed to have been that sort of rescue. [Facilitator] has done some amazing things with the [initiative] absolutely ... and that's been based on just supporting and working with key agents. How much would have happened without [Facilitator's] intervention I'm not sure. ... [Facilitator] has been incredibly successful with the funding, and the gardens, and the writing of the reports, so that's been really, you know, that's been a huge asset. KI14

Second, there is a recognition that even with a Facilitator in the community, at some point, the community themselves have to step up and take responsibility for driving their own goals and objectives. The Facilitator can act as a catalyst, bring the community to a

point of readiness, but real change will only occur once the community is responsible for driving their own initiatives forward. As has been observed by one community member:

But [Facilitator] put in a fair bit of work with the magazine, and ... if we can keep that up that keeps the communication thing going. The next thing is, is to become involved with the community workforce. One of the things I think with a lot of community groups is getting people in the, from the community involved in keeping the group going. And that's where our struggle is. You go to do something and there's a lack of volunteers. So somewhere we need to revise how we can get more people involved and, uh, build on that so we can achieve more. KI05

Stakeholder perspectives of success

Community Hubs project stakeholders have acknowledged the complexity of, and challenges inherent within, community development work and note that adequate time is needed to successfully develop relationships based on mutual trust and credibility; indeed stakeholders recognise these are key prerequisites for successful community development

It's really just taken off now. And probably the need for this to continue has probably never been more important than before. It's a little bit like, feeling that the first twelve months was wasted, but I know it wasn't. I mean, it was just [Facilitators] finding their feet, knowing what was happening, finding the contacts, and it's really a slow process. So really, I think the impact that is happening now is probably ... could be almost double the impact it was over the first, really, two years. KI10

Furthermore stakeholders have also recognised that the successful implementation of initiatives is not only heavily reliant on having a Facilitator in the community but also on resourcing that Facilitator appropriately and on the community themselves being proactive and working to help themselves. Specific examples of under-resourcing

include the KCI-based Facilitator and the lack of funding in the first years to support initiatives development in the community.

In Te Rarawa, the lack of Community Hubs funding for initiatives has been off-set by the Facilitator being able to access additional HEHA funding. Funding from HEHA and other sources has been combined and used to complement and support community initiatives and activities. However stakeholders acknowledged that a lack of resource to fund initiatives was always a challenge for the project.

The other sort of thing is there's not a huge pool of resources to draw on, so the good ideas and initiatives that people want to implement. But there's a lot of things that if there had been more available resource to fund them, the little development projects really, that could actually fired up ... we've already invested quite a bit of dollars into this to make it a full time role. ... And that has been an opportunity cost in terms of the amount of money that's available for just getting start up projects, development projects, getting things running off the ground. ... There was a lot of things [that] would have been really good to be able to support in terms of funding. But we didn't actually have the available funding at the time. KI13

Relationship of the initiatives to the goals of HEHA

All of the communities involved in the Community Hubs project implemented initiatives that were closely aligned to the overall HEHA vision of creating an “environment and society where individuals, families and whānau, and communities, are supported to eat well, live physically active lives, and attain and maintain a healthy body weight”. However having said this, it must also be noted that HEHA-based initiatives were not the only ones to be developed. Initiatives such as the community newsletter for example were equally valuable as a mechanism for encouraging community cohesion.

In Tikipunga HEHA-related initiatives included the training session for Ki o Rahi as part of a holiday programme. In this session four 'train the trainer' participants learned the rules of the sport, then passed this knowledge on to approximately 40 young people.

In Te Kopuru young people were supported to have community dance/discos, whilst in Te Rarawa, the Facilitator worked very closely with their other health promoters in the PHO and accessed additional HEHA funding. As noted by the Facilitator in Te Rarawa, the additional resource and opportunity signalled by the introduction of HEHA funding in this isolated region was welcomed:

The HEHA Project grew out of interest in three of the takiwa who also represent 14 hapū/marae and the North Hokianga which [has] high deprivation and [is] geographically isolated but still in Te Rarawa. It was also within the boundaries of Hauora Hokianga, although my contract was paid by Te Tai Tokerau PHO (hence the collaboration between TTTPHO, Te Rūnanga O Te Rarawa and Hokianga Health). Personal Communication, Te Rarawa Facilitator

Accessing this additional pool of funding allowed the Community Hubs Facilitator to be more effective in their role, encouraging and supporting activities such as Ki o Rahi tournaments, Mau Rakau workshops, an exercise programme for people with diabetes rugby games, walking groups, marae nutrition sessions, zumba and netball. For example, one informant observed:

An example to me is the netball initiative which ... predominantly was for the young fit, you know, younger women getting out and playing netball once a week. You couldn't believe the people that came out of the woodwork to cheer them on. And kuia and kaumātua who were standing on the sideline sort of, you know, yelling and screaming, who had been netballers in the past, or whatever, and that, you know, it was a really wonderful sort of a draw card to get together. And that's ongoing. KI13

Figure 11: Community Garden in Te Kopuru

In addition, all of the communities developed community gardens to varying extents. In one community the garden was developed from scratch at the local marae and the Community Hubs Facilitator was active in securing funding for the garden, seeking “in-kind” donations and participating in working bees to build and plant the garden. Other examples include school-based gardens which were looked after by the local students.



2.7 Improvements in Community Capacity

This section addresses the following evaluation questions:

- How has community capacity been improved – including evaluation capacity?
- How have the communities been empowered to make positive changes?

Communities have been supported by the Facilitators in ways which reflect the skills and abilities they bring to their roles. For some, their strengths are in getting disparate community groups in a room to talk together and find some common goals, for others their strength lies in taking a more hands on approach and assisting in writing planning documents and funding applications. A high degree of skill and a mix of skills is required on the part of Community Hubs Facilitators to navigate the complexity of successful community development. This has been confirmed as a key issue through the key informant interviews with one key informant noting:

I think the actual skills and expertise of the person in the role has been absolutely significant too. Like [Facilitator] has a really strong public health background. [Facilitator's] got a clinical background as well but that hasn't predominated. It actually informs the work ... [Facilitator's] able to see things in a wider perspective. But also, [Facilitator's] a person from this

place and ... has a passion to see them well. [Facilitator] can whakapapa back to this area, they've got connections ... whanaunga that they can actually prod along and get involved in these sorts of things and that's been critical as well. It's not some outside person coming in, it's one of their own. KI13

Role modelling and training on the job are key ways in which the Facilitators pass on their skills and in turn, up-skill community members.

A lot of people have started going straight to [Facilitator name] for information and that's really good because she's got the knowledge to share and she goes through it with everything. Like what she did with us, this plan, and it was fantastic to set our goals and ... we were surprised with what happened this year because like I said, people come and go, sometimes we've got four kids, sometimes we've got fifteen. KI23

At this point in the project, the results of the community engagement, relationship building, initiative identification and development phases are only now beginning to show with examples of increased community capacity, including evaluation capacity slowly emerging in some Hubs sites. For example in Te Rarawa, the Facilitator has worked with other local experts to assist the community develop a research funding application so that that community can undertake research in an area of interest to them.

But also one of the things that has come out of this, is that groups from particular places have been brought together to get proposals together, HRC grants and things. ... and you know, organising the energy of people in these places to go outside their comfort zone, to do it in a systematic and coordinated way ... I believe ... in small ways this has actually built capacity of individuals throughout the community. KI13

2.8 Sustainability

This section addresses the following evaluation questions:

- What actions are being taken to develop sustainable community action?
- Do the communities have a number of self-sustaining initiatives in place and if so what are they?

Informants agree that to develop sustainable community action and self-sustaining initiatives, having a fully-resourced Community Hubs Facilitator in place in a community is only the first step in the process. An essential element for sustainability is the buy-in of the community itself, as it is the passion of community members for an event, or undertaking, that will secure that it comes to pass and it is community volunteers who will maintain the momentum required to see an initiative through to its conclusion.

Some of the activities that have come out, particularly, you know, the activities and the community groups that have arisen out of those, definitely there has been a focus on improving physical activity and nutrition. Now how sustainable they're going to be is something that we talked about this morning because the key sort of catalyst of this has been the coordinator and ability of the coordinator to keep things running. So if you're talking about sustainability I think what we were hoping was the communities would actually feel empowered to take this in, you know, ongoing way, but they haven't quite got to that stage I don't think. And they do need the encouragement and support. The coordinator actually offering, being the challenger and the lighter of the fire. KI13

A key tenet of community development is the belief that a community development worker should not 'do for' a community but rather, facilitate, or enable a community to do for themselves. For those Facilitators who came to the project without a community development background, taking a "hands-off approach, at times, proved to be a challenge. Furthermore, it is often a fine line between "facilitating" and "enabling" a community and remaining at arm's-length from actively "doing for" a community.

Hand-off approaches work best with community groups that are characterised by strong leadership, energy and vision. However where groups struggle with direction, division, capacity and commitment to actually do things, initiatives, and indeed the groups themselves can come “unstuck as one community member noted:

Well, yeah, I mean, [the Community Hubs project's] partly effective ... we were going to have a picnic last year. And then I had to be out of the country at the time. Came back to find that the thing had been canned. I think that was, again, the communication thing and you know, you've gotta get, when people put their hand up to do something, if they can follow that through. And I'm not sure where the breakdown came other than communication and then at the last minute not having enough time to push it through. KI05

In the Tikipunga community there is evidence of a number of self-sustaining initiatives. For example at the macro level, the TikiPride group has set up its legal entity, the Tikipunga Community Trust, specifically to ensure sustainability and to ensure they maintain their own autonomy. Without this mechanism the group recognised they would face difficulties in accessing funding, as funding bodies require a legal entity to hold funds and with whom they can contract. And despite some initial hiccoughs at the outset of the initiative, the production of a quarterly newsletter is now fully self-sustaining and sponsored by local businesses.

In Te Rarawa, the sustainability of the initiatives is tenuous because of the size of the communities; their relative isolation; their levels of deprivation; minimal human resource capacity; and small pool of people with the time and skills to drive the development. However both the PHO and the Facilitator realise that developing one-off initiatives is not sufficient to encourage a broad sweeping programme of community development. One informant noted:

We've got a wee while to go because we were late starting but I think one of the things that I am very aware of and [Facilitator] is as well is that we've got

to start doing some succession planning now so this doesn't drop and we lost the momentum of a initiative that's actually working well. We've gotta make sure that we've got sustainability sussed now so that it can continue cos once you drop something it's really hard to start it again. KI13

The site where sustainability is less likely to occur is in Te Kopuru, which has not benefitted from a full-time resource and which recently lost their Facilitator when this person resigned from the position. At that time KCI decided not to replace the Facilitator and effectively the Community Hubs position no longer exists in this community. Despite the two KCI-based Facilitators working with the community to support members access funding and get initiatives running, there is no one identifiable community group with the skills or confidence levels ensure a level of maintenance, let alone sustainability is achieved now that the Community Hubs programme has ended here.

In terms of attracting and sustaining funding, all of the Facilitators have spent a considerable amount of time and energy endeavouring to access additional funding for programmes in their communities. All were successful in attracting pools of short-term funding to their communities, however securing long-term funding remains a concern. Examples of short-term funding successes include: TPK funding for the Maara Kai and the Paramount Medical centre social work projects in Tikipunga and Community Organisation Grants Scheme (COGS) funding for the Te Kopuru Trust. In Te Rarawa, the HEHA funding accessed through Te Tai Tokerau PHO, has had a major impact on the activities the Facilitator has been able to assist with, and kick-start. To a lesser extent, a research project, funded through the Health Research Council of NZ (HRC) has also supported the overall objectives of the Community Hubs model, enabling research into the prevalence and effects of gout in the community to be undertaken.

2.9 The Community Hubs Project Framework

This section addresses the following evaluation questions:

- Is the framework for the Community Hub project easy to implement?
- What adaptations need to be made to the Community Hub Project framework?
- Was the formative evaluation successful in supporting implementation of the Community Hubs Project framework towards identification of community needs, supporting the development of sustainable community initiatives and building evaluation capacity?
- Is the framework for the Community Hub project effective?

The Community Hubs Project Framework reflects standard community development principles and takes a staged approach to project development (Appendix 8). The six stages of the framework include: developing the overall vision; conducting community assessments of strengths and needs; setting goals and making plans; initiative development; initiative implementation; and evaluation of initiatives.

Implementation

The overall framework did not necessarily lend itself easily to consistent implementation across the three Community Hubs sites. To a large extent this was a consequence of staffing issues, which considerably hampered progress with the project in the early, formative stages. These issues can be categorised into two related, but distinct concerns. The first is that not all Facilitators joined the project at the same time, and two who were on board relatively early in the project's life then left and had to be replaced. This resulted in a protracted community engagement period while Facilitators were brought up to speed about project; identified community leaders, became familiar with community dynamics and secured community buy-in for the project.

If all three project sites could have started at the same time that would have been good. I know the challenges that [PHO Manager] faces...even if we waited until all of us were ready it might not have been better. There isn't any "wrong", just learning. KI07

Furthermore, the new Facilitators, those who replaced the ones who had resigned, also required a considerable period of time to familiarise themselves with the work their predecessors had done, and again, had to enter into a further phase of meeting with the community and building their trust in them as individuals.

I think it's good, cos I came in part way through, so I missed [the] establishing section, so it took me a bit to get my head around, as health wasn't really my area. Is definitely worthwhile, especially to those communities bypassed or have had their heart ripped out. K118

A second, albeit related issue was that the Facilitators who were employed in the Community Hubs project had between them, a huge diversity of skills, expertise, backgrounds and personal qualities. Finding a Facilitator with the right combination of background, expertise, personal attributes and demeanour to undertake community development effectively in each of the three communities was a difficult task, one which on-the-job, “in-service”, or formal training courses can only partially overcome. Consequently the difficulties in securing permanent staff, with skills in the fields of health promotion and community development greatly impacted the first stage of the framework’s implementation and meant that the time required to achieve all the activities in this stage was greatly under estimated.

The delays in Stage One of the project framework also affected Stage Two (conducting community assessment of strengths and needs), in that it this stage too, also took longer than was originally anticipated as the replacement Facilitators worked to gain the trust of the community and pick-up from where their predecessors had left.

All of the communities conducted some form of needs assessment, although some were more structured than others. The variation in type of needs assessment that was undertaken is reflective of the skill sets each of the Facilitators brought to their work, and the impact the evaluators could make in terms of training and supporting needs assessment in a project where the timelines were slipping.

Neither did the creation of “Community Initiative Teams” (Stage 3) occur in any formal manner, primarily because it most communities did not view the requirement to develop “Community Initiative Teams” necessary. All the communities shunned this level of prescription and indeed, bureaucracy, preferring instead the groups emerged and formed organically as required.

The development of the community steering groups was achieved in Tikipunga through the alignment with TikiPride which became a governance and leadership group; in Te Rarawa by the development of a community steering group specifically to oversee the funding of HEHA initiatives, and in Te Kopuru, through the Facilitator working closely with the Hall Committee which was changing its function to become more of a community umbrella group for other groups.

Initiative development and implementation has been discussed at length above, however it is important to reiterate that creating the community initiatives was slower and more complex than originally expected. Once communities were engaged with the Community Hubs Project, the key factors which appeared to propel communities into implementing initiatives was having a “catalyst” to encourage them to take the next step, and in some instances a pool of funding from which to draw resources.

With TikiPride, although early work had identified key areas of concern the group stalled owing to differing opinions about approaches and priorities. Despite a number of sub committees being set up, the group found effective communication was difficult and did not always occur. There was also a major issue with lack of capacity to implement initiatives and a number of planned events did not eventuate owing to lack of willing workers.

The programme is only as effective as the participation as the local communities would allow. ... In a nutshell I suppose, what you are looking at is grassroots participation to enable a better outcome and a greater effectiveness in the delivery of programmes. ... And to me, that is the nut

of the whole thing as to [how] well the Community Hub project could be. And right from the word go, we've had this idea that rather than sit on our behinds and wait for someone else to come along and pull us up by the bootstraps, the least we could do is try and do it for ourselves. And even if we make a complete hash of it, at least we gave it a go. KI04

With the marae garden initiative, this was identified and lead by the community itself, and the Community Hubs Facilitator played an important supporting role.

Within the Te Rarawa project, once awareness of Community Hubs had been raised, numerous small projects were initiated. These were supported where appropriate by the small amounts of HEHA funding, which had a positive impact on the ability of these communities to achieve their goals. The Facilitator carried out an important role in assisting the local community or marae-based groups to clarify their goals and be realistic about the short and longer term outcomes.

With the Te Kopuru initiative, the small amount of time available to the Facilitator impacted on the traction that could be gained on initiatives, although some progress was made, in spite of this.

I'm happy with the model. I like it. ... Needs to be a full-time position though. KI08

Community capacity was enhanced in all areas primarily through the learning generated by working alongside the Facilitator. For example in Tikipunga the Facilitator assisted the marae group with training around planning; in Te Rarawa, the Facilitator has supported community members to learn about chairing meetings and committees, about planning and about developing proposals; and in Te Kopuru, the Hall Committee has been supported and encouraged to seek the resources they need to enable their work to be more effective.

The amount of project evaluation carried out by the Community Hubs Facilitators around their initiatives has been limited. In part this is because more project time has been spent in the formative stage of engagement and rapport-building, but also because for the first two years of the project, evaluation funding was not available. It was not until the third year of the project that a specific evaluation fund, secured through NDHB, came on-line for the Facilitators to access. In Te Rarawa rohe, a gout hui was arranged along action research lines and the information gained at this hui, may in time, feed into local level evaluation data.

Throughout the project the Facilitators have been supported in implementing the Community Hubs Framework through training in evaluation techniques, assistance with methodology and group support via the project team meetings and one-on-one support by the evaluators with the individual Facilitators. However it is important to note that for the Framework to be successful, a number of elements, outside of the Facilitators control must align at the right time, so progress in achieving the Framework can at times appear elusive.

Adaptations

A number of adaptations to the framework have been suggested to ensure it is more aligned to the way communities work and which would make it more effective.

One key informant noted that in addition to scaling down the project's overall goals and allocating more funding, an adaptation that they would make to the framework would be to increase opportunity and time scale for the community engagement and needs assessment components of the project:

You know, I'd have much more scaled down goals and resource it better. ... I think we did some needs assessment at the beginning, but I think a much more thorough needs assessment that engaged community more thoroughly in a really participatory way. I mean there would have been, you know, so many different ideas about how we could have done ... you know? KI14

Another informant noted that providing training opportunities to the Facilitators more often throughout the project, as a group, would have been a useful adaptation to the framework. As it currently stands, training is emphasised in the early phases of the Framework during the periods of community buy in and needs assessment.

When we started the PHO's really came on at different times. Start dates were different and ... the actual number of hours that staff delivered was different. Probably in the real world, if they could have been three full time people in to a position, that could have been brought together and perhaps even had a solid week of training and brought together more to do training. But it was difficult because two of the roles were only part time. There was only one full time role. Which then of course makes getting them together and that, a lot more difficult. But I think that's probably something that I would do. But of course it was something very new. No one knew, really knew what it was. Next time will be totally different, I think. K110

While not an adaptation to the framework itself, what did become clear in the course of the interviews was the need for greater funding for the Community Hubs approach to be successful. In those PHOs where additional funding had been found to increase the Community Hubs Facilitator position to a fulltime FTE, greater traction was made in the short period that the project was running, and many more examples of successful and self-sustaining initiatives were evident. The Community Hubs Facilitator role was originally envisioned as being funded solely by Sport Northland, however the addition of funding from the PHOs resulted in the creation of a viable full-time, position which was therefore easier to recruit for and fill. As one stakeholder noted:

Well I think certainly linking in to the ... PHO's has certainly, been really good because I mean it's got their buy in so they've been very, very good at assisting with that and obviously have put money in to it to make it sustainable because the funding that we had was not sustainable to

*employ a person full time so, so certainly their input I think has been huge.
So that's a real positive there. KI10*

Overall effectiveness of the Framework

The Framework, whilst clear, is relatively complex, and relies heavily on many elements in the community coming together at the same time to be most effective. The Framework also relies on having skilled Facilitators, well versed in the principles of community development, to operationalise components of the Framework in a coherent and structured manner. The Framework can support building and strengthening community capacity, however possibly not every stage of the Framework can be achieved within the three year time frame, particularly in communities such as those that have been targeted for this project; i.e. those who are already vulnerable and lacking in the same level of resource as is apparent in urban areas.

2.10 Effectiveness and Impact

This section addresses the following evaluation questions:

- What are the successful components of the Community Hub project?
- What has been the impact on the development of services/ interventions/ projects by linking the Community Hubs Projects with wider PHO and HEHA activities?
- Are immediate and medium term expected outcomes of the Community Hubs project being achieved?
- How likely is it that the Community Hubs project will lead to expected long term outcomes?
- How is the Community Hubs project contributing to the development of healthy, sustainable Northland rural and isolated communities?
- How is this Community Hubs project helping to reduce identified inequalities?

The successful components of the Community Hub project include the provision of a dedicated resource in the community; an organic and flexible approach to initiative identification, selection, and development; and a flexible approach to what constitutes health, wellbeing and physical activity initiatives, that can be included in the Community Hubs Project Framework.

These success components are reflected in the following six outcomes that the evaluation team consider have resulted directly from the Community Hubs project, namely that:

- communities that have historically received little support, have few resources and face issues of poverty, small populations and the challenges associated with rurality and isolation have received resource support to drive community development and realise their own priorities;
- a range of initiatives have been supported to establishment phase, and in some cases to sustainability, across three communities; These include many physical activity-based initiatives, which have been an explicit focus of the Community Hubs Project; (refer to Table 3, pp 34-41);
- community capacity has been increased, particularly in Te Rarawa, but also to some extent in the other areas;
- Community-based Facilitators, who come from those very communities they seek to support, have received training in evaluation and community development;
- all three communities now have a regular forum for communication in the form of a community newsletter; and
- one community has a new legal entity to assist community development initiatives become self-sustaining.

Links to Wider PHO and HEHA activities

Linking the Community Hubs project with wider PHO and HEHA activities in the region has resulted in a strengthening of relationships between the various partners and stakeholders charged with improving the health and wellbeing of the Northland population. Many examples of improved partnership and collaboration exist. For example Manaia PHO and the Pehiaweri Marae's existing relationship has been further strengthened and enhanced, as the Clinical Manager of Manaia PHO is currently investigating options for marae-based health service provision in the Glenbervie area. (IM 18/10/11). Similarly, the relationship between Te Tai Tokerau PHO and Te Rarawa has been strengthened by the existence of a Community Hubs Facilitator who works

effectively with, and for, the people of Te Rarawa, whilst funded to do so by the TTTPHO.

Through the Community Hubs project the relationship between Sport Northland, NDHB and local PHOs has also been enhanced. For example, Sport Northland's new direction for He Oranga Poutama (a SPARC-led initiative that supports Māori well-being through sport and recreation) includes a focus on the sport of Ki o Rahi which resulted in the employment of Ki o Rahi coordinators. Community Hubs Facilitators have been quick to take advantage of this additional resource in their communities.

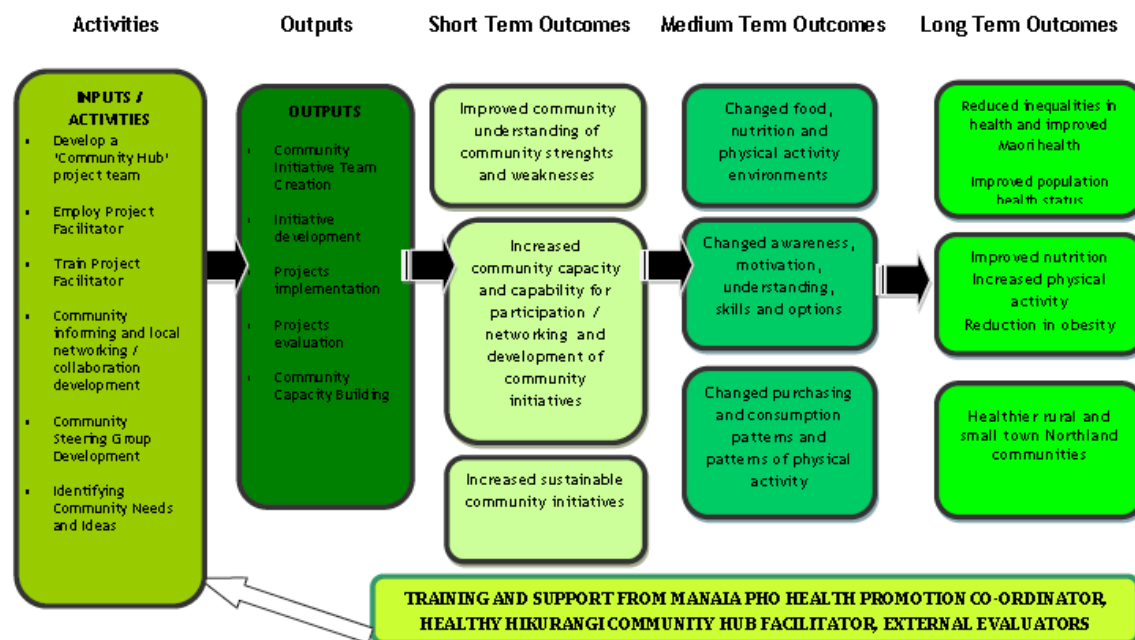
Sport Northland feel on the periphery a bit. Sport Northland sees it as part of what they do, but they are a small funder and Facilitator. We are just starting to get there, we want to get to the point where we can integrate other Sport Northland stuff into the programmes if appropriate, but we have needed to wait until the Community Hubs facilitators are on the ground and embedded. We are kind of getting to that point with Tiki. KI09

Attendance by NDHB's HEHA Coordinator at the CHPT meetings has also enabled linkages to be established and greater collaboration between the two agencies to be achieved.

Achievement of Outcomes

In the short to medium term the Community Hubs project sought to achieve the following: improved community understanding of community strengths and weaknesses; increased community capacity and capability for participation, networking and development of community initiatives; increased sustainable initiatives; changes in the food, nutrition and physical activity environments; changes in awareness, motivations, understandings, skills and options; and changes in purchasing and consumption patterns and changes in patterns of physical activity. These objectives are outlined in the logic model shown in Figure 12 below, developed as part of the Evaluation Plan in May 2008.

Figure 12: Community Hubs Logic Model



An analysis against the objectives set in 2008 indicates the achievement of the short - medium term outcomes has, so far, been mixed.

- **improved community understanding of community strengths and weaknesses**

Community awareness of the project has been raised in all three areas and amongst the communities where activities were sited. In each of the communities where the facilitator was active, groups exist who are working alongside the Facilitators to address their respective community's weaknesses and harness community strengths. Each community has gone through a process of assessing their needs and prioritising where they want to dedicate their time and resources.

- **increased community capacity and capability for participation**

Each community has been exposed to informal and/or formal training and upskilling in areas such as strategic planning, strategies and actions to access funding, and leadership. Many "latent" community leaders have emerged to take on active roles within their communities, ranging from organising sports teams through to writing

applications for funding. Formal structures have been developed in at least one community, leading to a growth in understanding and skills in chairing and running meetings, governance roles and responsibilities, people and group management, and business and organisational skills.

The other thing we've done in this part year is got the structure going but better, in the sense that there's the TikiPride Trust, has now been established as well as the TikiPride group. And there's some misunderstanding within the committee as to the function of both those groups because it wasn't done their way. But the idea now is that with the Trust, we've now got a mechanism so that when we identify things we can start to use the Trust as a point of raising finance. KI05

- **networking and development of community initiatives**

Communities have experienced a range of success in the trialling and development of community-based initiatives. For example some communities have had only minimal success in developing initiatives, whereas others, have initiated a multitude of short and long-term activities through the course of the three-year project. Most of those involved with, and working alongside the Facilitators on a day-to-day basis, agree that that they are networking with other community members and groups as a result of being involved in Community Hubs.

- **increased sustainable initiatives**

The achievement of this outcome is complicated by paucity of ongoing initiative funding. It is apparent from the evaluation that “sustainable community initiatives” tends to be more successful or indeed guaranteed either when other funding can be identified and pooled to support an initiative, or where leverage can be gained from linking an initiative with another programme. Where synergies with other programmes or funding can be achieved, long-term sustainability appears more realistic. This has occurred to varying extents through accessing complementary funding sources.

Yeah, I think in some ways it has been successful. I mean I think if you look at the whole of the programme, I think that some of the work that [Facilitator] has done has been amazing. I mean, getting that HEHA money for those communities has been amazing. And ... that's kind of the key difference between what they've ended up doing and what we've ended up doing. So they've been incredibly well resourced. They've been able to fund, you know, the netball tournaments or whatever. ... for [Facilitator] to have done that required an extraordinary amount of commitment and you know, just before Christmas last year working overtime. So overall I think, and some of the stuff that has happened in Te Kopuru, yeah, I think it's a success. KI14

- **changes in the food, nutrition and physical activity environments**

The evaluation was able to identify a number of initiatives which were focussed on improving physical activity uptake by different communities. However in this three-year period none of the communities involved in the programme necessarily identified changing the physical environment (ie developing sports fields, improving infrastructure or developing cycle lanes) as being a priority. Priority in this initial phase appeared to be focussed on developing activities and sports opportunities for the young and the elderly in these isolated communities, hence the interest in activities such as Ki o rahi, Mau Rakau and the Kaumātua Historical Walks.

With regard to changing food and nutrition environments, at least two communities established community gardens and other initiatives linking into the skills and resources available from the PHOs more widely were under discussion.

- **changes in awareness, motivations, understandings, skills and options**

The programme has supported communities and individuals to review what is happening in their local area, to be proactive in addressing issues, and to become active in community organisations. However this is an objective that will require ongoing support and monitoring to further to embed changes.

- **changes in purchasing and consumption patterns**

There is no evidence that this short - medium outcome has been achieved. As noted above, apart from the school and marae-based gardens in two communities, nutrition initiatives have not been the major priority for communities in this initial three-year phase. Achieving change in purchasing and consumption behaviours and patterns is a complex feat in any community; one that is even more demanding in rural and isolated communities such as those found in Northland. It is likely that to achieve changes in purchasing and consumption patterns, a multi-pronged, intersectoral approach over a much longer time period than the initial three years will be required.

- **changes in patterns of physical activity**

As noted above, many of the initiatives which emerged from the Community Hubs model were physical activity-based initiatives. This evaluation did not include a pre/post assessment of physical activity levels of community members, however, from the data we have gathered, there is evidence of increased physical activity opportunity, uptake and involvement by a range of age groups in many of the communities where facilitators were active.

The longer term outcomes include a reduction in health inequalities; improved Māori health, improved population health status; improved nutrition; increased physical activity; reduction in obesity; and healthier rural and small town Northland Communities. In their interview, one of the Facilitators noted

Three years is too short. I have been involved in projects in the past and I know how long things will take. Two months into this project I thought it was too ambitious. ...You could keep the three year timetable but reduce the number of projects for project areas. Expectations need to come down a couple of notches. KI07

Many of the stakeholders and community participants we interviewed at during the impact phase of the evaluation, including the funders themselves, acknowledged that the long term goals were “very lofty” and incredibly ambitious for a three year project.

I'd love to say it's been fantastic and all these things happened ... I mean I know that there's been netball teams and there's been a lot of stuff and it isn't ... because those Facilitators haven't actually thrown their hearts and souls in to it. It's just too little for too short a timeframe, I think. KI12

The likelihood, therefore of the Community Hubs project achieving the long term outcomes alone, and in isolation from other health promotion initiatives and strategies, is slim. Continued support and commitment to the project on the part of health funders, but also those with a broader interest in public health and community development, will be crucial to the project achieving its long-term outcomes.

You need people who can influence ... public policy, you know? ... you need people who can enable other, you know? It's not just about healthy eating and getting around having a kai in a community hall, eh? It's about encouraging the Council to make the swimming pool accessible. Yeah.

KI12

It must be recognised that three years of solid establishment work have been put into a community development approach to improvements in health and wellbeing in Northland and most of the communities who participated in this project are now poised to take advantage of the groundwork that has been done.

Tikipunga certainly some of the activities around, the sport etc I think will continue. And I think the build up of their local community meeting, they've got the newsletter going, they've got the various things going now. I think they will sustain. I think they have got a good structure there. They have had various people in there so I think they should be fine. And as far as Te

Rarawa up in the Hokianga, I think they're certainly getting runs on the board. KI10

The Community Hubs project is available to the very communities that do not normally receive resources because of rurality and isolation; or where there is a high Māori population. While it may be premature to expect to see hard evidence of a reduction in inequalities or the creation of healthy, sustainable Northland rural and isolated communities, the Community Hubs project is providing a vital human resource, and some financial resources, which over time may lead to these high level aims being achieved.

3. DISCUSSION

As stated earlier in this report⁴, the Community Hubs Project stakeholders defined a number of high level evaluation objectives to guide the evaluation of the project. These objectives are deliberately broad, as befitting this collaborative effort between funders with shared, albeit distinct, interests in improving health and physical activity. The discussion of the evaluation therefore is structured to address these high level objectives. The following areas will be covered:

- identifying community needs and prioritising future directions
- the provision of training to increase evaluation capability and capacity among Community Hub Project Facilitators and communities
- building local capacity
- the effectiveness of the Community Hubs structure and framework and the adaptations required to improve the framework
- the extent to which the project is meeting creating healthy sustainable Northland communities

In addition to addressing the priorities set by the stakeholders, important themes which emerged in the course of the evaluation are also discussed and the limitations of the evaluation presented.

3.1 Identifying community needs and prioritising future directions

The Community Hubs Project provided a valuable opportunity, and space, for communities to come together to make an assessment of the strengths and weaknesses of their community and identify local solutions to local issues. The impact of having a dedicated human resource to assist these communities to assess needs, identify initiatives, develop plans, and see these plans through to fruition, cannot be underestimated. Without that dedicated resource, it is highly unlikely that many of the

⁴ Refer to Page 16

various initiatives listed on pages 30-37 of this report would be generated and implemented.

Despite the variations in the amount of resource each site received (from a .2FTE position in one community, through to full time positions in the other two site), all of the communities involved in the Hub project were able to undertake some sort of scoping exercise to determine immediate and future needs in their community.

What became apparent however, was that, particularly early on in the project's life, communities were tending to focus on "one-off" activities, such as the TikiPride Picnic, rather than more long-term initiatives that could grow and develop into programmes that would contribute to a reduction in health inequalities at a population level.

The focus for communities was necessarily at the micro level at the outset of the Project as the communities themselves grappled with the concept of Community Hubs, what it could achieve, and indeed what communities themselves could achieve with the right leadership, volunteers, motivation and commitment. Later in the life of the project the focus on one-off events altered slightly. In Tikipunga, the creation of the legal entity, the Tikipunga Community Trust, in the third year of the project, gave the community a new vigour and sense of purpose, as well as a tangible organisation around which the community could rally. With the creation of the organisation and the emergence of a visible leadership presence, more long-term approaches to community development began to surface.

In the case of the Te Rarawa model, a wholly different approach to community-based planning was adopted as the Facilitator initially "piggy-backed" onto an existing hapū planning process that was being implemented around marae in the Te Rarawa rohe. By approaching marae through this process, the idea of Community Hubs could be introduced gradually and the Facilitator became recognised as a resource for the various communities and marae.

A key theme arising from the evaluation has been the value that the communities place on having means of regular communication. All the communities involved in Community Hubs developed and have continued to produce a regular newsletter, despite the challenges of securing financial resource to produce the newsletter and a community-based team to ensure production runs smoothly and on time.

However, the existence of viable and self-sustaining initiatives in areas where human and financial resources are scarce and isolation and rurality are a major factor is at best tenuous, unless long-term funding for a position such as that occupied by the Facilitators for the life of this project, is secured. As demonstrated in both Tikipunga and Te Kopuru, initiatives can develop to the point where they are underway and making good progress, but should a key person move on, or leave the area all this work can be jeopardised as the initiative comes to a dramatic halt. Communities must take responsibility to maintain the momentum gained, however to do so in such a fragile environment is a real challenge for all communities.

3.2 The provision of training to increase evaluation capability and capacity

The provision of targeted and appropriate training to improve the capacity of Facilitators to plan, track and evaluate the success of their initiatives is crucial not simply to the success of the Community Hubs Project but to any health promotion or community development programme Facilitators may be involved with on the future.

It would appear self-evident to say that unless the Facilitators have scoped out the initiatives, developed comprehensive plans, regularly update these plans and evaluate the initiatives, they will have little understanding of how effective initiatives are, and where their own practice and skills might require improvement.

In the Community Hubs project, the delivery of training, support and advice had to be flexible and appropriate to the needs of the Facilitators and to the communities in which they worked. Furthermore the training provided, and topics covered, had to be tailored,

wherever possible to the varying skills and expertise of the Facilitators. In one instance the Facilitator had no experience in health, health promotion or community development, having come from a business background. This Facilitator required quite intensive support initially, and regular feedback on the planning they were doing with the community.

At the other extreme was a highly experienced Facilitator who had trained as a clinician, and was skilled in project planning and the role of evaluation. This Facilitator also possessed an in-depth understanding of their community and the leaders within that community. The facilitation and planning skills of this Facilitator appear to have positively impacted on the number, variety and success of community initiatives developed in this site. However, the level of trust and credibility the Facilitator brought to their position may have also been critical factors in the success of the Hubs project in this area.

Consequently the training offered to Facilitators include one-on-one email support and advice, the provision of resources, a formal workshop once all Facilitators were on board, and intense, one-on-one follow-up sessions. The workshop provided to the Community Hubs Facilitators was a modified version of workshops conducted for health promoters and public health staff in Whanganui. The workshops are designed to be intensive, respond to specific needs and are not offered on a pre-programmed basis. Individual and small group mentoring may then be offered to further support the material covered in the workshops.

The impact interviews we conducted indicated the training and coaching provided by the evaluation team was useful, however improvements can always be made. We delivered training during the formative stage of the programme and made ourselves available to the Facilitators throughout the remaining phases of the project. However, upon reflection, a formal session whereby Facilitators were brought together to review their planning and evaluation documentation may have been useful, as it was unclear to us

whether this review of planning documentation was occurring as a routine part of their work.

One of the benefits of incorporating an evaluation training and capacity building component into the project from the outset was that it wasn't simply the Facilitators who benefitted from the training; other members of the CHPT also attended training sessions and learned tips and techniques for improving planning and monitoring processes. A useful addition to the training and capacity building component of the Community Hubs Project would be to invite community groups who express a readiness, to accompany the Facilitator to the training sessions and work in small groups to complete initiative planning.

3.3 Building local capacity

One of the key challenges associated with building local capacity, particularly in health promotion, is in attracting, training and then retaining a skilled and experienced workforce who are committed to a community and able to stay long enough with that community to pass on their skills and knowledge, thus growing local capacity. This was evident in the Community Hubs project where one very experienced Facilitator and one less experienced, but no less committed Facilitator left the project in the first year. The impact of these Facilitators leaving was two-fold, the skills that they brought to the community were immediately lost to that community, and second the relationships, networks and trust they had built in their time as Facilitators had to be rebuilt by their replacements. Rebuilding relationships and trust took time; which in turn impacted on the overall timelines of the project. Some key informants indicated that overall the Community Hubs Project was possibly not as successful as it could have been, because, in part a significant amount of time was required on the part of the Facilitators to build relationships and engender trust.

Bringing the disparate views of community members together in a way that resulted in a positive change in the community was a further challenge for Facilitators. Often it required that Facilitators work with community members to build their confidence in

themselves, so that they demonstrated leadership and made hard, or even unpopular, decisions. Instances where communities identified a need, but there was little community will, leadership, agreement or resource to establish effective responses to that need, were particularly demanding for the Facilitators.

One such example which concerned both the communities of Tikipunga and Te Kopuru was the issue of providing activities and resources for the youth of the community. In Tikipunga this issue originally arose as a concern around graffiti, and “tagging”, however when further analysis was undertaken it became evident that the real issue was that there were few community-based resources and activities to keep young people occupied. Similarly, in Te Kopuru, which faces the challenge of being a small and somewhat isolated rural town, youth were found to have few amenities and/or facilities.

In Tikipunga, while the community agreed that “youth” and more specifically “graffiti” was a problem, the community struggled to reach agreement on a constructive way of approaching the issue. Some responses voiced loudly and often, appeared to be heavy-handed, and punitive in approach, whereas what was required was a long-term intersectoral and collaborative response to dealing with bored young people. Facilitators found it particularly challenging in these circumstances to encourage a more robust and positive health promotion approach to the community’s concern.

Of assistance at such times would have been an opportunity to engage more broadly with other community leaders, members of the local council, young people themselves and even schools to canvas a broader range of options for addressing youth issues. However in this particular example this community group and the Facilitator were still finding their feet, and were not in a position to create such an opportunity for themselves. With maturity however, once the group is more established such a response from this community is more likely.

The Community Hubs Project took a very flexible and organic approach to working with some of the most complex communities. The need for flexibility worked better in some

communities, and with some Facilitators than with others. For example, the Te Rarawa model was very flexible and the Facilitator very practised at working with groups to bring small pools of funding together to achieve an initiative which met the requirements of many funding partners. This Facilitator was particularly skilled in the arts of facilitation and negotiation and knew their community well enough to know where the “levers” were to get action and progress. For some initiatives, it was simply a matter of involving kaumātua kuia, whereas for others it was using the strengths of the women in a community to get traction. Identifying the key “movers and shakers” and adapting one’s approach to get initiatives moving resulted in greater likelihood of initiative success.

3.4 The effectiveness of the Community Hubs Project Framework

The Match Between Facilitator and Community is Vital

The Community Hubs project has demonstrated that, as in other Northland-based community development initiatives, local knowledge and local connections are crucial to project implementation. Community Hubs Facilitators noted the importance, not only of having connections to the community in which you work, but also of having a history of hard work within that community. For Maori communities, where people are often related by whakapapa, this track record is especially important. Facilitators are accorded a degree of respect if they are known to be hard workers and dedicated to supporting a community’s aspirations. Having the right Facilitator with the right mix of skills, knowledge, expertise and personal attributes is crucial to the success and timely implementation of community development projects, and Community Hubs was no exception.

In discussing a similar community-based project Henwood notes that community workers with a track record of “walking the talk” in Māori health, wide-ranging personal strengths, whakapapa (ancestral) links to the community, a willingness to share their skills and expertise, and individual passion and commitment were critical to the success of community development initiatives (Henwood, 2007). The success of the Community Hubs project has shown to rest in part on the skills and dedication of the Community

Hubs Facilitators, but also on how these Facilitators engage and inspire communities to “do for themselves”.

The Impact of Local Level Capacity on Project Implementation

The implementation of the Community Hubs Project has been affected by a number of workforce issues. The first is the delay in securing Community Hubs Facilitators in all three initial sites within the first months of the roll out of the project. The project officially started in May 2008. While in one site the Community Hubs Facilitator was employed and active by month of the project, the second site’s the Facilitator was not employed until December 2008 and the third site’s Facilitator was not employed and active until July of 2009.

The delays in securing Facilitators resulted in significant delays in overall project implementation and evidence shows that these delays have had some impact upon initiative selection, planning and the implementation of community-level initiatives.

The second workforce issue which has impacted upon the project has been the loss in the first year, of the two initial Facilitators. Extensive groundwork had already been undertaken by these Facilitators in terms of engaging with communities and facilitating community readiness to identify and act upon local initiatives. Momentum was lost while these Facilitators were replaced and new Facilitators built up their rapport with the communities. However as one departing Facilitator noted, for the Community Hubs project to be successful it is crucial that the Community Hubs Facilitators themselves are accepted by the community and have credibility within those communities. Furthermore, their passion and drive for community development must sustain them through their work, especially when communities appear reluctant to engage or indifferent to opportunity.

The third issue concerns ensuring the Facilitator’s style, personality, skills and mode of working match, or is aligned with, the needs and characteristics of the community in which they work. In community development work where a facilitator works closely with

a community to advance its goals and priorities, it is imperative the facilitator establishes trust and rapport with the community and keeps lines of communication open at all times. Equally importantly, the facilitator must be able to recognise when to take a leadership, or more directive role in assisting a community and when to adopt a more hands-off approach. Variations of approach are possible throughout the course of a project, and may differ from community to community; for example, taking an active role in identifying options and suggesting strategies may work at one point in time, with one community whereas at a different time maintaining one's distance and letting a community work through and resolve an issue themselves may be more appropriate. Exercising good judgement in such decisions becomes paramount, lest a community feel it is being patronised on the one hand, or abandoned on the other.

Whilst these workforce issues are critical to the overall success of community development projects such as Community Hubs, it is notoriously difficult when seeking someone for the position to guarantee they have all the skills and abilities required, as well as the right temperament, attributes and even connections, for the position. However, it is timely to remind funders and providers alike of the importance of finding the right person for community development work; a task that requires a highly skilled, organised and indeed unique individual. Equally it must be recognised that irrespective of the different skills and abilities Facilitator may bring to their role, the addition of the resource itself in the community was invaluable.

3.5 The creation of healthy sustainable Northland communities

The Funding Model

The funding model for the Community Hubs project and the external evaluation was overly complex and at times impacted the smooth running of the project. The complexity of the funding model meant that stakeholders in early CHPT meetings grappled with their roles and responsibilities. The complexity also impacted on the reporting requirements and reporting streams which was identified as an ongoing source of frustration to the PHO-based managers of Hubs projects.

A major oversight was the lack of funding tagged within the project to support initiative development. The lack of a dedicated pool of funding to support the Facilitators' work limited their ability to engage with their equally resource-strapped communities. Reflecting the organic and flexible nature of the project, the Te Rarawa Facilitator overcame the lack of project funding in an innovative manner. The Facilitator accessed HEHA funding; a funding pool with similar goals to Community Hubs and which complemented the Community Hubs long-term objectives. In securing additional project money the Facilitator found it easier to gain traction with communities and the Facilitator's credibility was greatly enhanced. It is also worth noting that the amount of additional project funding required to secure significant community gain was very small.

The lack of evaluation money to undertake local level evaluation of initiatives was a further oversight in the funding model. That evaluation funding was not secured until year three, meant Facilitators initially worked without the additional resources they required in order to complete planning, monitoring and evaluation functions. As the Community Hubs Project winds up, Facilitators will now be able to undertake their own local-level evaluations of initiatives however it is unclear whether the results of these evaluations will be used to inform the case for further community-based project funding. Given this uncertainty, it seems onerous and burdensome to involve the community in further evaluation activity, unless such a pathway for future funding can be identified.

The Role of the Facilitator

This project has demonstrated the importance of obtaining the right Facilitator for the right community. Nowhere is this more important than in high needs, rural, isolated communities or in Māori communities. Given the importance of Facilitator to the success of the Community Hubs project, and the essential characteristics and qualities required of the Facilitator, we suggest that it may be more effective to directly resource existing community leaders, should this project be extended for another three year term. Direct resourcing of identified community leaders is in keeping with the general sentiments and philosophies expressed in the government's Whānau Ora Taskforce Report which seeks the realisation of whānau ora goals through, amongst other strategies, strong

leadership at the whānau, hapū and iwi leadership level (Turia, 2010). Whānau, hapū and iwi leadership is regarded a key foundation of effective whānau-centred service delivery. Should the Community Hubs project be extended, resourcing those leaders who have already been identified as such; who have the qualities necessary to actively engage and motivate their communities; and who are willing to seek training and skills in community development and health promotion; may ensure the optimal fit between Facilitator and community.

3.6 Limitations of the evaluation

The primary limitation of the evaluation was that the training and capacity building components built into the formative phase of the evaluation were curtailed due to delays in recruiting Community Hubs Facilitators and the changes in Facilitators in the first 18 months of the project. As was reported to NDHB in the PHO quarterly reports, the impacts of not having all the Facilitators on board as the evaluation rolled out included a requirement of the part of the evaluation team to adapt and modify training packages, modes and styles of delivery; a more organic approach to the delivery of support and advice, including providing training from a distance rather than “in-situ”; and inconsistent application of assessment, planning and evaluation activities in each of the three Hubs sites.

A second limitation was that activities which should have been included in the formative evaluation stage had already been conducted prior to the evaluation team being contracted. Therefore the evaluators had no input into decisions regarding the selection of Community Hubs sites, or in some cases the specific communities who would be included in this project. Being involved in the outset, working with NDHB and the PHOs as they developed the project and the evaluation that ran alongside the project implementation may have in turn, led to a more manageable project overall.

The final limitation concerns the expectations of what the evaluation could achieve in the three year period. The evaluation plan, developed from and based on documentation provided by NDHB about the Community Hubs project, and therefore

reflective of the overall goals of the project, was in itself, incredibly ambitious. It is only through benefit of hindsight that the evaluation team can now reflect on the size of the undertaking with which it was tasked, as this report, in turn, demonstrates.

4. CONCLUSION AND RECOMMENDATIONS

4.1 Conclusion

The Community Hubs Project, representing a mixture of community development and health promotion principles and objectives is a complex and sophisticated one. The high level goals the project sought to achieve were particularly ambitious given the level of funding allocated, the innovative nature of the project, the fact that the project represented a merger of NRST and NDHB goals, and the relatively short time frame in which it was implemented. However the short and medium term goals of the programme have been partially achieved, which indicates potential for success over the longer term.

Community development itself is a complex, time consuming process, requiring skilled Facilitators who have the trust of their community and credibility within those communities. For a project of this nature to be successful, Facilitators must recognise when to take a proactive leadership role, when to provide strong practical back up, and when to play a purely facilitative, supporting role

Any additional resource to support community development is beneficial and welcomed by communities and is especially useful to the communities targeted in this project: those that are rural, isolated with high needs and few resources. The Facilitators who were able to leverage other pools of funding and combine Community Hubs work with related project work made the most gains in the short time frame of the project. Even small amounts of resource applied through community development principles were found to maximise the overall impact of that resource.

The Community Hubs initiative was originally conceived as a mechanism to address rural inequalities through supporting rural, isolated communities to access health initiatives. While the improvement of health and physical activity were important to the communities and to the overall project, the development of community cohesion, building community confidence and identifying community needs were the immediate priorities of most of the communities that participated in this project. The Community

Hubs Project, through the work of the Facilitators, played an important role bringing communities together in a structured manner. It is only after three years of building community cohesion that these communities are now ready and able to contemplate the challenges associated with improving health inequalities through a community-based approach to sport, physical activity, nutrition, and health promotion. Careful consideration of the future of this project should therefore be undertaken to maximise the gains that have already been made.

4.2 Recommendations

In order to capitalise on the momentum that has been generated through the establishment and implementation of the Community Hubs Project ongoing investment in community development initiatives in rural communities is essential. Three key strategies are required therefore, both to improve the implementation of the programme in the future, and contribute to long-term programme sustainability:

1. Direct resourcing of the Facilitator role: We recommend that consideration be given to direct resourcing of the Facilitator role to communities and/or identified community organisations. Direct resourcing will, in our view, increase the likelihood that Facilitators not only have the requisite community development and health promotion skills, but also the necessary connections to, and trust of, the local community in which they will be working;

2. Funding and sustainability: We recommend that an initiative fund to complement the Facilitator role is provided to enable the Facilitator to support community initiatives. Small amounts of funding can be directly applied to communities with effective and efficient results, which also impact on the credibility of Facilitator and enhance the community's trust in that Facilitator.

Additionally, we recommend that sufficient resource is made available in each community to enable continuity and sustainability of initiatives in recognition that achieving substantive attitudinal and behavioural change is a long term process;

3. Training. We recommend that priority be given to the training of community-based workers, Facilitators and communities themselves in order to support current and future community development projects. High levels of understanding and skill in community development philosophy and processes is important in the complex implementation of community projects. The investment in training may be undertaken by a range of organisations who stand to benefit in the long-term from the building of local community capacity, such as local and district councils; health, education and social service funders and providers; and iwi and hapū.

5. REFERENCES

Davidson, E. J. (2010). Extreme Genuine Evaluation Makeovers (XGEMs). Keynote Address, Australasian Evaluation Society Conference, September 3, 2010

Glanz, K., Lewis, F. M., & Rimer, B. K. (1997). Health behavior and health education: theory, research, and practice (2nd ed.). San Francisco: Jossey-Bass Publishers.

Guldan G S. (1996). "Obstacles to community health promotion." Social Science and Medicine, 43(5), 689-695.

Henwood, W. (2007) "Māori Knowledge: A Key Ingredient In Nutrition And Physical Exercise Health Promotion Programmes For Māori." Social Policy Journal of New Zealand, Issue 32.

MacDonald G, Starr G, Schooley M, Yee SL, Klimowski K, Turner K. (2001). Introduction to Program Evaluation for Comprehensive Tobacco Control Programs. Atlanta (GA); Centers for Disease Control and Prevention.

Ministry of Health (2004) Healthy Eating – Healthy Action: Oranga Kai – Oranga Pumau: Implementation Plan 2004-2010. Wellington, Ministry of Health

Minkler, M., Wallerstein, N. (1997). Improving health through community organisation and community building, Part Four. In K. Glanz, F. M. Lewis, & B. K. Rimer. Health behaviour and health education: Theory, research, and practice (2nd ed.). San Francisco: Jossey-Bass Publishers.

Nilsen O. (1996). "Community health promotion: concepts and lessons from contemporary sociology." Health Policy, 36, 167-183.

Northland DHB (2008). Healthy Eating Healthy Action DHB Evaluation Fund Proposal. Whangarei, Northland DHB.

Northtec (2010). A Healthy Hikurangi Evaluation 2010.

Scriven M. (1998) Minimalist theory of evaluation: the least theory that practice requires. American Journal of Evaluation: 19:57–70.4. (quoted in Centers for Disease Control and Prevention. Framework for program evaluation in public health. MMWR 1999;48(No. RR-11):[inclusive page numbers])

Shadish WR, Cook TD, Leviton LC. (1991) Foundations of program evaluation: theories of practice. Newbury Park, CA: Sage Publications. (quoted in Centers for Disease Control and Prevention. Framework for program evaluation in public health. MMWR 1999;48(No. RR-11):[inclusive page numbers])

Turia T 2010. Whānau Ora: Report of the Taskforce on Whānau-Centred Initiatives. Report produced for Hon Tariana Turia, Minister for the Community and Voluntary Sector.

Waa, A., Holibar, F. & Spinola, C. (1998). Programme Evaluation : An Introductory Guide for Health Promotion. University of Auckland, Auckland.

W.K. Kellogg Foundation Evaluation Handbook (1998). Available from www.wkkf.org.

World Health Organization. (1986). Health Promotion, Ottawa Charter. Geneva: World Health Organization, Health and Welfare Canada.

Appendix

Appendix 1 Evaluation Methodology

A1.1 Kaupapa Maori Research Practice

While this evaluation employs approaches and methods which may be described as typically “universal” or “western” in origin wherever possible the engagement with communities, data collection and interpretation of the data is carried out according to a Māori worldview and in line with Maori development objectives. The processes of research is based on tikanga principles such as; whanaungatanga, mana whenua, mana tangata, kaitiakitanga, manaakitanga and hauora. In this way WRS seek to ensure quality outcomes that are of benefit and use to the communities who participate and to Maori generally. This application of universal evaluation methodologies within a kaupapa Māori framework is consistent with the emerging kaupapa Māori evaluation literature.

A1.2 Forms of Evaluation

This evaluation included the three main forms of evaluation activity: formative, process and impact evaluation. The formative evaluation phase comprised the first three quarters of the overall project timeframe (from May 2008 through to December of 2009). Process evaluation activity occurred intermittently throughout the course of the project, while the timing of the impact evaluation, unsurprisingly, coincided with the final quarters of the project. The table below demonstrates the phases of evaluation activity throughout the term of the project.

Phases of Evaluation Activity

	1st Qtr May 08-Dec 08	2nd Qtr Jan 09-June 09	3rd Qtr July 09 – Dec 09	4th Qtr Jan 10 – June 10	5th Qtr July 10- Dec 10	6th Qtr Jan 11 – May 11
Formative Phase	←————→					
Process Phase	←————→			←————→		
Impact Phase						←————→

Formative evaluation aims to generate information that can be used to identify need, plan, develop, refine and improve projects or programmes on an ongoing basis from an early stage. Successful formative evaluations involve the evaluator/s and project participants working closely and collaboratively. The formative evaluation stage has been carried out concurrently with the implementation of the Community Hubs Project and specifically includes evaluator support of the Community Hubs Facilitators in order to meet the evaluation objective of providing “increased evaluation capability and capacity to Facilitators and communities through evaluation training”. A focus of the formative evaluation phase was therefore:

- evaluation training;
- evaluator support of the community needs assessment; and
- evaluator support for the development of project specific process and outcome evaluation plans.

The primary purpose of a process evaluation is to document how well a programme has been implemented. Process evaluations are conducted periodically throughout the duration of a programme and are used to examine which activities are taking place, who is conducting the activities, and who is reached through the activities. Process evaluations assess whether resources have been allocated as planned and whether activities are being implemented as planned. They are also used to identify a programmes strengths, weaknesses, and areas for improvement (MacDonald et al. 2001).

A1.3 Methods

Data to inform this report were collected from a variety of sources including:

- performance monitoring (six monthly) reports from the PHOs to Sport Northland;
- informal meeting notes between the evaluators and Facilitators, and at times, evaluators and other PHO staff (such as direct line managers);

- intensive one-on-one support of, and advice to, Facilitators in the formative phase regarding evaluation methods, project planning, needs assessments and capacity building;
- formal minutes of CHPT meetings;
- key informant interviews (including formative and process interviews conducted in February 2009; exit interviews with staff who left the project during the formative phase; and impact interviews conducted in February 2010)
- document review of material produced by the Facilitators;
- a survey of CHPT members;
- a survey of Facilitators conducted after project planning and evaluation training; and
- participant observation of community meetings.

The material has been gathered over the course of the project's implementation, from the formative phase, through to the project's conclusion. A thematic analysis was undertaken to identify key themes and areas of concern and/or interest both to the funders and to the practitioners themselves.

A1.4 Research Team

The researchers comprised staff from Whakauae Research Services (WRS) and two other independent consultants: Liane Penney and Jenni Moore. Lianne Penny worked with Whakauae in the early stages of the evaluation and developed the evaluation plan which guided the project. Jenni Moore (Practical Change Management Health Consultancy) worked with Amohia Boulton of WRS during the evaluation and was a crucial presence in Northland for the research team.

A1.5 Conflicts of Interest

Whakauae Research Services is professional about identifying conflicts of interest, declaring them as soon as they arise and dealing with them according to best practice and policy. No conflict of interest was identified in the course of the research.

A1.6 Ethics

After consideration of the Operational Standard for Ethics Committees (2006) the evaluators have concluded the Community Hubs Project evaluation does not require review by the Health and Disability Ethics Committee. The operational standard stated the following research activities do not require ethical approval:

- i. Questionnaires or surveys that do not involve the collection or use of confidential or sensitive personal information (for example, patient satisfaction surveys)*
- ii. Research utilizing existing publicly available documents or data*

This research will not collect confidential or sensitive personal information from community members, service providers or personnel involved in the delivery of the project and the evaluation literature review draws upon publicly available documents, not personal or confidential documents.

The operational standard states even though ethical review is not required in relation to service delivery issues, health and disability agencies should observe the highest ethical standards in all types of service delivery and should be aware of the provisions of the Code of Health and Disability Service Consumers' Rights 1996, the Health Information Privacy Code 1994 and any other relevant codes of practice. These codes have been observed at all times throughout the evaluation process.

Any individual or focus group interviewing, participant observation, document reviewing or other forms of data collection has only been undertaken following the provision of information about the purpose of such data collection and attainment of informed consent. Reporting and dissemination of interviewee, participant observation or other data, is undertaken in such a way as to maintain the anonymity of any individuals or organizations where-ever possible. However it must be noted that given the Community Hubs project is only operating in three areas within the Northland DHB, comments

attributed to the Community Hubs Facilitators may be identifiable by community members.

Additional ethical oversight is provided by WRMHD Academic Advisory Board (the Board). The Board is comprised of a representative of Te Rūnanga o Ngāti Hauiti, a representative of Te Maru o Ruahine Trust, a representative from Massey University and the Manager of Whakauae Research Services. Board members whakapapa to Ngāti Hauiti and all have an understanding of research practice; research ethics; research in a Māori context, and research conducted by and for iwi. The Board also has the ability to co-opt members where additional skills and knowledge are required.

Appendix 2 – Example of Evaluation Resources

Community Hubs Project - Whangarei District

Stage 1: Formative Evaluation

Key Personnel

Nick Heywood, Community Hubs Facilitator; Ngaire Rae, Manaia PHO; and the Evaluators Heather Gifford, Amohia Boulton, (Whakauae Research Services) and Jenni Moore (Practical Change Management)

Communities:

TBC, possibly Tikipunga and Pipiwai

ACTIVITIES OCCURRING DURING THE FORMATIVE EVALUATION STAGE

It must be remembered that the Community Hubs Project is first and foremost an example of community development in action. As a result we must be mindful that the activities listed below may occur in an organic and fluid manner, not strictly according to the order outlined below. Activities may also overlap and be repeated as stakeholders and community members are engaged and new initiatives devised. Both the evaluation team and the Project Facilitator will work with a degree of flexibility to ensure the relevant data to inform the evaluation is collected.

1) Community informing and local networking/collaboration development

Community informing involves educating and informing the community about the 'Community Hub' concept. In this stage networks and methods for collaboration are developed. Key activities include engaging with community education, social and health groups already working within the community about the project. This stage allows the Facilitator to introduce themselves and the project to the community. Specifically the process may include:

- Determining existing organisations and groups and talking with these groups (phone and face-to-face)
- Utilising local newspapers or newsletters to advertise and inform the community about the project
- Developing an information sheet to place on community notice boards, in local businesses, mail outs, etc.
- Visiting local schools, community groups, and health providers (including local doctors)
- Visiting local shop keepers
- Inviting community members to attend a community meeting
- Talking with local Marae, iwi, hapū and whānau
- Identifying natural existing community leadership

Evaluation Tasks:

- maintaining records of meetings/hui held and people and organisations canvassed
- keeping copies of newspaper articles, advertising, flyers or information sheets used to promote Community Hubs
- keeping notes of any formal interviews or conversations with stakeholders

2) Conducting an assessment of the needs and strengths within the community

This stage involves engaging the community and determining how they feel about their community, its strengths, resources and abilities to develop and implement the initiative. A clear understanding of what the community would like to achieve within this project is gained. Specifically this stage may include:

- Brief surveys asking the community about the strengths and weaknesses of their community, the opportunities and the threats. Where appropriate such a survey would be conducted by community members
- Talking with community groups/members and other stakeholders
- Organising and facilitating community meetings/presentations where brainstorming will be encouraged to develop innovative ideas and initiatives as well as identify volunteers to drive and coordinate these initiatives.

Projects may be initiated at this stage and should be led by volunteer community members that wish to take ownership of any one initiative. A prioritization process may occur, if this is what the community decides as being a sensible use of resources.

Evaluation Tasks:

- Where a survey is used, ensure records kept about how many participated in the survey (sample size), any comments regarding distribution of survey tool, Maori responses, and ensuring a robust analysis of survey data
- keeping notes of any formal interviews or conversations with stakeholders
- keeping records of any community meetings including zen diagrams, flow charts or that may have been used as visual aids during brainstorming sessions

3) Community Steering Group Development

This development may happen at different stages for each community, but encourages community ownership and leadership. This group will be responsible for helping to support initiatives as they are identified and developing new ideas. This group is paramount to the sustainability of the project.

Evaluation Tasks:

- Membership, purpose and tasks of steering group noted. May be followed up at a later date with interviews to determine how successful these groups were

4) Initiative development and Goal setting

Following the community idea development and volunteer identification stage, project teams to drive the initiatives will be created. Their creation will be facilitated by the

Project Facilitator. The project teams will develop, drive and facilitate their specific initiative idea with initial assistance from the Facilitator. The Facilitator will encourage the project team to have ownership and drive the strategy. As community capacity is developed the Facilitator will withdraw their involvement. Ensuring that all projects are driven by the project teams themselves is critical as it ensures the community has ownership over how the programme develops and is implemented.

Evaluation Tasks:

- Maintain a record of how the process of goal setting worked, where it may be improved and how. May require observation by the evaluation team of an initiative identification/goal setting meeting.

5) Developing a Programme Logic Model for the initiatives

A programme logic model is a systematic, visual way to present a planned program with its underlying assumptions and theoretical framework. It is a picture of why and how you believe a program will work. In the process of devising a logic model you are forced to reflect on your assumptions about a programme or project and how you think it will meet the overall objectives and outcomes. It is particularly important for any evaluation activity as it will assist evaluators to determine whether the goals and objectives of a project or initiative have been met. A programme logic model has been developed for the whole Community Hubs Evaluation however individual programme logic models for each initiative will assist in determining whether projects will meet their intended outcomes for each specific and individual community. Programme logic for each community intervention will be developed with community Facilitators and community participants, supported by the external evaluators at the stage appropriate to each community.

Evaluation Tasks:

- The evaluation team may be required to review the programme logic model

Example of questions a formative evaluation attempts to answer:

- What evaluation training do Community Hub Facilitators and/or community members require?
- How have participants been engaged in the project?
- What has been the result of the engagement?
- Who is participating in the community projects?
- What support do Community Hub Facilitators and community members need to plan and undertake community assessment?
- How does the community feel about the health and wellbeing of their community?
- What are the community strengths, weaknesses, opportunities, threats?
- Who are the existing leaders in the community?
- What community services/initiatives/projects currently exist?
- What services/initiatives/projects does the community want to develop and implement?

Appendix 3 TikiPride Survey

Kia Ora,

Tiki Pride is a group of people living in Tikipunga who want to encourage pride, and get things happening in our community. This short survey is to help us find out what you think needs to happen in Tikipunga.

What are the things about Tikipunga that make it a good place to live?

What are the things about Tikipunga that aren't so good?

What ideas have you got to make Tikipunga a better place?

Do you live in Tikipunga ? Yes / No

If "Yes" How long? _____

Do you want to be involved in future Tiki Pride events?

YES / NO

Do you want to be kept up to date about Tiki Pride?

YES / NO

If "YES" Please fill in contact details below.

Contact Details

Name: _____

Phone number: _____

Address: _____

Email: _____

For more information contact:

Nick Heywood, Health Community Hub Facilitator, Manaia Health PHO

Phone: 4381015; Fax: 4383210; Cell: 021873539;

Email: NickH@manaiapho.co.nz

Nāku te rourou, nāu te rourou, ka ora ai te kaupapa/iwi

With your contribution and mine, the project will be achieved

Introducing the Community Hubs Project Northland

*Tena koutou, tena koutou,
tena koutou katoa.*

What is it?

Community Hubs is a community action project in three communities in Northland:

- Whangarei
- Kaipara
- The Far North

What is community action?

Community action describes a process which is led by the community itself. Ideas, information and support may be available from a variety of sources, but at the end of the day, it is the communities own decision about what they want to do.

How did this project arise?

There were two key things that led to the community hubs project:



1. Manaia Health had implemented a successful community action health programme in Hikurangi which they were keen to see extended, and

2. The Northland Sport and Physical Activity Strategy was developed with input from health, sport, education, and local councils. Two actions were:

1. Reduce barriers and improve equity of access to physical activity (Strategy 2.4)
2. Develop Active friendly communities. (Strategy 4.3)

Manaia Health and the Regional Physical Activity governance group decided to come together and support the

development of community action projects in three areas of Northland.

While the Northland Sport and Physical Activity Strategy involvement is hopeful that community identified action will include physical activities, this is ultimately up to the community.

Facilitators were employed in three PHOs, (Manaia, Kaipara Care, and Te Tai Tokerau PHOs).

So what is the role of the facilitators?

Their role is to support the communities to work through their needs and get things happening in the community that will improve the health and wellbeing of the community.

So what's in it for communities?

Community activities often struggle because of lack of energy, - this project supports community activity by providing

the facilitation resource , which lightens the burden on already busy community people. It is important to be clear that the leadership of the project remains with the community.

Secondly, the project has a three year evaluation built in which is being carried out by Whakaue Maori Health Research team. Their role is to seek evidence of the real usefulness of the programme. This is done, at the start of the project by working with the facilitators and assisting their planning, and as time goes on, the evaluators will interview a number of people involved in the project. The usefulness to a community of having an evaluation component is that there will be proof of success (or otherwise!) which can be invaluable in seeking future resources, in other words for the sustainability of the project.

Te Kopuru Community Newsletter

Monthly • Issue 1 • February 2009



What is going on in Te Kopuru?

Greetings Te Kopuru..... As a part of the TK Hub Project with Kaipara Care Incorporated (KCI), I would like to introduce to you this pilot community newsletter. The idea is to introduce services, organisations, groups, projects etc etc, that exist in the community so that everyone in the community is aware and has equal opportunity to participate. Please accept my personal apology if I have missed you out, and do feel free to make contact with me so you can be included on the database of existing services etc. All information was gathered via a community survey that took place in December 2008. All feedback welcome.

Up and Coming Events:

February 26th - 28th

➤ Northland Field Days

State Highway 14, Dargaville - 8:30am - 4:30pm

Adults \$10, 5 - 16 years \$3, under 5's free

March 1st

➤ Market day @ the Coronation Hall

➤ Celebrate Children's Day @ the Dargaville Town Hall - 11am - 2pm

April 15th

➤ SCOPE - morning tea for older adults @ the Coronation Hall with Bev Hart (Community Wellness for Older Adults Coordinator) 10:00am. (theme - Taking Care of One Another) Contact: (09) 439 8079 Bev Hart. Also present will be Simone Matthews from (SAGES).

So you've been hot? ...and need a swim after school hours, no need to jump the fence... The Cossil and Kakara family's are supporting after school swimming. Please give either of them a call to make enquiries....

Cossil Family - (09) 439 8122 / Kakara Family - (09) 439 1512

Service Information:

Te Kopuru School

Day begins - 8:45am

(all students to be at school before 8:30am)

Morning breaks - 10:00am and 11:15 am

Lunch break - 12:30pm

Day ends - 2:45pm

Contact: (09) 439 1802

Te Kopuru Playcentre

Monday - 9:30 - 12:00 - 4 - 5 year olds

Tuesday and Thursday - 9:30 - 12:00 2 yrs +

Contact: (09) 439 0083 (during session times)

(09) 439 0018 - Jennifer Randall (after hours)

Te Kopuru Medical Centre

Located at the back of the Coronation Hall

Nurses Clinic:

Monday's - 9:30am - 12:00pm

Free clinic, bookings only essential for smears.

Other services include: wound care, ear checks, blood pressure, depo provera, sexual health, diet and fitness, nail care for older adults, advise and some house calls.

Doctors Clinic:

Thursday's 8:30am - 11:30am

Bookings preferred, but not essential

Contact: (09) 439 8079

(Dargaville Medical Centre)

The Really Good Shop

Open from 7:00am - 7:00pm 7 days a week. Full postal service available.

Contact: (09) 439 0778 Sarah and Shane Searle

Te Kopuru Hall Committee:

Market Day:

Held the first Sunday of every month. Good

variety of stalls. Tables are available. Contact:

(09) 439 5225 Alan Lappin

Children's Christian Based Youth Groups:

Every second and fourth Tuesday of the Month

from 4:00pm @ the Coronation Hall:

Pathfinders: 10-15 years

Adventurers: 6 - 9 years

Coronation Hall hirage also available.

Contact: (09) 439 1852 Ivy Vincent

Town and Around Bus Service

Friday shoppers transport -

\$10 one way \$15 return trip. Pick up @ the

Coronation hall 9:30am - dropped off at bus stop

Dargaville. Return from bus stop @ 12:30pm,

dropped off at home. Please ring as seats are

limited to 9. Contact (09) 439 6306 Michele Rae

Kaipara Health Shuttle:

Transport provided for health / medical

appointments in the Kaipara and Whangarei area.

For all enquiries Contact (09) 439 1690 Te Ha o Te

Oranga.

Maungarongo Foundation Trust:

Providing emergency housing to those in need.

Contact: (09) 439 0350 Te Aroha Henare



TK Service Info Continued

Civilian Maimed Association (CMA):

Every Wednesday @ the Anglican Church Hall
10am Start Contact (09) 4391446 Iris Smith

St Peter's Anglican Church

Service Times – Every Sunday @ 11am
Contact: (09) 439 7253 - Reverend Susanne Green
(09) 439 1504 – Kaye Welch

Monday Night Exercise Classes:

Exercise Classes @ the Anglican Church Hall
every Monday @ 6pm.
Contact (09) 439 0045 - Adrian Astley

Southern Country Music Club

Third Sunday of the month
Contact (09) 439 4853 – Jacqui

Te Kopuru Fire Brigade

Contact: (09) 439 1750 – Leon Searle

Te Kopuru Bowling Club

Contact: (09) 439 1756

Southern Squash and Rugby Club

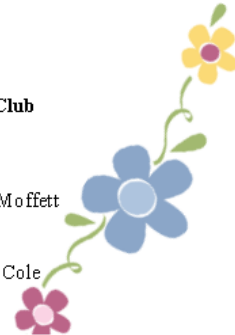
Contact: (09) 439 1691

Te Kopuru Swimming Club

Contact: (09) 439 1530 – Kaye Moffett

Tatarariki Tennis Club

Contact: (09) 439 1735 – Karen Cole



Classifieds:

Parenting Courses:

Kaipara Parenting Training

Courses running from Feb – June 2009

0 – 6 years – six Tuesday nights starting 3rd March

7:15pm @ the Fish Factory building Hokianga Rd.

Contact: (09) 439 1499 - Rebecca / (09) 439 6145 - Christine

6 – 12 years – six Wednesday nights starts 25th Feb

7:00pm @ Kumarami Productions Parenga St Dargaville

Contact: (09) 439 7433 - Bev / (09) 439 5152 – Frances

Teen years – six Monday nights, starts 18th May

7:15pm @ the Fish Factory building, Hokianga Rd.

Contact (09) 439 7433 - Neil

How to Drug Proof Your Kids

4 week course from “Focus on the Family”

Contact (09) 439 7433 - Bev

(Please phone if you are interested)

Kaipara District Council Biodiversity Improvement Fund

A contestable Kaipara biodiversity improvement fund of \$15,000 is available to the Kaipara region for projects that encourage people to restore and improve Kaipara's natural environment. The council will consider applications in terms of the following criteria:

- Benefit to the native biodiversity in Kaipara
 - Extent of other contributions to the project eg. Voluntary labour
 - Degree of community benefit
- Application forms available from the Council. Closes 4pm March 16th.

If you have any enquiries in regards to the Te Kopuru Hub Project please do not hesitate to make contact:
Alesha Lewis, Kaipara Care Incorporated (KCI), PO Box 112 Dargaville 0340, Northland. ph: (09) 439 1749
mob: 021 688 466. email: active.community@vodafone.co.nz

Appendix 6 Community Hubs Project Framework

Stage 1: Developing the Vision	
Element	Description
Development of a Community Hub Project Team	<p>At the outset, this involves setting up a group who will:</p> <ul style="list-style-type: none"> • act to maintain an ongoing commitment to the Community Hub Project; and • help to develop and drive the concept throughout their organisations and Northland. <p>This group will eventually devolve into localised project teams (one in each district) that will assist with prioritising rural and isolated communities for project implementation within their area. The purpose of these groups is to:</p> <ul style="list-style-type: none"> • achieve an ongoing commitment to the 'Community Hub' project and its philosophies; and • assist in prioritising and determining communities for implementation.
Employ Project Facilitator	<p>The Facilitator responsible for:</p> <ul style="list-style-type: none"> • leading the project within each community; • helping the community to recognise and build their community capacity; • working to empower the community to take ownership and leadership of health, physical activity and wellbeing initiatives; and • assisting the community recognise and achieve their potential.
Train a Project Facilitator	<p>Facilitation is a key role in the project and training of the Facilitator is required to ensure the project's success. Training may include :</p> <ul style="list-style-type: none"> • working with the project leader from 'Healthy Hikurangi' to allow the Project Facilitator to develop skills that allow them to approach each community appropriately; • ensuring Facilitators understand the underlying principles of the project and how to approach each community; <p>Facilitators will be required to take a leadership and facilitation style that supports the philosophy that health promotion is about enabling people to increase control over, and improve their health.</p>
Community Informing, Local Networking and Collaboration Development	<p>This involves the Facilitator:</p> <ul style="list-style-type: none"> • introducing themselves and the project to the community; • educating and informing the community about the 'Community Hub' concept; • developing networks and establishing methods for collaboration; and • talking with all community education, social and health groups already working within the community about the project.
Community Steering Group Development	<p>This group is paramount to the sustainability of the project but formulation of the group may occur at different stages for each community. This group will:</p> <ul style="list-style-type: none"> • be responsible for helping to support initiatives; • encourage community ownership and leadership; and • become the trustees of any community trust developed.

Stage 2: Conduct Community Assessments of Strengths and Needs	
Element	Description
Identifying Community Needs and Ideas	<p>This involves:</p> <ul style="list-style-type: none"> • engaging the community; • determining how they feel about their community and their community provisions; • outlining what the community would like to achieve within the Community Hubs Project; • identifying community-specific initiatives • identify volunteers to drive and coordinate these initiatives.
Stage 3: Set Goals and Make Plans	
Element	Description
Community Initiative Team Creation	<p>The creation of project teams facilitated by the Facilitator. The purpose of the project teams will be to:</p> <ul style="list-style-type: none"> • develop, drive and facilitate their specific initiative; and • ensure the community has ownership over how the programme develops and is implemented.
Stage 4: Initiative Development	
Element	Description
Development of Specific Initiatives	<p>The development of specific local-level initiatives will be driven by the community project team with initial assistance from the Facilitator. This includes:</p> <ul style="list-style-type: none"> • encouraging the project team to have ownership and drive the strategy; and • withdrawing involvement as community capacity is developed.
Stage 5: Implement the Initiative(s)	
Element	Description
Project Implementation	<p>Initiatives (ie: local-level projects) implemented with assistance from the Project Facilitator. Initiatives should be established and implemented by the community to ensure sustainability.</p>
Stage 6: Evaluation	
Element	Description
Project Evaluation	<p>Projects will be evaluated by the community to:</p> <ul style="list-style-type: none"> • determine how they can be improved; and • determine their success. <p>Evaluation will differ depending on the initiative type and stage of implementation.</p>
Community Capacity Building	<p>To ensure projects are sustainable and ultimately become completely 'community led' community capacity must be developed. Community capacity building will:</p> <ul style="list-style-type: none"> • be dependent on community needs; • comprise both formal and informal community processes; and • happen continuously throughout the project.

The Northland Community Hubs Project

Exit Interview Schedule for Community Hubs Facilitators

Formative Phase Questions (Year 1)

Thank you for agreeing to participate in this interview. Can I have your consent to record this interview?

Name:

Ethnicity:

1. Please describe how the Community Hubs project came about and how you came to be involved with it?
2. What has been your experience of the project as a co-funder?
3. You are a member of the Advisory Group – could you please describe the role, function and purpose of this group?
4. Do you think everyone on the Advisory Group has the same goals and objectives for the project as you and if not, where might the differences be? Are these differences a concern, or embraced by the group?
5. Please describe what you consider to be your role as an Advisory Group Member?
6. Have there been any particular challenges or difficulties with the role? Any strengths or opportunities?
7. Are there any ways in which the Advisory Group could be improved or strengthened? For example are there any gaps in membership?
8. Are there any ways in which the Community Hubs programme could be improved or strengthened?
9. Is there anything further you would like to add, or to ask of us?

Nga mihi nui ki a koe

Information Sheet
An Evaluation of the Northland Rural and Small Town Community Hub Project
“The Northland Community Hub Evaluation”

What? The Northland Community Hub Evaluation is a three year evaluation funded by the Northland District Health Board (NDHB). Its purpose is to find out how the Northland Rural and Small Town Community Hub Project has been implemented in three different communities; whether the process of implementation could be improved; and what impact the project has had in each of the communities. The information will be used to help the Project’s two funders (NDHB and Sport Northland), decide whether to keep funding the project in the future and whether to extend the project so that more communities may benefit.

How? We will gather information in a number of ways including –

- 1) asking key informants (specific local body officials, community leaders, community members and funders) about the Northland Rural and Small Town Community Hub Project,
- 2) observing Community Hub meetings to discover how communities are participating in the project; and
- 3) conducting community “focus groups” or meetings with groups of interested people to find out their views on how the project has been implemented, what could be improved and what impact the project has had in their communities.

Who? The study is being conducted by Whakauae Research Services (WRS); an iwi-based research centre in Whanganui. Dr Amohia Boulton is the Project Lead while Jenni Moore of Practical Change Management our Northland-based Researcher.

What will happen if I participate? If you decide to participate in this study, we will discuss the consent process with you and you will need to confirm your consent to participate. Your interview will be audio-recorded (with permission), transcribed and a copy of this sent to you to check. The information that you, and other participants provide, will assist us to gain an understanding of how the Community Hubs Project has been implemented and the impact it has had on the local community. You may withdraw from the study at any time.

What will happen with the results? The results of this study will be written up in a final report to be submitted to the funders in May 2011. The funders will then determine whether this report will be made available to the public.

He mihi nui ki a koe

2/02/2010

Consent Form for Key Informant Interviews

An Evaluation of the Northland Rural and Small Town Community Hub Project

“The Northland Community Hub Evaluation”

I have been provided with information about the Northland Community Hub evaluation which Whakauae Research for Māori Health and Development have been contracted to undertake for Northland District Health Board.

I understand what the evaluation is about. I also understand that I am free to ask for more information about the evaluation at any stage.

I know that:

- My participation in this evaluation is entirely voluntary;
- I can withdraw my participation at any time without disadvantage;
- Any information which could potentially identify me in publications or presentations will only be used with my permission;
- This interview will be audio-recorded, with my agreement, but I can ask for the recorder to be stopped at any time;
- The interview recording will be transcribed and returned to me for editing at my request.

I _____

of (address) _____

agree to participate in this key informant interview as part of the evaluation of the Northland Community Hub Evaluation.

Signed

Date

Please indicate if you would like the transcript of your interview returned to you for editing before use. YES / NO

Nga mihi mui ki a koe

Consent Form for Northland Community Hub Evaluation

2/02/2010

The Northland Community Hubs Project

Formative and Process Evaluation Interview Questions for Key Stakeholders

Background

1) Can you tell me about your understanding of the Northland Community Hubs Project, how it came about, and its purpose?

2) Can you tell me about your involvement with the programme, if any?

Community Initiative Creation

3) Are you aware of any specific community initiatives that are being developed as part of Community Hubs Project?

4) Please describe the initiatives and your involvement in them, if any?

5) Who else is involved in these initiatives?

Community Engagement

6) How have people been engaged with, or been encouraged to participate in, the Community Hubs Project or with specific initiatives?

7) What role has the facilitator had in engaging with the community about the Community Hub Project?

8) Does the wider community know about and support the Community Hubs Project? If not, why not?

9) How has information about the Community Hubs programme been communicated? Is this effective and if not, how can communication be improved?

Sustainability

9) How has community leadership been supported to develop to ensure the sustainability of the Community Hub Projects?

10) What is being done to develop sustainable community action?

12) Do you think there is ongoing and community support for a Project such as this?

Do you have any questions you would like to ask?

The Northland Community Hubs Project

Exit Interview Schedule for CHPT Member

Formative Phase Questions, June 2009

Thank you for agreeing to participate in this interview. Can I have your consent to record this interview?

Name:

Ethnicity:

1. Please describe how the Community Hubs project came about and how you came to be involved with it?
2. What has been your experience of the project as a co-funder?
3. You are a member of the Advisory Group – could you please describe the role, function and purpose of this group?
4. Do you think everyone on the Advisory Group has the same goals and objectives for the project as you and if not, where might the differences be? Are these differences a concern, or embraced by the group?
5. Please describe what you consider to be your role as an Advisory Group Member?
6. Have there been any particular challenges or difficulties with the role? Any strengths or opportunities?
7. Are there any ways in which the Advisory Group could be improved or strengthened? For example are there any gaps in membership?
8. Are there any ways in which the Community Hubs programme could be improved or strengthened?
9. Is there anything further you would like to add, or to ask of us?

Nga mihi nui ki a koe

Community Projects Evaluation Workshop: Whakauae Research

September 2009

Feedback Sheet

At the beginning of this Workshop:

- 1) My understanding of the relationship between project planning and evaluation is:

Excellent limited	Good	OK	Limited	Very
----------------------	------	----	---------	------

- 2) My understanding of the basics of project evaluation is :

Excellent limited	Good	OK	Limited	Very
----------------------	------	----	---------	------

- 3) I know what the main forms of evaluation are and what kinds of questions they can help to answer:

Yes	Unsure	No
-----	--------	----

At the end of this Workshop:

- 1) My understanding of the relationship between project planning and evaluation is:

Excellent limited	Good	OK	Limited	Very
----------------------	------	----	---------	------

- 2) My understanding of the basics of project evaluation is :

Excellent limited	Good	OK	Limited	Very
----------------------	------	----	---------	------

- 3) I know what the main forms of evaluation are and what kinds of questions they can help to answer :

Yes	Unsure	No
-----	--------	----

**THE COMMUNITY HUBS PROJECT TEAM (CHPT) SURVEY
FOR PROJECT TEAM MEMBERS**

1) **How long** have you been a member of the CHPT? (since when? or how many months?) _____

2) Please describe **your current job**/position (eg: health promoter, Manager, CH facilitator, etc) _____

3) Please explain **your role** in the Community Hubs Project team

4) Please rank the various functions this group performs from 1=most important to 6=least important

☐

Information sharing

☐

Information gathering

☐

Coordination of the sites

☐

Communication between sites

☐

Networking

☐

To provide advice to facilitators

5) Are there other functions the group performs? If so, please describe:

Please proceed to the second page -

6) Overall how well do you think the group has performed the following roles, where 1=poor and 5=outstanding

☐

Information sharing

☐

Information gathering

☐

Coordination of the sites

☐

Communication between sites

☐

Networking

☐

To provide advice to facilitators

7) Has the role of the group changed in the course of the project? If so in what way(s)?

8) Could the Community Hubs Project Team be improved? Yes

☐

No

☐

9) If you responded yes above, in what ways could the group be improved? (eg: opportunity to meet more, or less often; more funding to meet; use of video-conferencing or skype conferencing; more, or fewer people; different kinds of people; different mix of skills etc)

10) Do you have any further comments about the Community Hubs Project Team and how it has worked over the course of the Community Hubs Project?

Thank you for your time!

The Northland Community Hubs Project

Impact Evaluation Interview Questions

Background

1) Just as an introduction can you tell me about your involvement with the Community Hubs programme?

(Prompts: how long have you been involved? In what role?)

The Effectiveness of the Community Hubs Programme

3) The Community Hubs Project has a number of overall goals including (offer the showcard to informant)

- Creating healthy sustainable Northland communities
- Increasing the health and wellbeing of Northlanders that live in rural, small town and isolated communities
- Building on rural and small town communities social and infrastructural strengths
- Empowering and up-skilling communities to participate in and influence programme development, implementation and evaluation within their community
- Assisting in the development of community capacity
- Maintaining a flexible approach to community development
- Improving the physical and mental wellbeing of the community

Could you please tell us, how and in what ways any of these goals might have been achieved, or where you believe some progress towards these goals has been made?

4) What has helped the programme to be effective?

(Prompts: facilitators, the way the programme was run, flexibility, timing, community will, resourcing/funding)

5) What has prevented the programme being more effective?

(Prompts: lack of resources, human or monetary, lack of community will, changes of facilitator)

Impact

7) What has been the impact of having a programme like Community Hubs operating in this particular community?

8) What, if anything, could be done differently or enhanced to improve the programme?

9) Will the changes that have occurred be sustainable in the future, once the programme has officially ended? Why or why not?

Success

10) Putting aside the “official” goals of the programme for a moment and just reflecting back over the time you have been involved in the programme, do you think it has been a success? Why or why not? In what ways?

Do you have any questions you would like to ask?

Thank you for your time!

Showcard: Overall Goals of the Community Hubs Project

- Creating healthy sustainable Northland communities
- Increasing the health and wellbeing of Northlanders that live in rural, small town and isolated communities
- Building on rural and small town communities social and infrastructural strengths
- Empowering and up-skilling communities to participate in and influence programme development, implementation and evaluation within their community
- Assisting in the development of community capacity
- Maintaining a flexible approach to community development
- Improving the physical and mental wellbeing of the community