
Active Movement Programme Evaluation

Final Report to Active Movement Advisory Group

**Prepared by Gill Pirikahu and
Dr Heather Gifford**

**for
Whakauae Research for Māori
Health & Development -June
2011**



Illustration - Pamoana Pirikahu 12 months



Table of Contents	1
Table of Figures	3
List of Tables.....	4
Executive Summary.....	5
Findings.....	6
Process Evaluation.....	6
Outcome Evaluation	8
Summary and Recommendations	8
Acknowledgements:	10
One: Introduction and Background.....	11
Context for programme development.....	11
Te Kōringa Tinana o Whanganui – Active Movement Programme	13
Programme objectives and evaluation questions.....	17
Two: Research Approach and Methodology	21
Research Approach.....	21
Methodology.....	21
Ethics.....	26
Conflicts of Interest.....	27
Limitations	28
Three: Process Evaluation Findings	29
Wider programme implementation	29
Engaging the target audience	37
Implementation of components of the programme.....	38
Advisory Group and stakeholder participation.	44
Four: Outcomes Evaluation Findings	49
Capacity Building.....	50
Increased structured activity programmes for ECEs.....	53
Strengthened partnerships and intersectoral collaboration.....	54

Five: Discussion	57
Formative Evaluation.....	57
Process Evaluation.....	58
Outcome Evaluation	59
Summary and Recommendations	60
References:	62
Glossary	63
List of Abbreviations	64
Appendices:	65

Table of Figures

Figure 1: WDHB Region	11
Figure 2: Accountability Chart.....	16
Figure 3: Logic Model Chart	22
Figure 4: Timeline	29
Figure 5: Needs Assessment Process	33
Figure 6: Single workshop attendees	39
Figure 7: Workshop structure	40
Figure 8: Knowledge gained from Active Movement Single Workshops	52
Figure 9: Participation Rating Scale Comparison	56

List of Tables

Table 1:	Children aged 0-4 by region and ethnicity	12
Table 2:	Methods of data collection by informant and phase	25
Table 3:	Changes in capacity	50

Executive Summary

The Active Movement (AM) - Te Kōringa Tinana o Whanganui programme is currently being implemented in the Whanganui District Health Board (WDHB) region and was evaluated over a three year period from its inception, in July 2008, through to June 2011. It is based on the Active Movement programme developed by Sport and Recreation New Zealand (SPARC) for children under five to foster engagement in quality physical movement experiences to develop and enhance the growth of the child¹.

The AM programme is delivered by Regional Sports Trusts around New Zealand using a community-based, health promotion approach. It seeks to address individual, community and organisational physical activity related needs and, in particular, to provide early childhood education centres (ECE), such as kohanga reo, with an opportunity to participate in and influence programme development, implementation and evaluation. In the Whanganui region, funding for an AM based programme is provided by the Whanganui DHB and SPARC through the Sport Whanganui Regional Sports Trust (RST). The RST employs an Active Movement Advisor to implement the programme.

This report presents the key findings from a three year Whanganui AM programme evaluation which included formative, process and outcome evaluation phases and complements the formative evaluation report provided to stakeholders in year one of programme implementation (Pirikahu, 2010). There were two key evaluation objectives: 1) to assess how the interventions being implemented met the programme aims and objectives and 2) to measure the medium-term outcomes of the interventions both intended and unintended.

The evaluation drew on a series of data sources including documentary evidence (six monthly WDHB monitoring reports, Active Movement Advisory Group (AMAG) meeting minutes and AM Advisor reports, informal meeting notes and Advisor planning documents); key informant interviews (process and outcome interviews); surveys (of Advisory Group members and ECE staff); the needs assessment

¹ www.sportwanganui.co.nz

undertaken by Active Movement Advisor; participant observation of AMAG meetings; and numerous informal conversations with the AMAG.

The Whanganui AM programme blends a mixture of community development and health promotion principles and approaches to achieve the programme aims². These are to assist and support kohanga reo and ECEs in the Whanganui district to:

- increase physical activity opportunities and improve movement skills of children; and,
- to increase the capacity and capability of staff/whānau within ECE settings to develop and deliver their own programmes to ensure sustainability.

Findings

The formative evaluation report described the development and initial implementation of the AM programme in the Whanganui DHB region in the first year and results are presented in a separate formative report (Pirikahu, 2010). Results from year one indicate that in the Whanganui region, the programme was based on well-defined needs and prioritised target groups. An evaluation plan was successfully developed and agreed to by all key stakeholders. A programme logic model was also collaboratively developed, as part of this planning activity, which provided a framework for process and outcomes evaluation. A formal needs assessment was carried out, in the early phases of programme development, enabling the prioritisation of programme delivery alongside ten identified ECE centres. During this early establishment phase an intersectoral programme Advisory Group (AMAG) was formed to guide programme implementation.

Process Evaluation

The process evaluation results demonstrated that the programme was largely implemented as intended. Challenges were however identified in relation to intersectoral collaboration, workforce capacity, adaptations to the programme and delays in implementation.

² Internal WDHB Funding and Planning Memorandum 10/09/2008 re contract with Sport Wanganui.

Gaps in workforce capacity and staff changes impacted significantly on this programme. Not all staff were adequately trained or skilled to deliver programme content and little organisational support was available to the Advisor in initial stages of the programme development. Impacts of staff changes were experienced at all levels of the programme from AMAG through to ECE communities contributing to delays in implementation. In the second year of the programme, the Advisor gained confidence through training and support. This contributed to the programme then gaining momentum.

As noted above, the programme was implemented largely according to plan. One significant change however, concerned initial inclusion of a Whanganui AM programme nutrition focus; this focus was discontinued as it proved difficult to implement with the context of the programme. Improvements to programme delivery mechanisms occurred in year two as a result of increased skills and knowledge of the Advisor; year two saw the programme pathway formalised and implemented sequentially rather than on an ad hoc basis.

The target audience was under 5 year olds with a focus on Maori in this age group; both these groups were prioritised in the programme development phase. There is data available confirming that those ten ECE centres prioritised to participate in the ongoing workshop support, which was a key component of the programme, each had significant numbers of Māori children enrolled.

Some key stakeholders commented on the length of time taken to establish the programme - almost a year from contract proposal to initiation of on-going workshop delivery in priority ECE centres. Time was however, needed to up skill staff, to establish cross sector relationships, to determine programme priorities and to establish community needs. The evaluators experience with other intersectoral projects would suggest that this lead in time is necessary to create the building blocks for the future success of any community development project.

The AMAG model was largely effective in its AM programme support role. There were however, early “teething” problems; time needed to be spent on AMAG member skill development, in some instances, to support full participation in

discussion and decision making, Māori ECE was not able to be fully represented due to capacity issues, whilst agreeing on priorities, roles and responsibilities required extensive, time-consuming debate. These issues were worked through and the AMAG became an integral component of the successful delivery of the AM programme.

Outcome Evaluation

Outcomes were measured to demonstrate; increased capacity for stakeholders involved with the AM programme; increased structured activity programmes for ECEs; and strengthened partnerships and intersectoral collaboration. While there were limitations with the outcome data, for example low survey response rates, there is evidence to indicate that capacity had been built and partnerships strengthened at an operational level for individuals and organisations delivering the programme.

Data was less robust for demonstrating increased structured activity in ECE centres and even less convincing is the impact of the AM programme on wider whānau level activity. These results do however, need to be interpreted with caution; they reflect a poor response rate rather than a lack of programme impact. In addition, the increased capacity building should not be minimised or disregarded as an impact. The key players are all now in a position to build on the early development activity and would likely benefit from the opportunity to cement early successes. Almost half of participants in single workshop sessions reported subsequently increasing physical activity within their respective ECE programmes.

Summary and Recommendations

The evaluators consider that the Whanganui AM programme shows enough promise to warrant further development supported by dedicated funding. With this in mind it is important to consider the future of the programme and to make recommendations based on what we have learnt to date; both as participants on the Whanganui AMAG and as evaluators.

Ongoing sustainability is a key goal of the Active Movement programme. The following criteria must be met in order for it to continue to achieve its stated objectives and develop into a long-term, sustainable initiative;

- Early Childhood Education (ECE) centre staff need to have a sound understanding of the AM programme strategies and take responsibility for actively promoting these among whānau and families;
- ECE centres must be implementing AM programme related strategies daily without direct input from a Sport Whanganui Advisor;
- whānau/families must be aware of healthy action messages and able to translate these messages into the daily practices of their whānau/families;
- kohanga reo must be actively participating in the Active Movement Programme;
- the AMAG model should be maintained as a way of helping to ensure that the target population is effectively consulted and engaged;
- a training programme for AM Advisors should continue to be refined and implemented in order to build and maintain AM Advisor competency relevant to the critical components of the AM Advisor role;
- the Whanganui AM programme should continue to be promoted both through existing networks and via identifying new opportunities for expansion; and,
- measures for establishing short and long term impacts of the programme should continue to be developed and utilised.

Acknowledgements:

We would like to thank all those involved with the Active Movement - Te Kōringa Tinana o Whanganui programme. 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.

One: Introduction and Background

Whakauae Research for Māori Health and Development (WRMHD) was commissioned, in September 2008, to conduct a three year evaluation of Whanganui's Active Movement (AM) programme. The purpose of the evaluation was to determine if the programme met its objectives; to make recommendations for improvement; and to inform the development of similar programmes.

Prior to Whakauae being commissioned to undertake the evaluation the Whanganui DHB, in conjunction with the local Regional Sports Trust (RST), prepared a case for programme and evaluation funding. This section of the report provides the background to the establishment of the local Active Movement programme, describing the context in which it was developed, the programme aims and objectives, the various stakeholders and their expectations of the programme and lastly, the evaluation objectives.

Context for programme development

Whanganui has a high Māori population - significantly higher than the national

average at 24% of its total population. Māori are over-represented in high deprivation areas, both in the urban centre and in the rural hinterland of Whanganui. There are 87 Early Childhood Education Centres (ECEs) within the Whanganui, Rangitikei and Ruapehu areas included in the WDHB region. At least 24 of these are kohanga reo.

Of the 4680 children in the 0-5 year age group living in the region, over



Figure 1: WDHB Region

2500 children attend these ECEs on a regular basis³. In the latest census figures children aged 0-4 years comprise 6.6% of the region's population and approximately 40% of these are Māori.

Table 1: Children aged 0-4 by region and ethnicity

Year	Number children 0-4 years	% of region population	Number Māori 0-4 years	% of 0-4 population
2001	5,469	7.5%	2,280	41.7%
2006	4,680	6.6%	1,905	40.7%

Source: Census 2006

There were a number of factors which led to the development of the AMt programme. Firstly at a national level, there was recognition of the considerable potential to improve health and reduce inequalities by investing in child health. Health promotion and disease prevention initiatives aimed at keeping children healthy now and as they grow, and working across sectors to include factors outside of health, are key to making a positive difference. Secondly stakeholders were also conscious of the childhood obesity epidemic NZ is currently experiencing and which is set to increase significantly over the next ten years (Ministry of Health, 2004). There is currently no data to indicate a need for increased exercise for Māori or Pasifika children 0-five years; however obesity is high in these population groups in children aged between five and fourteen and there is a direct correlation between childhood obesity and increased risk of adult obesity and chronic disease in later life (Ministry of Health, 2002).

At the local level, stakeholders also acknowledged the significant health inequalities that exist amongst Whanganui children, with Māori, Pacific and

³ Whanganui District Health Board Demographic data at a glance February 2009.

children from lower socio-economic families experiencing relatively poor health (Whanganui District Health Board, 2005).

At the time the AM programme was developed locally there was limited access to physical activity expertise for kohanga reo in the Whanganui region⁴, with few structured programmes available. The Te Kōringa Tinana o Whanganui programme provides increased access to expertise and increased opportunities for building of capacity within the Māori ECE setting - either through direct contact with the Advisor or by working with Māori/Iwi providers, to build capability and opportunities. Early on in the AM programme's inception, a representative from the Aotea Kohanga Reo District Office was engaged in an Advisory capacity on the Advisor Group to support the participation of kohanga in the Whanganui region.

Te Kōringa Tinana o Whanganui – Active Movement Programme

The Te Kōringa Tinana o Whanganui - Active Movement Programme was developed in 2008 as a result of collaboration between Sport and Recreation New Zealand (SPARC) through its Regional Sport Trust, Sport Wanganui, and the Ministry of Health through the Whanganui District Health Board (WDHB). Funding for the programme, which is based in the WDHB Region, is divided equally between SPARC and the WDHB.

The Te Kōringa Tinana o Whanganui initiative is based on the Active Movement Programme developed by SPARC. The programme is an 'initiative for children under five engaging in quality physical movement experiences, which develops and enhances the growth of the child⁵'. Delivered through Regional Sports Trusts (RST) working with key stakeholders, this programme focuses on working with, and supporting, ECEs within the region. Investment in this programme also addresses a key health issue; childhood obesity. Through increasing healthy eating and healthy activity at an early age the risk of developing health issues in later life is likely to be reduced.

Te Kōringa Tinana o Whanganui has taken elements of SPARC's original Active Movement Programme and, in combination with objectives from the government's

⁴ Healthy Eating Healthy Action DHB Evaluation Fund Proposal

⁵ www.sportwanganui.co.nz

Healthy Eating Health Action Policy, expanded the overall focus of the programme to specifically meet the health and physical activity needs of children aged 0-five years in the Whanganui rohe (area). The programme offers considerable potential to improve health and reduce inequalities by investing in child health in the WDHB Region and influencing the wider whānau to continue active movement activities. Programme service specifications were developed by the two funders, Sport Wanganui and the WDHB. Key components of the programme include awareness raising presentations at community events, single session workshops with a range of early childhood education providers and a structured programme of workshops offered to ten priority ECE centres.

The two funders, acting as co-sponsors for the programme, made application to the Ministry of Health's Evaluation Fund to ensure an evaluation of the programme could be conducted as it was being formulated and implemented. The evaluation funding, available only to DHBs through Ministry of Health, has very specific requirements⁶ including providing evaluation support for collaborative programmes such as Active Movement.

The two funders worked together to combine programme objectives from their individual contractual requirements into a new programme service specification. A set of mutual programme objectives was developed, namely:

- to actively work with the Whanganui Early Childhood Education Sector in the development, delivery and evaluation of the Te Kōringa Tinana o Whanganui programme;
- to develop quality resources, action plans, evaluation procedures and delivery structures to ensure the achievement of the Te Kōringa Tinana o Whanganui programme outcomes described;

⁶ Set up by the Ministry of Health, the Fund provides \$1.6 million a year to support the evaluation of regional, district and local initiatives currently taking place (or planned) in the nutrition and physical activity arena and the evaluation of collaborative programmes with partners such as Regional Sports Trusts, Primary Health Organisations, Maori and Pacific providers, education sector groups, NGOs and local government. The fund is only available to DHBs and applications need to be forwarded by DHBs however DHBs may subcontract out the evaluation of the initiatives but need to retain oversight and manage the subcontract.

- to work with key stakeholders and complementary programmes to support the improvement of the nutrition and food habits⁷ of children under five, within all participating centres; and,
- to raise participation levels of children within identified ECE centres in quality movement experiences based on fundamental skills principles.

The Active Movement programme consists of 4 components:

- one-off AM workshops for community groups such as YWCA, Plunket and Barnardos;
- ongoing workshops with the priority ten ECE centres which included train the trainer sessions with ECE teachers and parent sessions;
- Active Movement resource distribution; and,
- delivering information sessions at public events to increase community awareness of the AM programme and programme strategies.

The WDHB is committed to improving health outcomes and reducing inequalities for Māori therefore the co-funding arrangement determined that Māori and Pasifika children and children from low socio-economic backgrounds would be the target population of the Te Kōringa Tinana o Whanganui programme. Data available at the beginning of the programme indicated that there were 24 Kohanga Reo in the Whanganui DHB region, each of which had only limited access to physical activity expertise. It was identified that working with these ECE providers would be a priority and one way of addressing the needs of the target group.

The Whanganui Active Movement Programme provides an example of two entities with a mutual interest in the health and wellbeing of children pooling their resources to deliver a local initiative. Because the programme feeds into the work programme and objectives of two organisations, clarifying the lines of accountability at the outset was necessary. The following diagram illustrates the different components of the entire Whanganui Active Movement programme and their associated lines of accountability to funders and commissioners.

⁷ As this is not core work of Active Movement it is hoped this will be achieved through collaboration with organisations such as the National Heart Foundation's Healthy Heart Award.

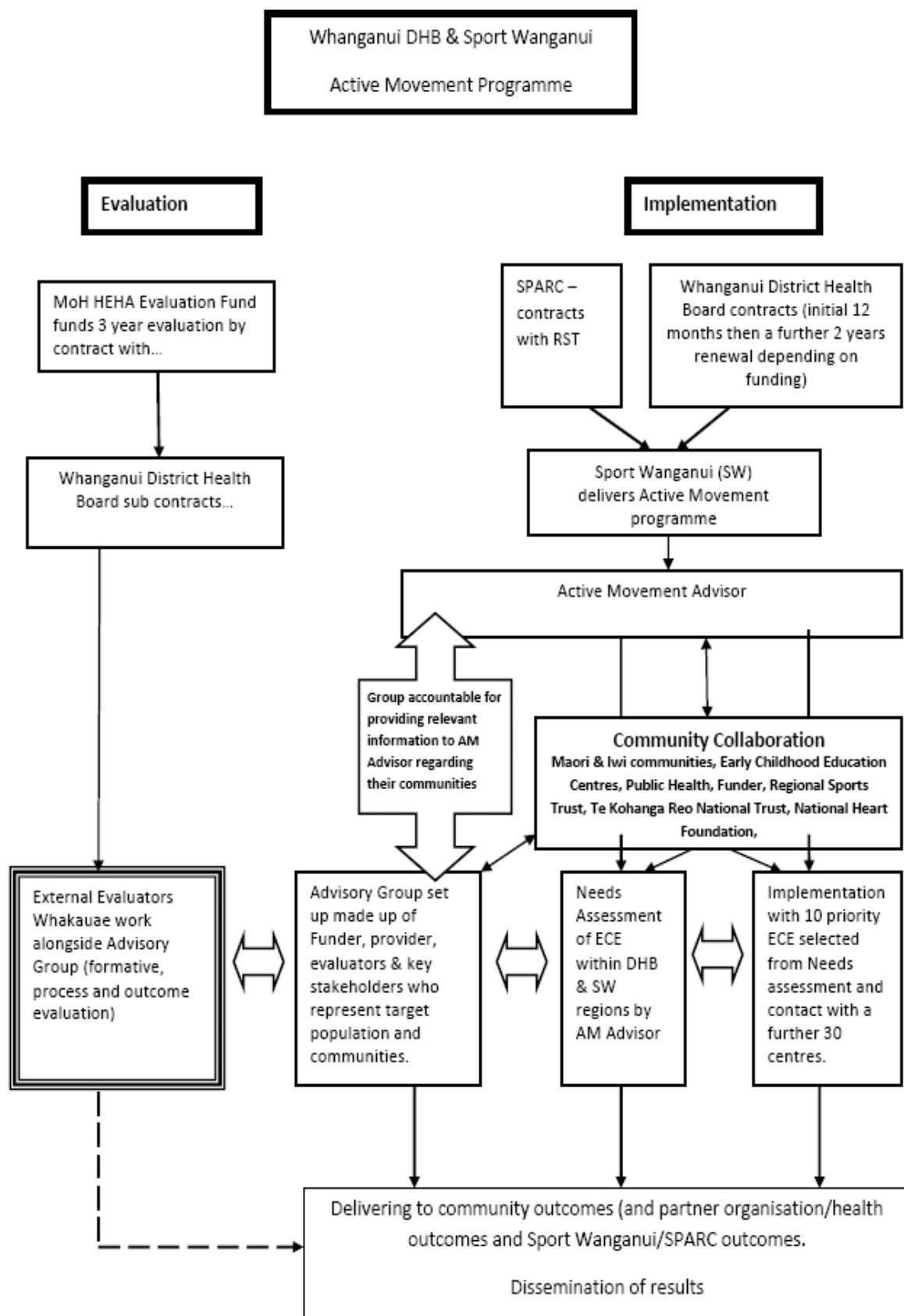


Figure 2: Accountability Chart

Programme objectives and evaluation questions

An Advisory Group was established early on in the life of the programme, the purpose of which was to guide and support its implementation in Whanganui. The Te Kōringa Tinana o Whanganui Advisory Group (AMAG) comprised representatives from the WDHB's - Funding and Planning Division; Aotea Te Kohanga Reo National Trust; the Kindergarten Association; Sport Wanganui; Whakauae Research for Māori Health and Development (the evaluators); Te Oranganui Iwi Health Authority; the National Heart Foundation and the WDHB's Public Health Centre.

At an early meeting of the AMAG AM programme logic model was developed (attached as Appendix One). The logic model was developed by AMAG members and Active Movement (AM) Advisors. It weaves together strands from the SPARC Active Movement Intervention logic and the programme logic for the Early Childhood Education Programmes.

The AMAG also established a series of evaluation questions corresponding to the three main stages of programme development. Consequently the evaluation has been guided by a series of formative, process and outcome evaluation questions. These are listed below:

Formative evaluation questions:

- What are the stakeholders' needs in regards to the programme?
- What are the key goals and objectives for the programme as identified by the stakeholders?
- What is the programme rationale?
- How will success be measured?
- What data is available for the evaluation?
- What skills and knowledge do stakeholders need to implement and evaluate the programme?
- What similar programmes are being delivered elsewhere and what can we learn from them?

Broad **process** evaluation questions:

- How is the programme being implemented?
- Is it reaching target audiences?
- Is it meeting stakeholders' needs?
- What are some of the strengths and weaknesses of the programme?
- What adaptation could be made to improve the Te Kōringa Tinana o Whanganui initiative?

The stakeholders also wanted the evaluators to address a series of specific questions under the headings of: Capacity Building across the interventions, Intersectoral Collaboration, the Advisory Group Model, Communication, the Organisation of Te Kōringa Tinana o Whanganui Programme and the Te Kōringa Tinana o Whanganui Workshops. Consequently the following questions were included in the process evaluation:

Capacity Building across the interventions

- How have we engaged participants?
- Who is participating in the interventions?
- What has been the result of the engagement?
- What actions are being taken to develop sustainability?

Intersectoral Collaboration

- What has been the impact on development of the interventions by integrating the programme activities with wider Sport Whanganui activities?

Advisory Group Model

- What influence has the Advisory Group had on the interventions?
- How have the various wider roles and responsibilities that stakeholders and participants carry impacted on the development of the interventions?

Communication

- How do the Advisory Group, Sport Wanganui and funders perceive the quality of communication about the interventions?

- What awareness does the community of interest have about the various interventions?

Organisation of Te Kōringa Tinana o Whanganui Programme

- Has the project met timeframes and reporting requirements?
- How much does the project cost and do participants believe this is good use of the funding?

Te Kōringa Tinana o Whanganui Workshops

- How were the workshops organised and delivered?
- Have workshops supported the development of linkages?
- Has the knowledge gained been used in wider practice?

Finally stakeholders identified a series of **outcome** evaluation questions. These are listed below:

- Is the Te Kōringa Tinana o Whanganui programme effective?
- Is the Te Kōringa Tinana o Whanganui programme easy to implement?
- What barriers to success can be identified?
- What adaptations need to be made to the Te Kōringa Tinana o Whanganui Programme?
- What are the successful components of the Te Kōringa Tinana o Whanganui programme?
- Are the outcomes of the Te Kōringa Tinana o Whanganui programme being achieved?
- Have Kohanga Reo and Early Childhood Centre's capacity been improved?
- Have the Kohanga Reo and Early Childhood Centres been empowered to make positive adaptations?
- Do the Kohanga Reo and Early Childhood Centres have a number of self-sustaining programmes in place?
- Have whānau/family's increased awareness of Physical activity for under 5's
- Is this programme helping to reduce identified inequalities?
- Has the process evaluation been successful?

This final report sets out to address the **process** and **outcome** evaluation questions listed above. An earlier document (Pirikahu 2010) reports on the findings from the formative evaluation. Formative evaluation findings will only be reported here if they have not already been discussed in this earlier report.

Two: Research Approach and Methodology

Research Approach

The evaluation employed approaches and methods which may be described as typically universal or Western in origin. Wherever possible however, the engagement with communities, data collection and interpretation of data was carried out according to a Māori worldview and in line with Māori development objectives. The processes of research were based on tikanga principles such as: whanaungatanga, mana whenua, mana tangata, kaitiakitanga, and hauora. This application of universal evaluation methodologies within a kaupapa Māori framework is consistent with the emerging kaupapa Māori evaluation literature (Moewaka-Barnes, 2009).

The evaluation team employed a participatory evaluation approach which complements Māori tikanga principles. This approach required the evaluators to sit on the AMAG, contributing as equal members. The participatory principles underpinning this approach are outlined by (Patton, 2002) and propose that:

- participants are fully involved in all parts of the evaluation and decision making processes to achieve programme outcomes thus allowing them to own the review making it meaningful for all participants;
- the evaluator is an equal member of the evaluation and project team providing facilitation that supports group unity in a learning environment; and,
- the individual expertise of all participants is recognised and valued for the unique perspectives each brings to the evaluation.

Methodology

The evaluation consisted of three stages of data collection and analysis; formative, process and outcome/impact; and was carried out alongside the Koringa Tinana o Whanganui programme as it developed and was implemented. Academic advice

was provided by senior members of the WRMHD team who also designed the evaluation.

Formative Evaluation

Formative evaluation aims to generate information that can be used to contribute to the continuous development and implementation of programmes. Good quality formative evaluation relies on evaluators and project participants working collaboratively towards a common programme goal. Formative evaluation methods may include; facilitated planning discussions, community consultation hui, key informant interviews, surveys, focus groups, literature reviewing and development of logic models. With this in mind an evaluation plan (Appendix Two), a programme logic model (Appendix One) and terms of reference (TOR) (Appendix Three) for an Advisory Group were all developed in the first year of the programme. The TOR outlined the role and purpose of the Advisory Group whilst the evaluation plan and programme logic model outlined the three stages of research, evaluation activities and expected outcomes.

A logic model is a **simplified diagrammatic representation** of a programme, initiative or intervention. A logic model tracks the **logical relationships** among the resources that are invested, the activities that take place and the benefits or changes that result (Kellogg Foundation, 2004).



Figure 3: Logic Model Chart

Inputs are the resources invested that allow us to achieve the desired outputs.

Outputs are activities conducted or products created that reach targeted participants/populations. Outputs lead to outcomes.

Outcomes are changes or benefits for individuals, families, groups, businesses, organisations, and communities. Outcomes occur along a path from shorter-term achievements to longer-term achievements (impact). Outcomes imply quantification of performance (Kellogg Foundation, 2004).

A brainstorming session with the Advisory Group was crucial in designing the logic model and deciding on outcomes. The draft logic model developed was then integrated with elements from the SPARC Active Movement Intervention and Early Childhood Education Programmes programme logic to ensure all stakeholders' needs were included.

Process Evaluation

Process evaluations (Patton, 2002) typically assess the feasibility of interventions or programmes in terms of how they were planned and how they have been implemented in reality. Process evaluation activities include reviewing of documentation such as reports and minutes; ascertaining the perceptions stakeholders and participants hold about the intervention; analysing the use and efficiency of resources; ensuring data collected, and subsequent analysis, is available to others who may be running similar interventions; and ensuring the programme or intervention is reaching the target group. The focus of this process evaluation of the Whanganui AM programme was to understand how it was actually being implemented and to assess whether implementation had contributed to the programme achieving its intended outcomes.

Outcome Evaluation

Outcome evaluation looks at impacts for participants as a result of the programme taking into account the nature of their participation. These changes are measured in the short-term, intermediate term and long-term and are determined by the Whanganui AM programme logic model. The WDHB in particular, was interested in the impact of the programme on Māori whānau.

Methods

WRMHD developed an evaluation plan, in consultation with stakeholders, which included identifying relevant data sources, ethical issues, data collection tools and

approaches to analysis. Due to the scope of this evaluation (covering formative, process and outcome activities) a number of data collection methods were employed over the three year evaluation period. Data collection tools included

Years one and two

- a self-administered baseline survey completed by nine AMAG members;
- nine key informant interviews with AMAG members and staff (including two exit interviews by phone);
- analysis of workshop evaluations completed by 100 participants who took part in one of the 15 single workshops ;
- analysis of nine ECE Review tools received as part of the needs assessment process;
- document review including AMAG minutes, Active Movement Advisor reports to the AMAG and planning documents; and,
- AMAG meeting participant observation.

Year three

- follow up self-administered baseline survey completed by seven AMAG members;
- seven key informant interviews with AMAG members;
- six key informant interviews with external stakeholder and ECE active movement champions;
- analysis of Active Movement Programmes via Regional Sports Trusts websites;
- a survey questionnaire completed by sixteen whānau whose children attended participating ECE;
- document review including AMAG minutes, Active Movement Advisor reports and planning documents, external stakeholder group minutes;
- research field notes; and,
- participant observation.

The matrix below illustrates data collection methods through each evaluation stage.

Table 2: Methods of data collection by informant and phase

Informants	Method of data collection	Evaluation Phases F= formative P= process O= outcome
Active Movement Programme	<ul style="list-style-type: none"> • Monthly coordinator Reports • Active Movement Needs Assessment • ECE Selection Criteria matrix • 6 monthly reports to the DHB • Sport Wanganui Annual Report • Regional Trust Website Search • Informal research field notes • Observation 	<ul style="list-style-type: none"> • F,P • F • F • F,P • F,P • F,P • F,P
Advisory Group	<ul style="list-style-type: none"> • Interviews using survey tool. • Self-rated participation survey • Grey literature & programme document review • Observation 	<ul style="list-style-type: none"> • F,P,O • F,P,O • F,P • F,P
Early Childhood Centres	<ul style="list-style-type: none"> • ‘Kanohi ki te kanohi’ interviews using an open ended interview schedule. • SPARC Centre Review document • Grey literature & programme document review • Evaluation surveys 	<ul style="list-style-type: none"> • F,P • F • F,P • F,P,O • O
Whānau	<ul style="list-style-type: none"> • Survey 	<ul style="list-style-type: none"> • P,O
Events	<ul style="list-style-type: none"> • Kohanga Expo 2010 • Family Day 2011 • Participant Observation 	<ul style="list-style-type: none"> • P,O • P,O • F,P

In all three evaluation stages, key informant interviews were the primary source of qualitative data. Open-ended interview schedules (Appendix Four) were developed for the key informant interviews to enable participants to talk about their judgments, perceptions and experiences of the programme. The draft interview schedule was tested with a key stakeholder and adapted based on feedback.

All participants were interviewed using the same set of core questions so perspectives could be compared. In addition, informal questions and prompts using a conversational approach were used to allow the participants to explore all aspects of the project. The formal interviews were recorded, transcribed and hard copy transcriptions sent back to participants for checking as requested.

Advisory Group members also completed a survey (Appendix Five) rating their participation within the Advisory Group. Advisory Group members were interviewed during the formative phase and again later in the evaluation to capture process data. A series of interviews with a purposive sample⁸ of ECE teachers participating in the programme was also conducted using the qualitative interview schedule.

Survey data was collated and analysed. Comparative analysis of the baseline and follow up survey data was then carried out. The qualitative data gathered through key informant interviews was manually analysed by WRMHD using a thematic approach.

Ethics

After consideration of the Operational Standard for Ethics Committees (2006) the evaluators concluded the Whanganui Active Movement programme evaluation did not require review by the Health and Disability Ethics Committee. The operational standard states 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 utilising existing publicly available documents or data*

This research did not collect confidential or sensitive personal information from community members, service providers or personnel involved in the delivery of the

⁸ Purposive sampling is a sampling method in which elements are chosen based on purpose of the study. It does not produce a sample that is representative of a larger population, but it can be exactly what is needed in some cases - study of organization, community, or some other clearly defined and relatively limited group.

project and the evaluation literature review draws upon publicly available 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. The evaluation relied heavily on defining challenges and issues for participants related to their job roles. For example, this report discusses aspects of the Advisors/s role and it is possible to identify the participant/s as in year two there was only one Advisor. To mitigate the potential problem of disclosing confidential information we used transcript data from the participant and checked back with them about using this information in the report. Information which could potentially lead to programme participants being identified has only been included in the report with the approval of the participants concerned.

Conflicts of Interest

There were two potential sources of conflict of interest in this evaluation. Firstly, members of WRMHD who undertook the programme evaluation were also active participants in the AMAG. One of the evaluators also has whakapapa and community links to the Whanganui area and has developed collegial relationships with iwi, health and social services providers and funders involved with the project. To mitigate these potential conflicts of interest the evaluators who participated as members of the AMAG did so consistent with the principles associated with participatory action research discussed previously. All members of the evaluation team have a sound understanding of conflicts of interest and are

professional about identifying these, declaring them immediately they arise and dealing with them according to best practice and policy.

Limitations

The major limitation of the evaluation research concerns the outcome data. Recruiting and collecting survey and qualitative data from early childhood centres and whānau, within the planned timeframe, was a significant challenge for the evaluators; even after repeated efforts to contact and follow up participants. This was largely due to two reasons; outcome data did not become readily available until 2011 as full programme implementation had not commenced until mid-2010; and competing demands on ECE staff time resulted in a very poor response rate to surveys and follow up on the SPARC Review Tool (a measure of change in a number of active movement criteria).

In addition no baseline ethnicity data was available at the start of the programme. It was the responsibility of the provider to collect participant demographic data however, gathering ethnicity data was not normal practice for the provider. Subsequently ethnicity data was not collected during the course of programme implementation making it difficult to determine the exact impact on the target population identified by the funders. Outcome data to assess increases in structured activity programme implementation within the ten priority ECE centres was intended to be collected by the Advisor through re-administration of the AM ECE Review Tool. However, only three of the 10 priority ECE centres completed the review tool a second time. The outcome data discussed in this report is therefore limited.

Three: Process Evaluation Findings

This section outlines findings from the process evaluation. For the purpose of the report the process questions as defined on page 18 have been collapsed under five main headings; wider programme implementation, engaging the target audience, implementation of key components of the programme, and Advisory Group and stakeholder participation.

Wider programme implementation

A number of key events occurred during the implementation of the AM programme. Some of these key events are presented in the diagram below and include early development of the proposal, programme implementation, evaluation implementation, appointment of Advisors, changes to management staff and organisational re-structures. All these key events will be discussed in the process evaluation.

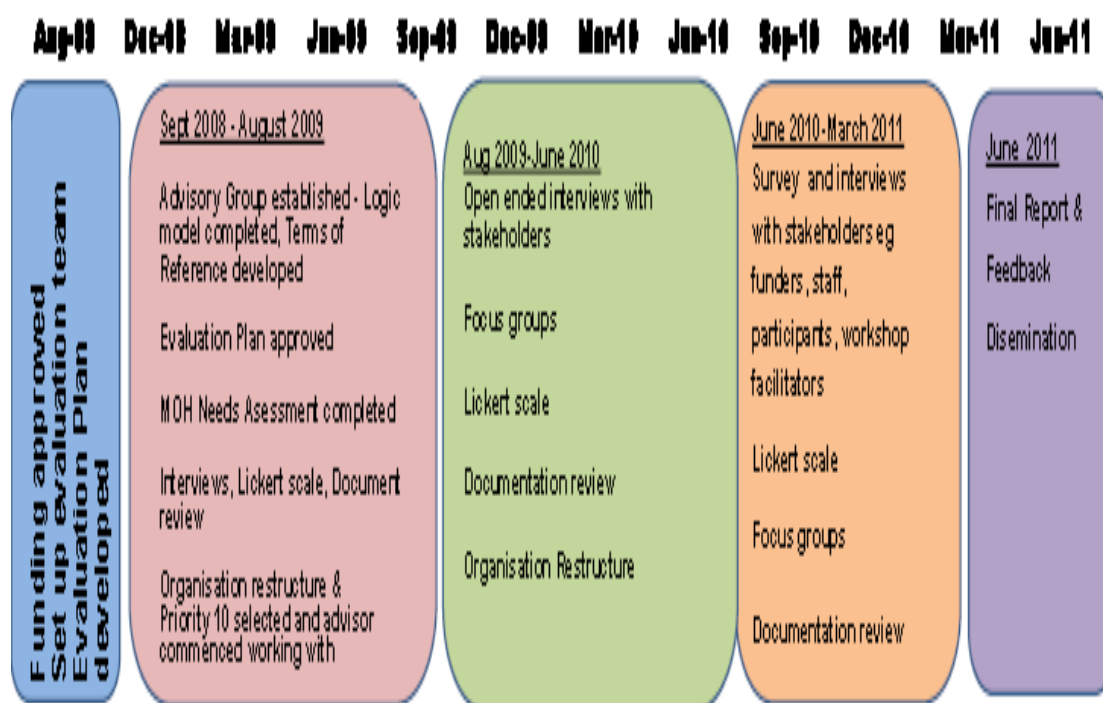


Figure 4: Timeline

Programme establishment commenced in April 2008 with the submission of a proposal by Sport Wanganui for co-funding of its Whanganui Active Movement programme. The Whanganui Active Movement initiative was characterised by a lengthy “lead in”, or early development phase, of just over twelve months. Key tasks undertaken during this period included establishing the Advisory Group, appointment of the Advisors, establishing the programme logic, of the evaluation research plan and completion of a needs assessment.

There was some frustration expressed by a number of stakeholders that just over a year to establish a programme seemed a long time. Some participants instead just “wanted to get straight in and do the work”.

The primary reasons for this long development phase included:

- changes to staffing including changes to Advisor and CEO positions ;
- two organisational restructures of Sport Wanganui;
- delays in the completion of the needs assessment process; and,
- Sport Wanganui staff needing time to adapt to working in a co-funding environment.

Changes to staffing impact on progress

At the beginning of 2009, just eight months into the programme, one of the Advisors resigned and the remaining Advisor was appointed to a full time position. This further contributed to the delay in implementation as the remaining Advisor adjusted to working autonomously, learning programme principles and developing programme service delivery mechanisms in a now more isolated context having lost her practice colleague. The Advisor also conceded that she had little knowledge of Te Ao Māori which could potentially impede progress with kohanga reo around programme adoption. Reflecting on this and recognising the limitations of having only one Advisor in place, who did not identify as Māori, a key informant noted feeling that:

Sport Whanganui has reduced the path for this course to be totally effective AM 6(y2).

Following consultation with the Aotea National Kohanga Reo Trust by the funders and provider however, it was agreed that it was feasible to have in place only a single Advisor and the appointment was confirmed by the co-funders. The Advisory Group was then advised at a monthly meeting of this decision.

Assessing the needs of the community

Implementing the programme required an extensive phase of negotiation, consultation and relationship building with the community. The AM programme service delivery contract stipulated that a needs assessment be completed prior to selection of the first ten centres (Priority 10) who would have the opportunity to participate in the on-going workshop support component of the programme .

One of the purposes of the needs assessment was to gather information about physical activities that were, or were not, occurring within the Early Childhood community. Due to the Advisor's inexperience in the ECE sector, Advisory Group members were asked to provide advice on the best way to engage with their respective communities. Members noted that because of the many competing priorities ECEs were expected to manage, engagement with the needs assessment and the broader AM programme could be slow. Advisory Group members recommended that the AM Advisor start with informal visits to increase awareness of the programme and to build relationships whilst simultaneously collecting background data. The following comments from one participant are illustrative of this:

I think there's just been a huge amount of change over the last few years and teachers are just feeling overwhelmed and bombarded and are trying to get some space to just consolidate what they're doing about new initiatives and new things coming in, although I think everyone was really keen and eager to do that, it was, it was a logistic thing of fitting it in, when's it actually gonna happen and what's it gonna mean for their workload? AM14 (y2)

Participants also emphasised that relationship building was an important prerequisite for completion of the needs assessment; collection of data that was necessary for ensuring robust selection of the priority ECEs to be offered the intervention. Whilst some members of the Advisory Group expressed frustration at delays in getting the programme off the ground, the time taken in building relationships did offer the Advisor the opportunity to collect valuable ECE background data.

The SPARC Centre Review Tool, used to carry out the needs assessment (Appendix Six) enabled;

- centres to self-assess physical activity programme needs;
- stakeholders to access a stock take of active movement programmes within the ECE community;
- the Advisor to develop relationships within the ECE sector thus potentially contributing to increasing awareness of, and support for, the programme;
- strengthened reporting to funders; and,
- assisted with planning and policy making with regard to the Active Movement programme.

During the needs assessment data collection phase nine review tools were completed by ECEs with the Advisor. The data was analysed and used to further inform programme development. Needs assessment results indicate that:

- two thirds of the centres believed Active Movement principles were not evident in their policy, procedures, plans or guidelines;
- two thirds of the centres concurred that some of their plans incorporated specific Active Movement objectives however, often physical activity was dependent on free play and a child's current interest;
- no centre was engaged with the Heart Foundation's Healthy Heart Award activity;
- all ECEs were assessed by the Advisor as providing adequate equipment inside and outside active play in key Active Movement areas such as manipulative skills, eye movement, balance, catching, throwing and kicking;

- Active Movement staff induction for new staff was provided by all but one centre;
- no centre provided parent workshops; and,
- there was limited awareness of Active Movement strategies and resources.

At completion of the Active Movement programme three centres completed a follow up review which pointed to small but positive changes having been made. These will be elaborated on in the outcomes section of the report.

Selecting the priority groups for programme implementation

As can be seen in Figure 5 below, the prioritisation process involved working through a number of assessment steps over a ten month timeframe.

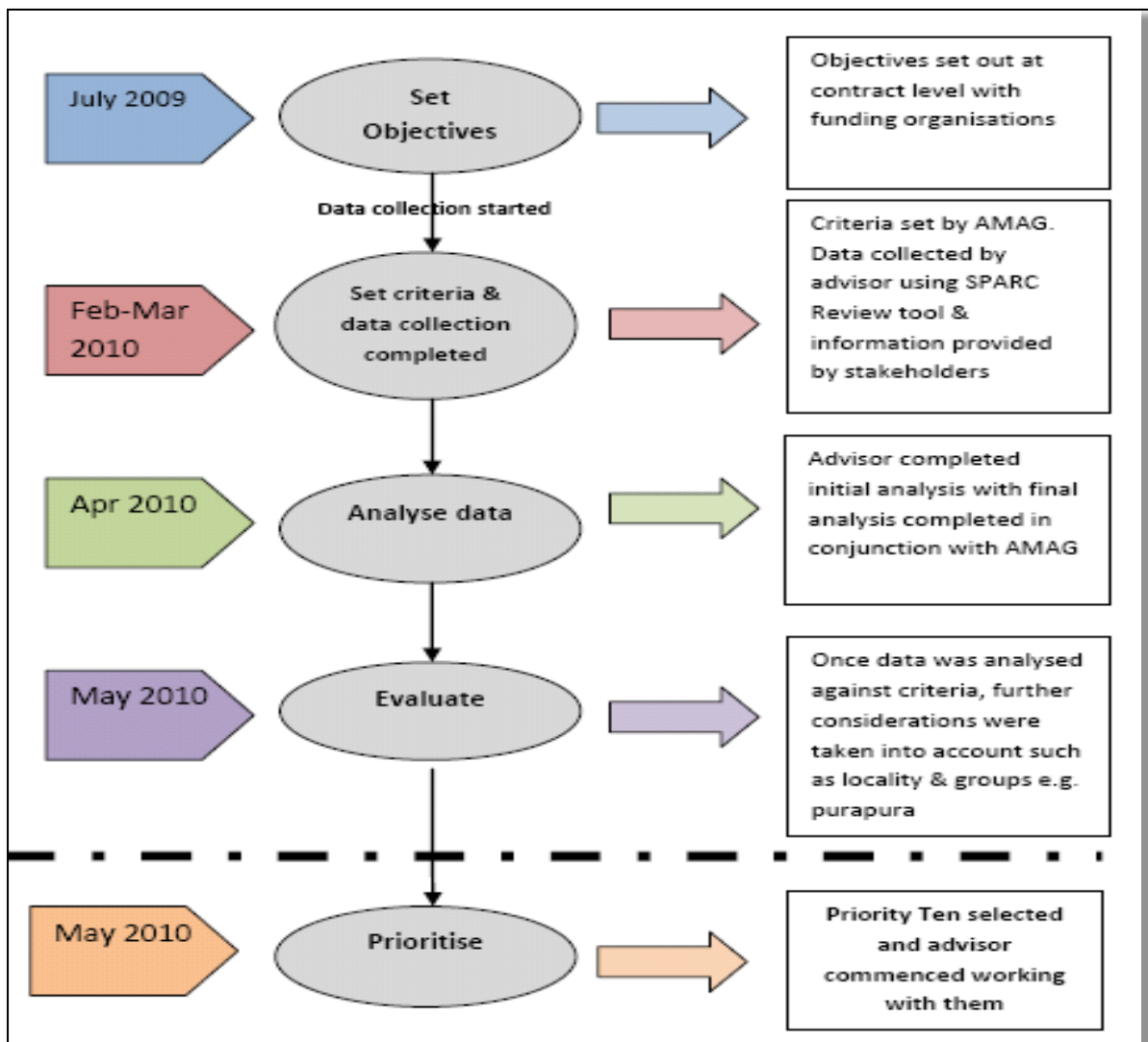


Figure 5: Needs Assessment Process

Following completion of the needs assessment, AMAG developed selection criteria that met the programme requirements of both funders (WDHB and Sport Wanganui). ECE were selected for inclusion in the initial series of workshops and AM programme support following assessment against the key criteria listed below:

- level of deprivation;
- ethnic composition (ie proportion of Māori);
- rural isolation;
- ECE preparedness;
- facilities and equipment available;
- existing physical activity programmes;
- whānau support; and,
- geographical clustering.

Centres were given a score between 1 and 5 against each criterion with 5 being the highest score achievable. The results were then assessed make use of local knowledge provided by the AMAG. The final ten potential ECE participants were selected along with back up centres should any one of those ten be unable to participate in the programme for whatever reason.

Programme implementation with the ten priority centres began in July 2009 eleven months after the programme commenced. During the early days of implementation the programme was delivered on an ad hoc basis largely because of the Advisor's inexperience along with her limited programme knowledge and adult learning facilitation skills. The following quote indicates an initial lack of confidence in programme delivery with confidence increasing over time:

I guess it's, the main thing is knowledge. Because I had to, I pretty much started from not knowing a lot about Active Movement so the more I learnt about it the more confident I was to deliver it. AM4 (y1)

As the Advisor's AM programme knowledge and facilitation skills increased the manner in which the workshops were delivered became more structured. A pathway of incremental skill and knowledge building was subsequently formalised. This evaluation participant recognised the limitations in providing the programme solely based on what the provider wanted and without formal structure:

I used to sort of tailor them on what they wanted, but that didn't always run very smoothly. I guess that's why we've got a bit more structured AM4 (y1)

The AM knowledge and skill pathway noted above is discussed in more detail in the implementation of key components of the programme section of the report below.

Reporting to funders and Advisors

During implementation progress was monitored through various reporting lines:

- reports to funders;
- Advisor reports to the AMAG; and,
- Evaluation reports to the WDHB and the AMAG.

These reports ranged from six monthly narratives to the WDHB and reporting against key performance indicators for funders to progress and risk reporting by the Advisor and evaluator to funders and the AMAG. The format of these reports was defined by each group depending on their individual needs and generally participants advised that they were completed and received in a timely manner.

Changes to the programme

During the early stage of programme establishment a nutrition thread was incorporated within the service objectives to align with broader HEHA objectives. Despite not being a focus of the Registered Sports Trust's (RST's) core business, the nutrition component was included in the Evaluation Fund Proposal as it was envisaged that it would be addressed through collaboration with other networks such as the local Kura Hauora (School Health Collaborative) and through the Heart Foundation. As a result, SPARC requested that the Active Movement title be

removed from the evaluation plan and the programme was officially given the name Te Koringa Tinana o Whanganui by an iwi member to reflect the tailoring of the programme to the local context. One participant clearly identified the issue of using brand names or programme names, such as Active Movement, that are closely aligned with a national provider but are implemented differently in a particular setting:

The point is, it [Active Movement] doesn't relate to nutrition at all. Therefore, if this proposed programme has other outcomes then it shouldn't use the SPARC programme name (though it may well contribute to SPARC outcomes) (email AM11).

In June 2009, the AMAG recognised that it was increasingly difficult for the Active Movement Advisor to address the nutrition component of the programme. It was therefore removed from the Advisory Group Terms of Reference and from the programme plan. However, for those who took up the Healthy Heart Award as a result of collaborative visits between the Active Movement and National Heart Foundation Advisors, nutrition would be included as part of that programme delivery.

Sustainability and integration into wider Sport Wanganui activities

Integrating the AM programme into wider Sport Wanganui activities was a key component required for sustainability of the programme. However, key informant interview data indicates that there was little integration with wider Sport Wanganui activities until the third year of programme implementation in 2011. This embedding of the AM programme in the broader suite of Sport Wanganui programmes became evident following changes to SPARC funding arrangement. Insufficient evaluation data is available to confirm longer term implications of this change in funding arrangement; however, the expectation of RST staff is that the changes will benefit the AM programme through greater access to resources. One participant thought that bulk funding would mean the Advisor could utilise other staff members and resources of Sport Wanganui to assist with programme delivery:

Active Movement standing in isolation as an Active Movement programme, I think there was lack of understanding and lack of willingness to be involved from everyone...integrated now and the Advisor can now pull in someone else and they could work on Active Movement for a period so I think restructure (bulk funding) has given it, or given potential to, it can actually get stronger for a period of time if needed (AM3)

Engaging the target audience

The target audience for the Active Movement programme was 0-five year olds and, in particular, Māori aged 0 - five years given that Māori are a DHB priority population. Ensuring appropriate targeting of this audience was fostered through AMAG participatory determination and utilisation of selection criteria for finalising the priority ten ECE's. Selection was discussed at length during several AMAG meetings. Using a priority matrix, developed specifically for the Te Kōringa Tinana o Whanganui programme a mix of rural and urban, collective⁹ and individual and Māori, Non-Māori and Pasifika centres were selected. The ten centres prioritised included six kohanga reo; a Pasifika day care centre; two childcare centres (1 rural & 1 urban) and a kindergarten (rural). Seven of these ECE indicated that more than 90% of children on their roll were Māori whilst the other three ECE's reported that 50% of their roll was Māori.

Ethnicity data was not collected for participants taking part in the workshops delivered to community groups such as Plunket, Barnados and YWCA. The evaluators are therefore unable to measure Māori participation in this area. However, following an AMAG discussion concerning the importance of collecting ethnicity data for evaluation purposes it was suggested an ethnicity question be included in all future internal evaluation forms.

Broader measurement of Māori responsiveness was an important component of the programme evaluation. Māori responsiveness centred on participation from kohanga reo at an AMAG level as well as programme participants. Due to internal staff capacity issues, Aotea Kohanga Reo District kaimahi were unable to take part

⁹ The collective refers to purapura which are a collective of kohanga reo.

in AMAG meetings. The lack of participation by the kohanga reo representative body, at this level, was regarded as being a significant ‘gap’ by other AMAG members.

In order to address this gap, to at least some degree, AMAG members worked closely with the Advisor/s to help ensure that the needs of Māori programme participants would be met. The subsequent loss of an Advisor, who identified as Māori, in the first year of programme implementation was regarded as a significant additional setback to the achievement of the programme’s goals for Māori. One participant voiced:

Disappointment that the recommendation (from AMAG) that a fluent Māori speaker wasn’t employed. I think that all the way through there has been, not as strong participaton from kohanga. Obviously if there was a fluent speaker that would be different so I think that’s a real shame it hasn’t happened AM14 (y1).

Despite this loss, increasing the remaining Advisor role to a full time position (from the original two part time positions) was endorsed by the Aotea Kohanga Reo District and efforts were made by the AMAG to continue to support this Advisor. The AMAG members actively mentored the remaining Advisor in aspects of Māori culture and society and assisted the Advisor by introducing her to their own networks in relevant communities. By the end of the first year, the Advisor had built up her own networks and was comfortable working with kohanga reo, a number of which were subsequently included in the ten priority ECEs.

Implementation of components of the programme

The Active Movement programme consisted of 4 components:

- single, or “one-off”, AM workshops completed with community groups such as YWCA, Plunket and Barnardos;
- ongoing workshops with the priority ten ECE centres which included train the trainer sessions with ECE teachers and parent sessions;
- Active Movement resource distribution; and,

- delivering information sessions at public events to increase community awareness of the AM programme and strategies.

This report discusses the single, or “one-off” and ongoing AM workshops as these formed the core of service delivery for the programme. Single workshops were conducted with ECE related groups such as Plunket, PORSE (Play Observe Relate Support Extend In-home Childcare); In-home childcare and educator training and YWCA and were instrumental in increasing awareness of the Active Movement programme among individuals. Figure six below indicates numbers participating in these workshops by ECE related provider group.

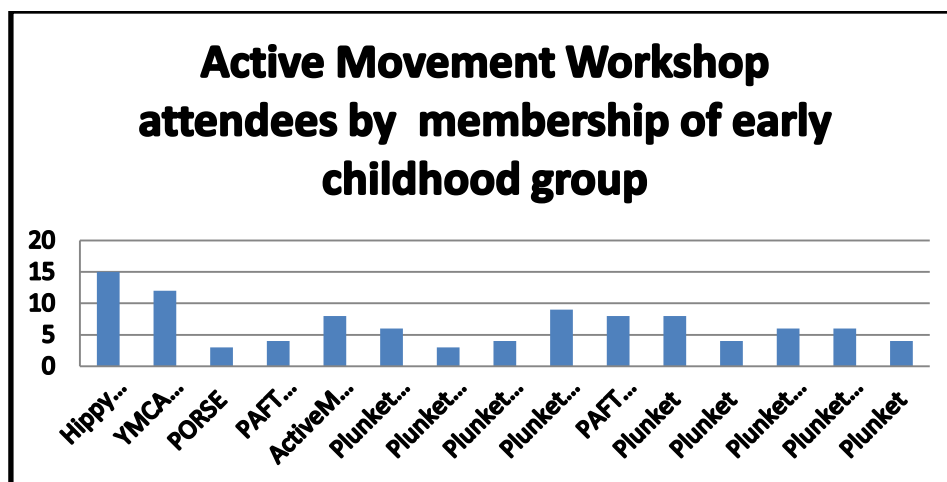


Figure 6: Single workshop attendees

Single workshop sessions used resources such as the programme brochures as a basis of workshop delivery. They provided an opportunity to introduce the programme to the early childhood community; a programme overview and practical demonstration of a few simple AM strategies. One hundred participants took part in one of the fifteen workshops offered and completed evaluation forms at the end of these. The collated feedback is discussed in the outcomes section of this report.

Ongoing intervention workshops were delivered for the ten priority ECEs as part of the Active Movement programme. Initially these were facilitated by the Advisor within a loose framework and on an “as needs” basis. However, in year two delivery was formalised and streamlined to cover all areas of Active Movement in a

more systematic manner. The formalised workshop structure is presented in Figure 7 below.

The change to how workshops were presented allowed the centres and the Advisor the freedom of choosing to complete all modules or only those relevant to them. The workshop pathway was able to be used by ECEs and the Advisor for monitoring programme progress and reporting to the AMAG. Initially the pathway was projected to be completed within 12 months however, as the programme matured this was shortened to 6 months thus increasing the opportunity for ECEs other than the ten priority ECEs to access the programme.

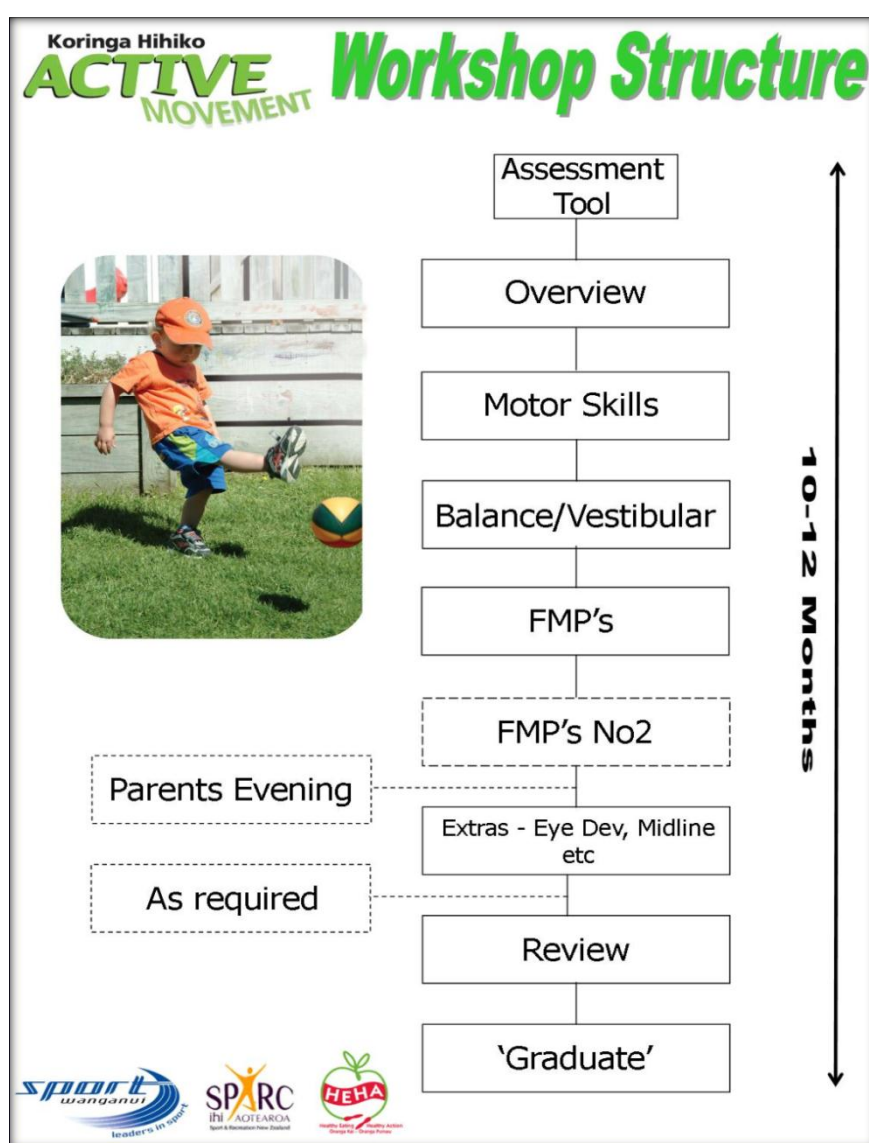


Figure 7: Workshop structure

Impact of staffing on programme delivery

Having two inaugural part time Advisor role positions and sharing skills and knowledge between the appointees was a strategy initially put in place to overcome a skill shortage with one of the Advisor appointments. One Advisor had previously worked for Sport Wanganui in a receptionist/communications position and had limited experience within the Early Childhood sector. However, it was envisaged that she would gain support from the other Advisor who had a primary teaching qualification. When the latter resigned, the inexperienced Advisor lost this support and had to rely on self-directed learning drawing from the available Active Movement resource material. The following quote articulates the Advisor's thoughts on training:

(on Active Movement training) pretty much make it up, we go to conference yearly but we don't get taught how to present workshops so basically make it up as we go AM4 (y1).

Recognising the gaps in the Advisor's skill and knowledge, the AMAG made the following recommendations to the Advisor to take to her manager for her professional development:

- contact other Regional Sports Trust to see how they ran their respective programmes;
- attend evaluation training;
- attend training in project management;
- develop familiarity with Te Whariki Overview (Early Childhood Curriculum); and,
- read relevant material such as the Healthy Heart Award literature.

Due to competing priorities however, including navigating through an organisational restructure, the Advisor only received the Te Whariki overview and later attended a workshop on facilitating adult learning. During this period, through interaction with the Advisory Group, the ECE community and Sport Wanganui stakeholders, the Advisor increased both her profile and community networks as she describes below:

it's been really good to get into, I suppose, get known in the community and get in to different areas ...I go to SKIP forums and I go to Children's' Day and all that so everyone knows where I am and how to contact me AM4 (y2)

Changes to staffing in the third year of the programme also created some difficulties. In 2011, the Advisor was granted 12 weeks leave during which time the position was supported by two interim Advisors at different stages. Two ECE teachers interviewed commented that this created a lack of continuity in programme delivery due to, for example, limited programme knowledge of the interim practitioners. As one of these teachers commented, in relation to the work of an interim Advisor:

She had no idea where we'd been at, how far our knowledge was, what we had been doing...she didn't read our mail. She had no knowledge of what we were doing and how, she was trying to reintroduce it to us (AM7).

Resourcing the programme

Active Movement is well resourced and material is available at no charge to ECEs through the Advisor. Materials include a set of 14 booklets, 2 DVDs and an Introduction to Active Movement guide for more in-depth reading. The DVDs can be viewed online through the Sport Wanganui website. The resources were distributed to the ECE community by the Advisor as they were requested or during promotional events.

Increasing awareness of the Active Movement programme in the community was a reporting requirement of both funders. The best ways of engaging the community and increasing this awareness were discussed at length within the Advisory Group context. Initially this awareness raising work occurred through the delivery of the single workshops and early visits to ECEs. Other information sharing and promotion of the programme was observed by the evaluators at community events. Two such events, a Kohanga Reo Expo and 2011 Children's Day, provided an opportunity to assess participation in the community. The Active Movement Advisor attended both events disseminating resources such as brochures at the Kohanga Reo Expo and

facilitating fun activities using jumping sacks and stilts at the Children's Day. In contrast to this, at one of these events commercial childcare centres set up comprehensive pre-school obstacle courses, a bubble machine and a play dough corner which overshadowed the Active Movement area and attracted a large number of children and caregivers. As both events described above were well attended by Māori there was an opportunity for integrated programme promotion using other Sport Wanganui staff.

The AM programme was also promoted on the Sport Wanganui website. The website is easy to navigate and has a wide range of information about the programme, resources and activities. Another vehicle for AM programme promotion used was the Sport Wanganui newsletter which is distributed electronically to the wider community.

Sustainability of the programme

Co-funding of the AM programme was regarded by participants as being evidence of a commitment by both funders to the programme. Participants noted that without the ability to draw from the resources of both funding organisations the programme itself might not have gone ahead. Thus:

...co-funding is positive in that they get the money to run the programme where if they didn't get it they wouldn't have it AM2 (y2).

Long term viability of the Whanganui AM model is dependent upon each funders continued financial commitment to the programme. It was expected that the programme would cease in June 2011 when funding ceased. While there was a period of uncertainty during 2010, when both HEHA and SPARC programme funding were reviewed, confirmation of ongoing funding was received in 2011. At this point, funders agreed to a further 12 months backing of the programme which will enable it to continue until June 2012. The decision to continue with funding was based on factors such as:

- two years not being considered an adequate period in which to successfully establish a programme;

- only a small percentage of ECEs having been able to participate in the programme to date ;
- the programme providing a fresh perspective on physical activity for under-fives and with the potential for further programme development; and
- further work needing to be done to engage Māori in the programme.

One challenge to sustainability was identified in the evaluation; the issue of dependence on the Advisor for ongoing support for implementing the AM programme. Discussion at the AMAG meetings indicated that centres, in particular kohanga reo, were requesting the Advisor's support on a two weekly basis with no indication of independence in the delivery of the programme being built. This issue was discussed with the Advisor and strategies for building independence and self-reliance were considered.

Advisory Group and stakeholder participation.

Stakeholders for this evaluation can be broken into four groups although there is overlapping membership across them. They are:

- SPARC and the WDHB as co-funders;
- Active Movement Advisory Group;
- ECE communities; and,
- whānau/ families.

Original members of the Advisory Group included WDHB - Planning and Funding Division, Sport Wanganui, WRMHD and the Whanganui Kindergarten Association. Other stakeholders such as The National Heart Foundation, Te Oranganui Iwi Health Authority-PHO and the WDHB Public Health Centre joined the Advisory Group during the first twelve months and some elected to receive minutes only. Selection of members was determined by Advisory Group stakeholders and reviewed regularly to ensure relevant membership. The participant quoted below concurred that the opportunity was provided for a wide range of players to join the AMAG:

a good cross section were invited to be on the Advisory board and I think that was certainly followed up over a long period of time so there was lots of opportunity for it to have wider participation. AM2 (y2)

Once the Advisory Group was formed it took stakeholders time to then establish their roles and responsibilities and to reconcile their organisations aims against the AM programme objectives. The following statements reflect the various positions taken by stakeholders:

It's supporting ECE to make sure there is planned physical activity or active movement (National Heart Foundation)

I'm like a representative of organisation for the... I suppose the Māori side of things, iwi involvement (Māori Provider)

I sit on the Advisory Group because of my physical activity role (health promoter)

Building an understanding of how the various needs of the key stakeholders could be accommodated within the programme took time and whilst some of this was formalised in the Terms of Reference, most shared understanding occurred through discussion at Advisory Group meetings.

The Advisory Group's influence on the AM intervention was through knowledge transfer, support and assisting with engagement with ECE. Some members went with the Active Movement Advisor on visits to ECEs as part of this work.

As with other community development programmes (Pirikahu, 2008) a range of skills and knowledge is required of stakeholders to implement and evaluate complex programmes such as the Te Kōringa Tinana o Whanganui programme. Six categories of skill which stakeholders must have for effective programme implementation and evaluation have been identified and will be used to discuss participation by AM Advisory Group Members and other stakeholders.

Community involvement

Community involvement requires shared ownership of programme objectives and participation by stakeholders who are accountable to their respective communities and able to represent them effectively. Stakeholders must also have sufficient skills, knowledge and capability to engage in the collaboration. In the case of kohanga reo, which were asked to represent the target population on the Advisory Group, insufficient capacity on the part of this organisation to commit to attendance at AMAG meetings may have impacted on their engagement in the programme, and their ability to ensure it met the needs of Māori tamariki. One participant noted the gap in representation by kohanga reo, and whilst Māori themselves they did not consider that they could represent the views of Māori ECEs:

The big thing for me is kohanga representation...I know the minutes have been getting to them but I would like to have seen representation at the meetings on behalf of kohanga reo. We can only do so much and just because we're Māori, it doesn't necessarily mean we can speak on behalf of Māori centres AM5 (y1).

Sharing of power

Sharing of power requires that stakeholders understand the dynamics of the partnership and how they can work together sharing influence and resources. Participants noted that for most members working in such a way was different from what they were used to, however they felt it added value to the programme by facilitating robust, honest discussion about priorities and relevance for the WDHB target population. Some participants believed that the contract may have been better sitting in the Public Health Centre of the DHB because as an organisation that unit already had an established relationship, and was working, with kohanga reo. Furthermore other HEHA funded contracts were co-ordinated out of this unit.

Participants advised that it took some time to understand their respective roles and responsibilities however; they did make an effort to work together for the

advancement of the programme. The following comments illustrate this:

There were some difficult discussions that had to take place because of the change of staff and the employment situations of the facilitators of the programme. Also things like making sure that the needs of the...the high needs in the Māori communities were met. They are all sorts of difficult conversations but they were able to be had in an honest and open forum so to me that's success. Because even if it's not nice and the outcomes difficult, the fact that the conversation can be had is important in order for progress to be able to occur or not. Because part of the problem in other areas is that it's not even spoken about but actually to me, when I was in the Advisory Group, there wasn't anything not spoken about. If it had to be said it was (AM15).

Good leadership.

Good leadership is critical to programme success. Much of the early AM programme leadership and mentoring was provided by AMAG members who had extensive knowledge relevant to the Active Movement programme. During the first restructure after the new Sport Wanganui CEO was appointed the Advisory Group provided operational advice to, and management of, the Advisor. While recognising that this was not an ideal situation as it merged governance and operational roles, the Advisory Group nevertheless understood that the provision of such guidance was necessary due to the inexperience of the Advisor. At this time the Advisory Group developed a six month work plan to keep her on task. This was reported against at each Advisory Group meeting.

Following appointment of a dedicated Sport Wanganui programme manager in March 2009, the Advisory Group reverted to its role of providing strategic programme advice.

I guess at the start it was a wee bit tricky for the advisory group, like we were actually like the coordinators manager kind of thing until...I mean and that was the sports trust going through a restructuring process of their own and we did have the mandate like of the CEO at the time to go ahead with

what we were doing and he was happy for us to support the coordinator with the work plan which probably wasn't our role but at the time it was needed. And since they have had their restructuring and bought a new manager on board and that, he's taken on that role AM2 (y1).

Commitment to affect change

Commitment to affect change hinges on belief by stakeholders that change is necessary and that they are able to achieve it. The majority of the stakeholders professed belief in the programme despite delays and expressed a desire to see success. It was the passion of individual stakeholders that contributed greatly to Active Movement programme implementation as is reflected in the comments of one participant:

Having the advisory group in place and having to put some planning in place has made things a bit slower than what they would normally be used to but I think the relationship wise, I think it's actually done a lot and it's built some partnerships that possibly weren't there before or not as strong as what they are now. And they, at all levels, they seem to be now more open to actually working with partners rather than asking partners for help if that's a...yes. They're actually doing something AM2 (y1).

Clear agreement on outcomes.

Stakeholders must agree on programme outcomes early on in the collaboration otherwise the programme may fail to progress and stakeholders may not participate fully as they do not see their needs and aspirations being met. Shared agreement on outcomes was achieved in the first year of the AM programme with the development of the logic model and Terms of Reference as the following comments attest:

The model was successful, that everyone's voices were heard at the very beginning and I know that was frustrating for the facilitators wanting to get out there however I think it needed to happen that way so... that's good AM14 (y1).

Adequately resourced evaluation.

Evaluation is an important means by which participants, community and funders receive feedback regarding the programme. Some monitoring and evaluation was completed internally by the Active Movement Advisor however, in order to carry out a more comprehensive evaluation further funding was applied for and subsequently approved by the MoH. WRMHD was then engaged to complete the external evaluation and this was positively accepted by the Sport Wanganui who had not had any experience of external evaluation previously. For both of the programme's funders' it was important that an evaluation run alongside the programme to assess the success or otherwise of working in such a collaborative manner and with a large range of seemingly disparate stakeholders.

Four: Outcomes Evaluation Findings

In this outcomes evaluation findings section of the report, the evaluators have taken the Initial Term Outcomes (0-12 months) and the Short Term Outcomes (1-2 years) from the logic model and compared these with the outcomes questions in the evaluation plan; there was a high degree of alignment between both sets of outcome indicators and they have therefore been considered in tandem. The outcome goals have been collapsed under three key headings and the evaluation results are addressed under each of these:

- increased capacity for stakeholders involved with AM;
- increased structured activity programmes for ECEs; and,
- strengthened partnerships and intersectoral collaboration.

Outcomes evaluation data was primarily gathered through key informant interviews with Advisory Group participants and ECE teachers. In addition data was sourced from the self-rating participation surveys completed by members of the Advisory Group, from the ECE Review Tool and from self-administered feedback sheets completed by participants in the single workshops. Data presented in the process evaluation section is also used to determine the results for the outcome

evaluation; for example gains in skills and knowledge for the Advisor role have already been outlined in the previous section.

Capacity Building

Capacity building is an increase in a community or group's ability to define, assess, analyse and act on concerns of importance to their members (Labonte and Laverack, 2001). For this programme, capacity building can be measured across four areas; the individual, the Advisory Group, the provider and the wider ECE community. Table 3 indicates the capacity gains made for each of the key players.

Table 3: Changes in Capacity

Level	Capacity gain
Individual	<ul style="list-style-type: none"> • increased knowledge of AM principles and practice • increased knowledge and engagement with community networks • increased community profile • developing leadership
AM Group	<ul style="list-style-type: none"> • increased stakeholder collaboration and participation • strengthened links to other sector organisations and people
Provider Organisation	<ul style="list-style-type: none"> • improvements in getting appropriate resources into the community • strengthened links to other organisations and people
ECE Community	<ul style="list-style-type: none"> • increased awareness of programme • increased skills & knowledge around Active Movement programme

The evaluation data indicates that the Advisor increased skills and knowledge during the three year implementation period through the interaction with the Advisory Group, the ECE community and Sport Wanganui stakeholders. She also increased both her AM Advisor community profile and her community networks.

Capacity building was also evident within the Advisory Group; for most of the Group's members the group processes used were new. It took some time for

participants to grasp the nature of their roles and responsibilities within this context. Participants identified challenges around determining purpose, in the initial phases, as the following comment illustrates:

Although initially confusion over roles and objectives everyone is clear now AM14 (y1).

One of the rewards of working in this way was a reported increased collaboration with other organisations. Despite the challenges, participants were clear that involvement had also had benefits. One participant noted, for example, that:

Overall I have found being a part of this advisory group a very rewarding experience. To have a say in the actual working of a contract and how it is to be delivered at the same time to help reduce inequalities is an awesome opportunity AM6 (y2).

Evidence also shows that the AM programme provider, Sport Wanganui, increased capacity by strengthening its profile and position within both the ECE sector and the wider community. For Sport Wanganui, the AM programme development process was new; from participating in Advisory Group processes and in needs assessment activity to engaging with the early childhood community and with evaluation activity. This was at times a steep learning curve in the view of some key informants as the following comment highlights:

It was hard for the Sport Wanganui person to understand some of what we tied to the programme and the evaluation and the need for kohanga to be the main part of that and at the table. So definitely a part of the Advisory Group and definitely part of those centres. And it wasn't about choosing the ones they wanted to or they thought would be easy to work with so it's been a challenge for them AM2 (y2).

Increased capacity building for the ECE community including the centres, their staff and families/whānau occurred through the workshops; the most significant impact was in the areas of knowledge and skill; feedback from workshop

evaluations indicated that the single workshop sessions increased 0-five year old physical activity knowledge and skill for just under half the participants. The graph below illustrates information from these evaluation forms.

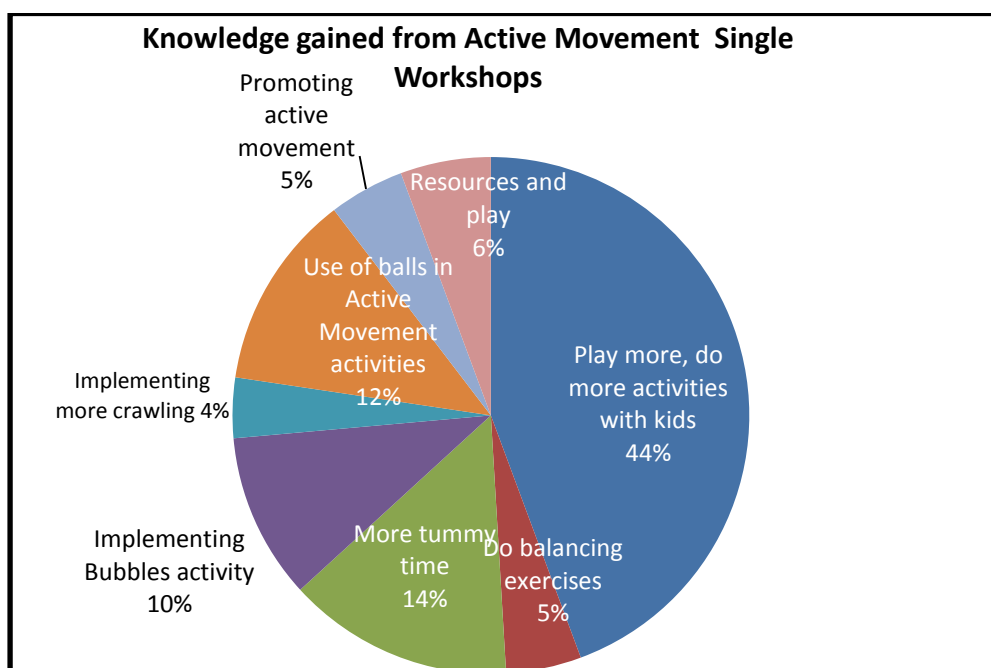


Figure 8: Knowledge gained from Active Movement Single Workshops

Train the trainer sessions with the Active Movement Advisor were part of the workshop sessions with the Priority Ten ECE centres. The following quotes illustrate gains in confidence, skills and knowledge for ECE staff as a result of participating in training sessions;

Realise importance and set goals. Look at individuals and notice what (they) may need AM 19.

It's amazing why we do things and the importance of it in the growth of our tamariki AM18.

We (teachers) have more new ideas and understanding of the developmental stages of children AM 20.

It was new fresh ideas and simpler forms of explanations AM 7.

The Advisor and ECE staff also facilitated parent meetings where families and whānau were able to learn new AM skills and strategies that could then also be communicated to other family members. Four ECE centres from among the 10 priority centres which had participated in training sessions were selected and invited to distribute surveys (Appendix Seven) to parents to ascertain programme related whānau outcomes. The centres represented the mix of ECE centres ie kohanga reo, kindergarten, Pasifika and a day care centre. Each of the four centres accommodated intensive follow-up by the evaluators with regard to survey dissemination and collection. Sixteen whānau completed and returned the survey as a result of this. The survey data indicated that the AM programme had influenced the active movement related awareness and behaviour of one quarter of the whānau. These whānau reported, for example, that they now took part in physical activities together more regularly as a result of the influence of the AM programme.

Increased structured activity programmes for ECEs

Interviews carried out with ECEs highlighted a range of perspectives concerning the influence the AM programme may have had on 0-five physical activity. There was however, unanimous agreement that the programme content was valuable in providing ECEs with new and fresh ways of implementing active movement strategies. The comments below are illustrative of this position:

It was brilliant. It was good too, the information that we learned. I've done the diploma in ECE but they didn't really, they taught you stuff, but not...I. It just reaffirmed what the kids are learning AM 20.

Outcome data to assess increases in structured activity programme implementation within the ten priority ECE centres was intended to be collected by the Advisor

through re-administration of the AM ECE Review Tool. However, only three of the ten priority ECE centres completed the review tool subsequent to AM programme participation. The outcome data discussed here is therefore limited.

The three priority centres which reviewed progress after AM programme implementation all showed positive improvement in AM structured activity in the following areas; policy and planning, implementation and environment. Examples of these improvements are highlighted by the following comments:

We have observed lots of changes in the tamariki and especially the ones who never take part much. They seem a lot gamer and have greater enjoyment in all activities now AM 18.

I attended the staff meeting where we filled out the Review Tool again. We looked back at the original one we filled out before the centre started and looked at the progress the centre has made. It seems they have made good progress and the staff were very grateful for the new information and activities they have learned (Active Movement Coordinator Report).

As previously discussed, data from the self-administered feedback forms (completed by 100 single workshop participants) indicated increases in 0-five year old physical activity skill and knowledge for almost half the participants.

Strengthened partnerships and intersectoral collaboration

Partnership and intersectoral collaboration was pivotal to ensuring success of the Active Movement programme. Participants agreed that Advisory Group processes and function supported a way of working which contributed to successful intersectoral collaboration. For most members, the Advisory Group model represented a new way of monitoring and advising on programme implementation. Whilst members had their own organisational priorities they strove to come together in a collective decision making process to ensure objectives of the

programme were being met and that ECE community needs were being met. A participant summed this up commenting that:

The biggest part is the understanding of how different things work, what other peoples accountabilities are, what they are responsible for and how we can support each other in those areas AM2 (y1).

The Advisory Group model also facilitated the building of relationships with other organisations and sectors. This is illustrated by another participant who noted that:

It's the first time I've been part of an Advisory Group. I didn't really know what I was getting in to but I thought it went really well because quite often when you're going into working with mainstream, quite often they don't have the keys or the tools to get into Māori organisations so we get left out. And by doing this Advisory Group too we had automatic networks AM6 (y2).

As part of the evaluation, AMAG participants were asked in year one, and then again in year two, of programme implementation to comment on their participation across six key areas of interest one of which included intersectoral collaboration. The other areas considered were capacity building, the Advisory Group Model, communication, programme organisation and Māori responsiveness. The graph below shows data from year one and year two and compares results across the domains and across time. Participants indicated improved ratings across all domains from year one to year two. Of particular relevance, in the context of this discussion around intersectoral collaboration and partnership, is the reported increase in participant contribution to intersectoral collaboration from year one to year two.

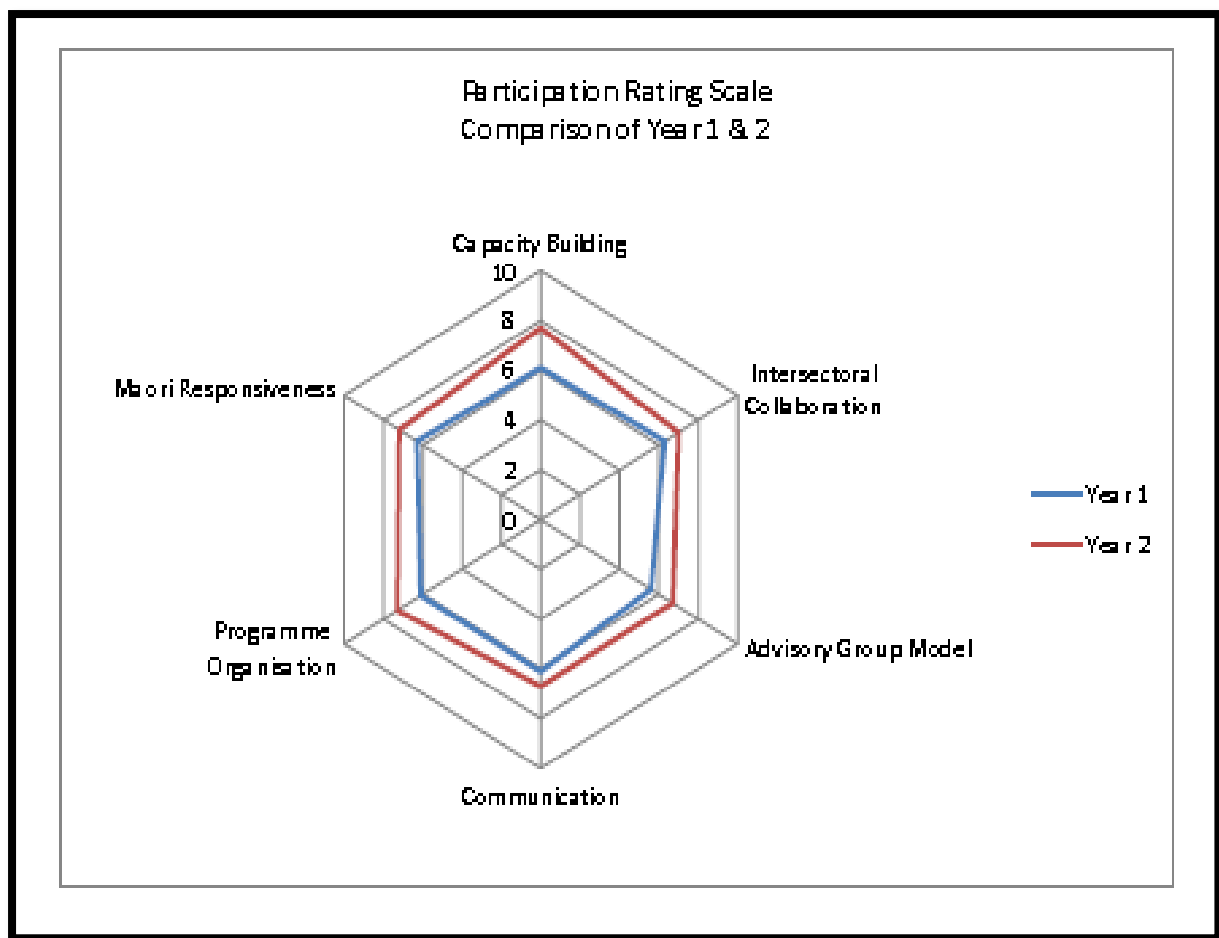


Figure 9: Participation Rating Scale Comparison

Additionally, strengthened community partnerships could be demonstrated by the AM Advisor's participation in interagency groups such as the Kura Hauora Group, Child Injury Prevention Group and SKIP (Strategies for Kids - Information for Parents) Group as well community events and is explained below:

So we are a sort of a coalition of groups that have already had a role in child injury prevention. But we can support each other and provide extra resource for stuff AM1.

So for like National Childrens Day she's always got her activity thing that she's doing AM1.

Five: Discussion

The discussion section summarises the key findings from the evaluation and makes recommendations for future programming.

Formative Evaluation

The formative evaluation report outlined the development and initial implementation of the Active Movement programme in the Whanganui District Health Board region in the first year and results are presented in a separate Formative Report (Pirikahu, 2010). The purpose of the evaluation was to determine the extent to which the Active Movement programme met its development objectives and to review programme organisation.

Results from year one indicate that the programme had:

- been based on well-defined needs and prioritised target groups;
- an evaluation plan in place agreed to by all key stakeholders; and,
- had a collaboratively developed logic model in place capturing programme intent and providing a framework for evaluation.

A formal needs assessment was carried out in the early phases of programme development and enabled the prioritisation of the programme delivery to ten ECE centres. During this early establishment phase an intersectoral AMAG was established to guide programme implementation.

The formative report, and to some extent the process data, highlights that the first year was a steep learning curve for all of the stakeholders. In particular co-funding arrangements required each of the funders to have an explicit understanding of each other's priorities particularly as these were sectors who did not usually work together; collaboratively framing and finalising the programme logic model contributed to all stakeholders "owning" the programme intervention.

In addition to understanding and agreeing on programme priorities it was critical that all key stakeholders had an understanding of their roles and responsibilities in order for the group to work to its full potential and inform programme

development and implementation. The agreement of members to the AMAG Terms of Reference clarified the roles and responsibilities of all group members. These need to be reviewed regularly to ensure they remain relevant.

Process Evaluation

The focus of the process evaluation was to understand how the programme was actually implemented and to assess whether this had contributed to achieving the programme's intended outcomes. The process evaluation results demonstrated that the programme was largely implemented as intended. It experienced some challenges in relation to intersectoral collaboration, workforce capacity, adaptations to the programme and delays in implementation.

Gaps in workforce capacity, staff changes and organisational changes impacted significantly on this programme. Not all AM Advisors were adequately trained or skilled to deliver the programme and little organisational support was available to them in initial stages of the programme development. At one point, as a result of this, the Advisory Group took on a much more "hands on" operational role in supporting staff development, only relinquishing the role when new management was appointed. Casual staff appointment, to cover full time staff leave, resulted in lack of confidence in the programme voiced by ECE participants. Impacts of staff changes were experienced at all levels of the programme from Advisory Group through to ECE communities and to some extent resulted in delays. In the second year of programme implementation, the Advisor gained confidence through training and support and the programme developed momentum.

Though, as noted above, the programme was implemented largely according to plan one significant change was made. Initial inclusion of a nutrition focus was later discontinued as it proved too difficult to implement within the existing programme framework.

Improvements to programme delivery mechanisms occurred in year two largely as a result of the increased skills and knowledge of the Advisor; year two saw the programme pathway formalised and implemented in a sequential manner rather than on an ad hoc basis. There were also changes in the wider political

environment with a change of Government during the initial establishment of the programme. This resulted in some disruption to funding; however, continued funding for the programme was approved in 2011 which ensured embedment.

The target AM programme audience was 0-5 year olds with a particular focus on Māori; both these groups were prioritised in the programme development phase. There is some data available to indicate that those ten ECE centres prioritised to participate in ongoing workshops have high numbers of Māori on their ECE roll. However, ethnicity data was not collected initially on the workshop evaluation forms to confirm this; this has now been rectified.

Some key stakeholders commented on the length of time taken to establish the programme, almost a year from contract proposal to provision of ongoing workshops in priority ECE centres. However, time was needed to up-skill staff, to establish cross sector relationships, to determine programme priorities and define community needs. The evaluators experience with other intersectoral projects would suggest that this lead in time is necessary to create the building blocks of success for a community development project.

While the Advisory Group model was largely successful there were early “teething” problems; time needed to be spent on building capacity of some Advisory Group members to enable them to participate fully, Māori ECE was not able to be fully represented due to capacity issues, and agreeing on priorities, roles and responsibilities required extensive debate. These issues were worked through and AMAG became an integral component of the successful delivery of the AM programme.

Outcome Evaluation

Outcomes were measured to demonstrate; increased capacity for stakeholders involved with AM; increased structured activity programmes for ECE; and strengthened partnerships and intersectoral collaboration. While there were limitations with the outcome data, for example low response rates, there is strong data to indicate that capacity had been built and partnerships strengthened, at an operational level, for individuals and organisations delivering the programme.

Data was less robust for indicating increased structured activity in ECE centres and even less convincing is the impact on wider whānau level activity. However, these results need to be interpreted with caution; they reflect a poor response rate rather than a lack of impact by the programme. In addition, the increased capacity building should not be minimised or disregarded as an impact. The key players are all now in a position to build on the early development activity and need to be given an opportunity to build on early successes; successes such as almost half of participants in single workshop sessions advising they intended increasing physical activity within their respective programmes after completing the AM training.

While the response rates were disappointing, even after repeated approaches being made by the evaluation team, they merely reinforce the views expressed by Advisory Group members that there are multiple demands placed on ECE centres by a number of sectors; evaluation and completing surveys is obviously not a key priority. This challenge needs to be considered in any future evaluation activity and novel approaches to gathering impact data may need to be constructed.

Summary and Recommendations

The evaluators consider that the programme shows enough promise to warrant further development supported by dedicated funding. With this in mind, it is important to consider the future of the programme and to make recommendations based on what has been learned to date; both as participants on the Advisory Group and as evaluators.

Ongoing sustainability is a key goal of the Active Movement Programme. The following criteria must be met in order for the programme to continue to achieve its stated objectives and develop into a long-term, sustainable programme:

- Early Childhood Education Centres (ECEs) must have a good understanding of the Active Movement Programme and take responsibility for actively promoting the programme to whānau and families;

- ECECs must be implementing Active Movement daily without input from a Sport Whanganui Advisor;
- whānau/families must be aware of healthy action messages and be able to translate these messages into the daily practices;
- Kohanga Reo must be actively participating in the Active Movement Programme;
- continue with the Advisory Group model and ensure target population is consulted and engaged;
- continue with a training programme for Advisors and build a team of well qualified AM Advisors;
- continue AM promotion through existing networks and identify new opportunities in which to expand; and,
- measure the short and long term impacts of the programme.

References:

- Fairfax, P., Green, E., Hawran, H., South, J., Cairns, L. (2002) Well Connected. A self-assessment tool on community involvement for organisations. Bradford Metropolitan District Council, Bradford Health Action Zone.
- Labonte, R., & Laverack, G. (2001). Capacity building in Health Promotion, Part 1: For whom? and for what purpose? *Critical Public Health*, 11(2).
- Laverack, G. (2006). Evaluating community capacity: visual representation and interpretation, *Community Development Journal*, Vol 41, No 3, pg. 266-276.
- Moewaka-Barnes, H. (2009). *The Evaluation Hikoi: A Māori Overview of Programme Evaluation*, Te Roopu Whariki Massey University: New Zealand [http:// www.whariki. ac.nz](http://www.whariki.ac.nz)
- Patton, M. (2002). *Qualitative Research and Evaluation Methods*, 3rd Edition, Sage Publications: USA.
- Pirikahu, G. (2008). *Grab a Bite that's Right* Evaluation Report. Evaluation Report to Ministry of Health.
- Pirikahu, G. (2010). *Active Movement - Te Koringa Tinana o Whanganui Programme Evaluation*.
- Ministry of Health. (2002). *NZ National Child Nutrition Survey 2002*. Wellington: Ministry of Health.
- Ministry of Health. (2004). *Tracking the Obesity Epidemic: New Zealand 1977-2003*. Wellington: Ministry of Health.
- Nutbeam, D. Health Promotion Glossary (original Health Promotion Glossary). In: *Health Promotion Journal* 1.1, 113-127, 1986
- Whanganui District Health Board. (2005) *Health Needs Assessment 2005*. Whanganui: Whanganui District Health Board.
- W.K. Kellogg Foundation, 2004. Using Logic Models to Bring Together Planning, Evaluation, and Action. Logic Model Development Guide. W.K. Kellogg Foundation.

Glossary

Hauora	health
Iwi	tribe/tribal
Kaitiakitanga	guardianship
Kanohi ki kanohi	face to face
Kaupapa	principle
Kohanga Reo (a Māori ECE)	language nest
Mana whenua	authority exercised by an iwi or hapū in an identified area
Mana tangata	authority derived from whakapapa connections
Māori	native of New Zealand
Purapura	collective of kohanga
Rohe	region, area
Rūnanga	governing body of leaders
Te Ao Māori	a Māori world view
Te Reo	the language
Te Kōringa Tinana ¹⁰	body movement/exercise
Te Whariki ¹¹	A kaupapa Māori Early Childhood Curriculum Framework
Tikanga	culture, customs
Whakapapa	genealogy
Whānau	family
Whānaungatanga	kinship

¹⁰ Local name for Active Movement Programme

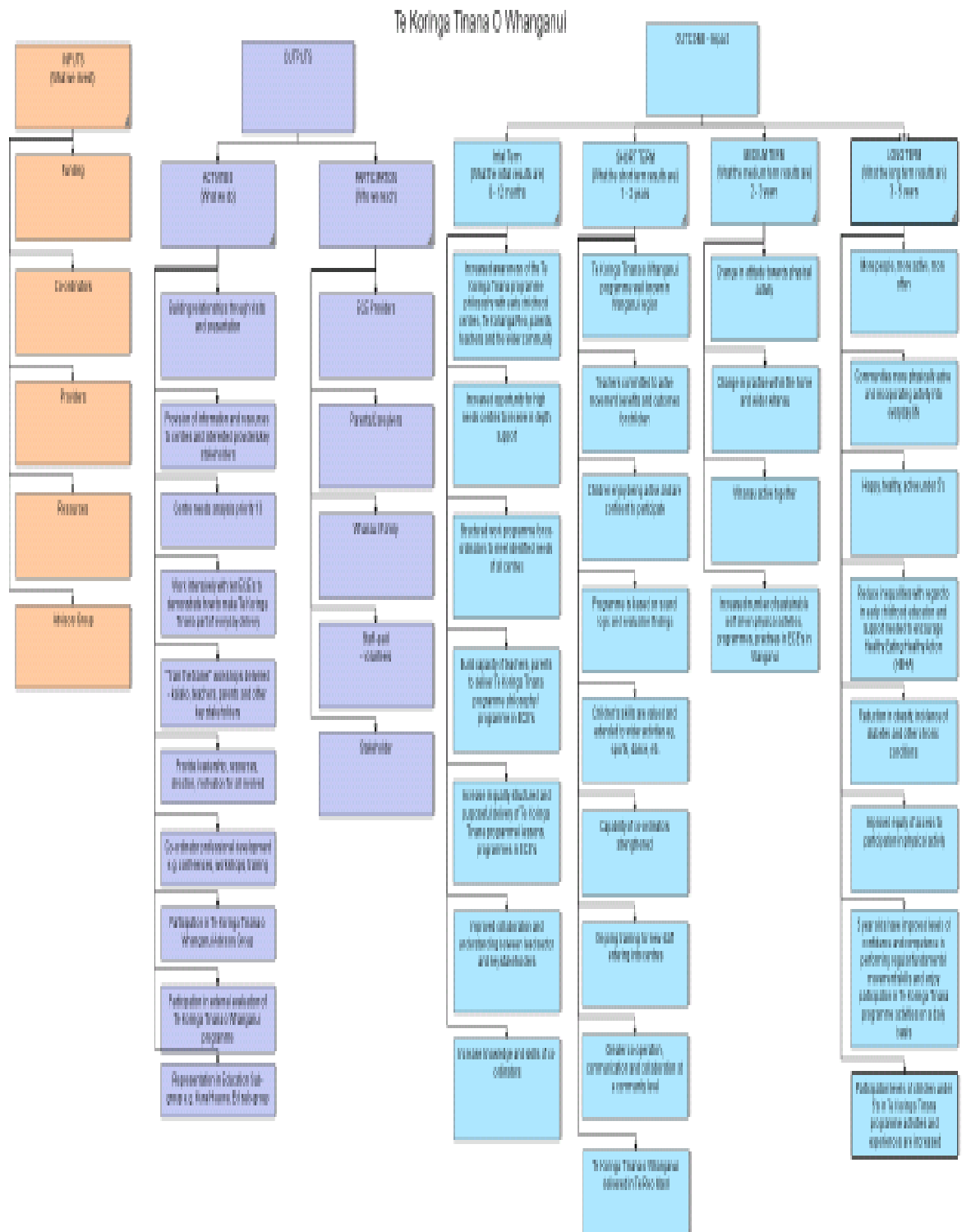
List of Abbreviations

AMAG	Active Movement Advisory Group
ECE	Early Childhood Education Centre
FTE	Full Time Equivalent
HEHA	Healthy Eating Healthy Action
MoH	Ministry of Health
NGO	Non-government Organisation
RST	Regional Sports Trust
SPARC	Sport and Recreation New Zealand
WDHB	Whanganui District Health Board
WRMHD	Whakauae Research for Māori Health and Development

Appendices:

Appendix One:	Logic Model
Appendix Two:	Evaluation Plan
Appendix Three:	Terms of Reference
Appendix Four:	Qualitative interview schedule
Appendix Five:	Self-rating AMAG Participation Scale
Appendix Six:	SPARC Centre Review Tool
Appendix Seven:	Whānau Survey

Appendix One: Logic Model



EVALUATION PLAN

Title: Te Koringa Tinana o Whanganui

Date: 9 February 2009.

Author(s): Gill Pirikahu, Amohia Boulton, Anne Kauika, Hilarie Nicoll, Pikimaerea Mareikura, Mel Potaka-Osborne, Selwyn Katene, Gemma Wilson, Fiona Boyle, Grace Taiaroa

1. Project description

The Te Koringa Tinana o Whanganui programme was developed as a result of collaboration between Sport Wanganui and Whanganui DHB. The programme is based on the Active Movement programme that has been developed by SPARC. Active Movement seeks to improve the Physical Activity practices of children between the ages of 0 and 5 years. The programme focuses on “creating an environment where our youngest New Zealanders have fun being physically active and setting them on a path to healthy active lifestyles throughout their lives”. Delivered through Regional Sports Trusts working with key stakeholders, this programme focuses on working with and supporting Early Childhood Centres (ECE’s) within the region. Investment in this programme also addresses a key health issue of childhood obesity. Through increasing healthy eating, healthy action at an early age the risk of developing health issues in later life is reduced. This programme offers considerable potential to improve health and reduce inequalities by investing in child health and influencing the wider Whānau of these children to develop best practice within the home.

Objectives of the Te Koringa Tinana o Whanganui programme

- To actively work with the Whanganui Early Childhood Sector in the development, delivery and evaluation of this programme.

- To develop quality resources, action plans, evaluation procedures and delivery structures to ensure the achievement of the Active Movement outcomes described.
- To work with key stakeholders and complementary programmes to support the improvement of the nutrition and food habits of children under 5, within all participating centres.
- To raise participation levels of children within all participating centres in quality movement experiences based on fundamental skills principles.

The Whanganui District Health Board is co-funder with SPARC for the Te Kōhanga Tinana o Whanganui programme contract. The initiative will be led by Sport Wanganui with the support of an Advisor Advisory Group which will guide and support the programme coordinators and the planning, implementation and evaluation of the project.

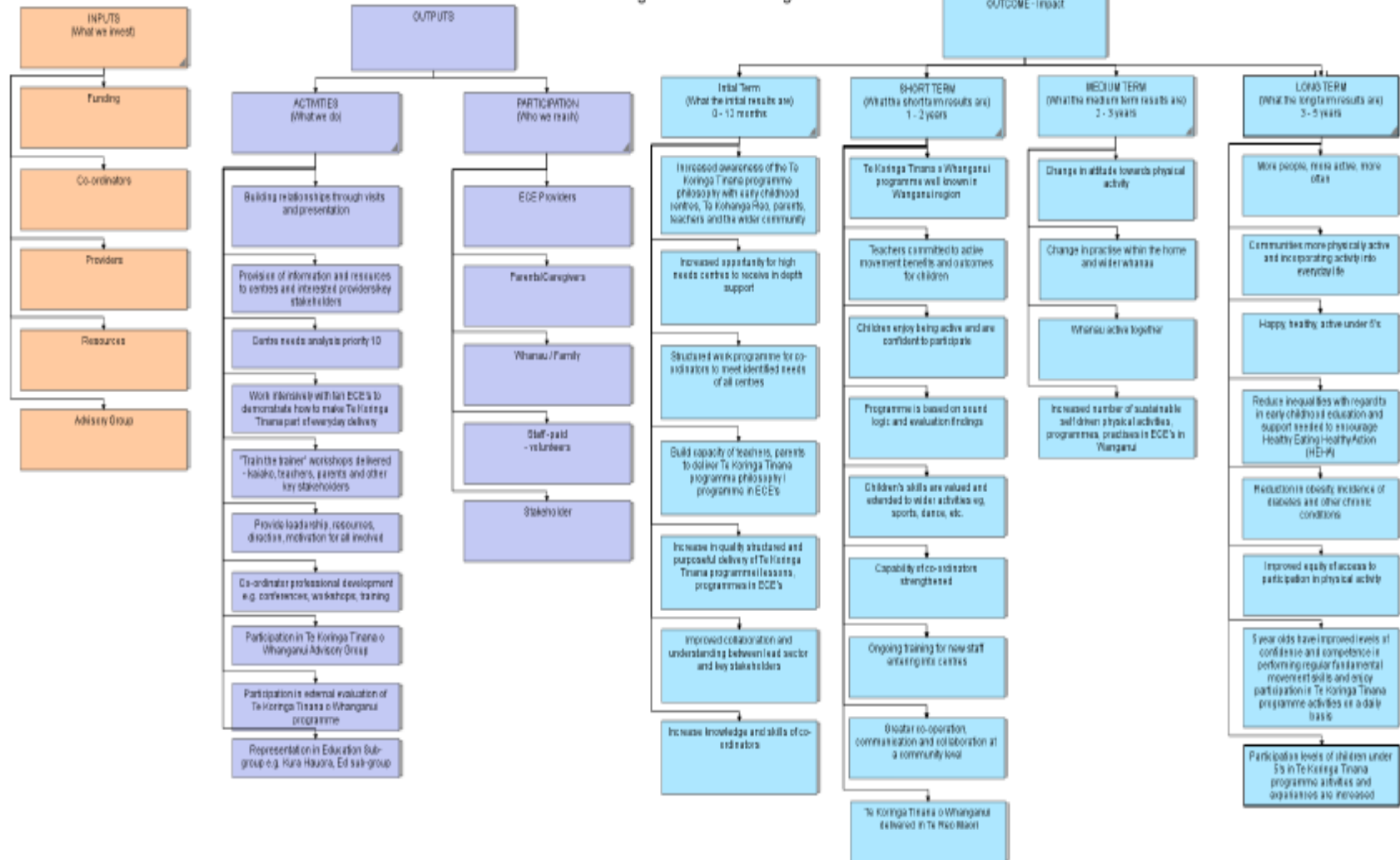
Sport Wanganui is a community based Charitable Trust and is one of a network of 17 Regional Sports Trusts throughout New Zealand. Each Trust is managed by a Board of Directors locally appointed.

A Te Kōhanga Tinana o Whanganui Advisor Advisory Group has been established to provide leadership, direction and advocacy for the programme at a strategic level.

2. Programme Logic

The logic model was developed from a brainstorming session with the Advisory Group and coordinators weaving together strands from the SPARC Active Movement Intervention logic and the programme logic for the Early Childhood Education Programmes. There are four outcome levels for this model as the Advisory Group wanted to be able to clearly identify the outcomes at the end of the funding period.

Te Kōringa Tinana O Whanganui



3. Stakeholders and evaluation priorities

List of stakeholders who have an interest in the evaluation	What are their evaluation priorities?
<p>Te Kōhanga Tinana o Whanganui Advisor Advisory Group</p> <ul style="list-style-type: none"> • WDHB - Funding and Planning • Aotea Te Kohanga Reo National Trust • Kindergarten Association • Sport Wanganui • Whakauae Research Services • Te Oranganui Iwi Health Authority • National Heart Foundation • WDHB Public Health Centre <p>SPARC Ministry of Health</p>	<ul style="list-style-type: none"> • Determining longer term sustainability of the project • What things are going well and what are the obstacles to progressing the aims and objectives of the project? • How are decisions and priorities made? • How effective is Māori participation? • How is the Advisor Advisory Group model working? • How is collaboration working? • How does the programme compare to similar active movement programmes running regionally and nationally? • Do the goals and objectives reflect the Ministry of Health HEHA Strategy, Māori Health Strategy, Primary Health Strategy and Food and Nutrition guidelines? • Do the goals and objectives reflect Wanganui District Physical Activity Strategy and Whanganui District Council Family Friendly strategy?

4. Overall Evaluation Questions

List one or two overall evaluation questions

How are the interventions being implemented to meet the programme aims and objectives?

What are the medium-term outcomes of the interventions both intended and unintended?

Ethics Approval

As the interventions are not collecting identifiable personal information or health data no ethics approval is required.

5. Formative Evaluation

Formative Evaluation Questions

- What are the stakeholder needs in regards to the programme?
- What are the key goals and objectives for the programme as identified by the stakeholders?
- What is the programme rationale?
- How will success be measured?
- What data is available for the evaluation?
- What skills and knowledge do stakeholders need to implement and evaluate the programme?
- What similar programmes are being delivered elsewhere and what can we learn from them?

Data and Methods

Evaluation Criteria	Sources of Data	Methods
Identifying needs & priorities	<ul style="list-style-type: none"> • Programme Coordinators • WDHB HEHA Project Manager • Aotea Te Kohanga Reo National Trust • Te Oranganui Whānau Ora Team Leader • Whanganui Free Kindergarten Association Senior Teacher • HEHA Coordinator, WDHB • Nutrition and Physical Activity Health Promoter, Public Health • Whakauae Research Services • Health Promotion Coordinator, Heart Foundation. • Wanganui Central Baptist Kindergarten and Crèche Trust SKIP Coordinator • Whānau/family of under 5's attending ECE's • Ministry of Health strategic documents • Funder documentation e.g. SPARC Active Movement Framework for Monitoring and Evaluation 	<p>Needs Assessment</p> <p>Face to face interviews</p> <p>Case studies</p> <p>Advisory Group meetings</p> <p>Document Analysis</p>

Data Analysis

Formative evaluation involves an ongoing cycle of data gathering and analysis. This evaluation will use a variety of methods that will include but not limited to facilitated planning discussions, hui, key informant interviews, focus groups, documentation review and programme logistic modelling. In Te Koringa Tinana o Whanganui which is a collaborative programme, a participative approach will be taken. The methods will include those which foster and support interaction, exchange of ideas, knowledge transfer and engagement between stakeholders. Formative evaluation will be used to inform development and implementation of the programme.

Three methods will be used to analyse data:

- open ended interviews and case studies will be analysed so common themes can be identified;
- data from the lickert scale survey of the process evaluation criteria will be analysed and recorded using a spider web graph (Laverack, 2006) at the beginning and again towards the end of the programme; and,
- Documents will be reviewed and a content analysis carried out to determine answers to the formative and process evaluation questions.

Using all three methods of data collection triangulation will be achieved ensuring robustness of the results.

6. Process Evaluation

Process Evaluation Questions

- How is the programme being implemented?
- Is it reaching target audiences?
- Is it meeting stakeholders needs?
- What are some of the strengths and weaknesses of the programme?
- What adaptations could be made to improve the Te Koringa Tinana o Whanganui initiative?

Capacity Building across the interventions

- How have we engaged participants?

- Who is participating in the interventions?
- What has been the result of the engagement?
- What actions are being taken to develop sustainability?

Intersectoral Collaboration

- What has been the impact on development of the interventions by integrating the programme activities with wider Sport Whanganui activities?

Advisor Advisory Group Model

- What influence has the Advisor Advisory Group had on the interventions?
- How have the various wider roles and responsibilities that stakeholders and participants carry impacted on the development of the interventions?

Communication

- How do the Advisor Advisory Group, Sport Wanganui and funders perceive the quality of communication about the interventions?
- What awareness does the community of interest have about the various interventions?

Organisation of Te Koringa Tinana o Whanganui Programme

- Has the project met timeframes and reporting requirements?
- How much does the project cost and do participants believe this is good use of the funding?
- Te Koringa Tinana o Whanganui Workshops
- How were the workshops organised and delivered?
- Have workshops supported the development of linkages?
- Has the knowledge gained been used in wider practice?

Data and Methods

Evaluation Criteria	Sources of Data	Methods
---------------------	-----------------	---------

<p>Capacity Building</p> <ul style="list-style-type: none"> • Target audiences are involved • The methods used in engagement are agreeable to participants <p>Intersectoral Collaboration</p> <ul style="list-style-type: none"> • Collaboration has enhanced the project goals and objectives • Collaboration with other HEHA projects has supported the goals of those activities <p>Advisor Advisory Group Model</p> <ul style="list-style-type: none"> • Participants are able to clearly define their roles and responsibilities on the project and are clear about expectations • The roles are complementary to the project <p>Communication</p> <ul style="list-style-type: none"> • Key groups of interest are aware of the various interventions • All stakeholders believe that communication meets their information needs <p>Knowledge building Workshops</p> <ul style="list-style-type: none"> • Workshops meet the 	<p>The following data sources will be used across the six process evaluation domains (listed here in the Evaluation Criteria column).</p> <ul style="list-style-type: none"> • Programme Coordinators • Portfolio Manager Public Health And Inequalities • WDHB HEHA Project Manager • WDHB HEHA Coordinator • CEO Sport Wanganui • Te Koringa Tinana o Whanganui Advisor Advisory Group • Te Kohanga Reo & ECE's • Kura Hauora • Participants 	<p>An open ended interview schedule will be developed to answer the process evaluation questions, providing qualitative thick description data. It will be used with individual respondents.</p> <p>A ranking of the six process evaluation criteria will be undertaken with participants at the beginning of the evaluation and again at the end using a lickert scale of measurement.</p> <p>Focus group interviews</p> <p>Analysis of evaluation material collected for SPARC reporting</p>
---	---	--

needs of participants <ul style="list-style-type: none"> • Linkages were developed • Knowledge has been transferred to practice 	including whānau <ul style="list-style-type: none"> • Workshop questionnaires completed by workshop participants 	
Organisation of the project <ul style="list-style-type: none"> • All records are up to date and complete • Written Plans with clear objectives, outcomes and timeframes are developed • Participants (including the funder) identify the project as a good use of funding • The interventions met the aims of the project 	Document Search ECE data base, lists of interested parties, minutes of meetings, project reports, AMA 6 monthly monitoring reports, Centre Review tool, ECE Self-Assessment tool, financial statements and decisions, recording of feedback regarding programmes and their implementation or delivery.	Documentation search to also seek answers to our process evaluation questions.

Data Analysis

Firstly, data from the open-ended interviews will be analysed for themes and a thick description of the process of implementation will be identified using the six areas of questioning (capacity building, intersectoral collaboration, governance, communication, organisation, knowledge building). Secondly, data from the lickert scale survey of the process evaluation criteria will be analysed and recorded using a spider web graph (Laverack, 2006). Thirdly, documents will be reviewed and a content analysis carried out to determine answers to the process evaluation questions. Using all three methods of data collection triangulation will be achieved ensuring robustness of the results. All process data will be written up highlighting how Te Koringa Tinana o Whanganui is being implemented.

7. Outcome Evaluation

Outcome Evaluation Questions

Short Term Outcomes

- Is the Te Kōringa Tinana o Whanganui programme effective in meeting its objectives¹² ?
- Are the initial and short term outcomes of the Te Kōringa Tinana o Whanganui programme outlined in the programme logic being achieved?

Medium Term Outcomes

- In what ways have Whānau increased physical activity levels?
- In what ways have dietary behaviours been impacted on by the programme?
- In what ways have Kohanga Reo and Early Childhood Centre's capacity in relationship to healthy eating and healthy action been enhanced?
- Have the Kohanga Reo and Early Childhood Centres been empowered to make positive adaptations?
- Do the Kohanga Reo and Early Childhood Centres have a number of self-sustaining programmes in place?

Long Term Outcomes

- Have Whānau/family's increased awareness of Physical activity for under 5's?
- Have Whānau increased awareness of healthy eating guidelines?
- Is this programme helping to reduce inequalities with regard to early childhood education and support needed to encourage HEHA?

Data and Methods

Evaluation Criteria	Sources of Data	Methods
Ability to deliver Te Kōringa Tinana o Whanganui programme	Participating ECE staff and whānau who participated in programme.	Email/phone/face to face survey and/or focus group

¹² See page 1

Community moving towards leadership and ownership	Programme coordinators	
Translating knowledge into practice	ECE collectives such as Kohanga Reo Purapura, ECE regional meetings,	Email/phone/face to face/focus groups survey of kohanga reo and ECE's involved in Te Kōhanga Tinana o Whanganui programme
Workshop participants are able to demonstrate application of knowledge	Workshop participants, facilitators	Review documentation e.g. minutes of meetings. Interview the programme coordinators.
		Phone or face to face interviews with a sample of participants from the workshops

Analysis

The focus group and interview data and the documentation will be analysed to determine increasing responsibility for decision making and priority setting by communities. Data from workshop participant interviews will be analysed to demonstrate application of knowledge from the workshops. Any additional unintended outcomes will be identified during the analysis phase. All data will be feedback to participants for validation.

Dissemination and Report Writing

A report on the results of the process and outcome evaluation will be written up using the report format agreed with the funder. Drafts will be distributed for comment and review by participants before final wider distribution. The results may be presented in a range of forums including local level meetings eg DHB and Sport Wanganui Board meetings, NGO and community provider meetings, and national gatherings e.g. conferences and national hui. The report will be written with recommendations for further development of the Te Kōringa Tinana o Whanganui initiative.

References

Fairfax, P., Green, Eleanor. Hawran, Helen., South, Jane., Cairns, Lesley., (2004). Well Connected! A Self-Assessment Tool on Community Involvement for Organisations.

Laverack, G. (2006). Evaluating community capacity: visual representation and interpretation, *Community Development Journal*, Vol 41, No 3, pg. 266-276.

Appendix Three: Terms of Reference

Updated June 2009

ACTIVE MOVEMENT ADVISOR ADVISORY GROUP

TERMS OF REFERENCE

Introduction: The role of the Active Movement Advisor Advisory Group is seen as a platform from which programme issues can be identified and solutions shaped in a collaborative, co-operative, strategic and proactive manner.

Scope: The Active Movement programme has been developed by SPARC and seeks to improve the Physical Activity practices of children between the ages of 0 and 5 years. The programme focuses on “creating an environment where our youngest New Zealanders have fun being physically active and setting them on a path to healthy active lifestyles throughout their lives”. Delivered through Sport Wanganui working with key stakeholders, this programme focuses on working with and supporting the Early Childhood Sector within the region. It is also expected to influence the wider whānau of these children to develop best practice within the home.

Purpose: The purpose of the Active Movement Advisor Advisory Group is to:

- Provide leadership, direction and guidance for the programme at a strategic level
 - Provide information/support to the coordinator.
 - Promote and encourage intersectoral collaboration and co-operation within and beyond the health sector
-

Objectives:

- Provide appropriate information/support to the coordinator in order to meet programme objectives
 - Act as community representation on projects - information on relevant community issues would be brought back to the group to streamline group directives
 - Monitor implementation of the Active Movement programme.
-

Membership:

Sport Wanganui
Whanganui District Health Board
Kindergarten Association
Play centre Association
Aotea Kohanga Reo Trust
Public Health Well Child
Te Oranganui Iwi Health Authority-Whānau Ora
Heart Foundation - Healthy Award Coordinator

Membership may change according to requirements and with approval of the Active Movement Advisory Group.

Minutes and Agenda: Minutes of each meeting will be the responsibility of Whakauae Research Services (WRS) with key action points and agreements recorded

- An agenda template for future meetings will be used (see attached)
- Minutes will be circulated by the WRS a week after each meeting

Meeting Timetable: Meetings will be held monthly at Sport Wanganui from 9:30am - 10:30am.

Meeting dates will be designated as **day** of the month *(to be decided once full membership has met)*

Meetings may change to bi-monthly as required by the membership.

Meeting Facilitation: Meetings will be chaired according to the set agenda *(chair to be decided once full membership has met)*

Reporting: All Active Movement reports will be tabled

Coordinator will report to group as required with a monthly report summarising key activities achieved will be completed by the coordinator and emailed to all members a week prior to meeting

Review: These terms of reference will be reviewed annually or as required by the membership to ensure they are still relevant to the group and its purpose and objective

Terms of Reference approved by group:

(Date)

Review by:

(Date)

Appendix Four: Qualitative Interview Schedule

1. Background

- Can you tell me what your role on the Active Movement programme is and how you became involved? (How long have you been associated with the programme?)

2. Formative Evaluation Questions:

- What are your needs as a stakeholder in regards to the programme?
- What do you identify as key goals and objectives for the programme?
- What would you see as a good measurement of programme success?

3. Process Evaluation Questions : Organisation of Programme

- How do you see the programme working at the provider level? (e.g. changes to the programme over time, milestones and timelines met, organisation of the programme, administration of project- project planning, work environment, resourcing)
- What other developments have taken place since the Active Movement programme started? (What else is happening around environment; HEHA strategy; changes at provider level?)

4. Advisory Group Model

- Can you tell me about the Advisory Group, how the model and members were chosen?
- Has it been successful?

5. Intersectoral Collaboration

- Has collaboration between stakeholders been successful?
- Has the Active Movement programme been integrated with wider RST and HEHA activities?

6. Communication (modify this question to reflect interviewee role)

- Can you tell me about communication between stakeholders? (e.g. Provider and coordinator, Advisory Group & coordinator, Advisory Group & provider, provider and other networks)
- How do you communicate?

7. Interventions and capacity building

- As part of the evaluation we are interested in the programme interventions. Do you know how the interventions were determined and why? (E.g. workshops - who are the facilitators, what is the content?)
- How would you like the programme to progress in year two?

Appendix Five: AMAG Participation Self Rating Schedule.

Te Kōringa Tinana o Whanganui (Active Movement) Advisory Group Participation Scale

Capacity Building

Scoring Criteria	Score	Your score
<ul style="list-style-type: none"> The advisory group understanding of capacity building¹³ has been a driver in the development of initiatives within the Active Movement programme and their involvement supports the programme to make a positive difference to the capacity and skills of the members of the community through participation with other members of that community. 	7-9	
<ul style="list-style-type: none"> The advisory group has some understanding of capacity building principles which has contributed to the group having some influence on the development of the Active Movement programme. 	4-6	
<ul style="list-style-type: none"> The advisory group has little understanding of capacity building or the principles supporting it and as a consequence has had minimal influence on the development of the Active Movement programme. 	1-3	
Comments:		

Intersectoral Collaboration

Scoring Criteria	Score	Your score
<ul style="list-style-type: none"> Stakeholders share responsibility and accountability for the programme outcomes and understand they each have an influence on the Active Movement programme. 	7-9	
<ul style="list-style-type: none"> There has been some evidence of intersectoral collaboration however some organisations do not understand their influence on the advisory group in relation to the programme. 	4-6	
<ul style="list-style-type: none"> There is no evidence of intersectoral collaboration and the development of the programme has been controlled by one organisation. 	1-3	
Comments:		

¹³ Capacity building is an increase in a community's or groups ability to define, assess, analyse and act on concerns of importance to their members. Labonte, Ronald & Laverack, Glenn (2001).

Advisory Group Model

Scoring Criteria	Score	Your score
<ul style="list-style-type: none"> All stakeholders are engaged as members of the advisory group, have a clear understanding of their roles and provide excellent leadership & programme support to enable the Active Movement programme to meet its aims & objectives. Some stakeholders on the advisory group have an understanding of their roles and have provided support to enable the programme to meet its aims & objectives. Stakeholders as a result of uncertainty about their roles on the advisory group have a minimal impact on the Active Movement programme meeting its aims & objectives. 	7-9 4-6 1-3	
Comments:		

Communication

Scoring Criteria	Score	Your score
<ul style="list-style-type: none"> Communication within and between the advisory group and the Te Koringa Tinana programme is timely, engaging & productive in enabling the programme to meet its aims & objectives. Communication within and between the advisory group and the Te Koringa Tinana programme has been productive in enabling the programme to meet some of its objectives. Communication within and between the advisory group and the Te Koringa Tinana is limited and unproductive. 	7-9 4-6 1-3	
Comments:		

Organisation of the programme

Scoring Criteria	Score	Your score
<ul style="list-style-type: none"> The advisory group and the programme coordinator work well together to enable the Te Koringa Tinana programme to be effective at an operational level. There are some opportunities for the programme coordinator and advisory group to work together to ensure the Active Movement programme is effective. The programme coordinator and advisory group have worked 	7-9 4-6 1-3	

in isolation of each other.		
Comments:		

Māori Responsiveness

Scoring Criteria	Score	Your score
<ul style="list-style-type: none"> • Māori are widely represented on the advisory group and are involved in key decisions that relate to Māori enabling full participation of Māori in the Active Movement programme. • Māori have representation on the advisory group and have some influence on Māori participation in the Active Movement programme. • There is nominal involvement of Māori on the advisory group. 	7-9 4-6 1-3	
Comments:		

General Comments:

Appendix Six: SPARC Centre Review Tool

ACTIVE MOVEMENT ECC REVIEW TOOL

Policy and Planning:		
Review Point	Circle one	Comment
1. Active Movement principles are evident in policy, procedures, plans and/ or guidelines		
2. Centre has a nutrition policy/ guidelines		
3. Centre has a Healthy Heart Award		
4. Policy and practice aligns with Active Movement principles and Te Whariki		
5. Policy and planning processes are consultative		
6. Policy is clearly stated and understood by both teachers and parents		
Implementation		
Review Point	Circle one	Comment
7. Plans have specific and Active Movement objectives		
8. Staff plan and adapt activities to meet an individual child's needs		
9. Activities include a range of needs based fundamental movement skills		
10. Activities relevant to the predominant cultures are included		
11. Activities include special needs		

12. Staff use Active Movement language to enhance the understanding & learning		
13. Staff actively model and engage in Active Movement activities		
14. The centre communicates with and includes parents		
Environment		
Review Point	Circle one	Comment
15. Centre makes provision for adequate inside and outside active play		
16. Centre provides for sun safety		
17. Centre has a range of age appropriate equipment that covers the key areas of:		
• Manipulative skills		
• Walking, running & jumping		
• Eye movement		
• Upper body		
• Tummy time, rolling, crawling		
• Balance		
• Catching, throwing, kicking		
Learning More		
Review Point	Circle one	Comment
18. Centre policy provides for Active Movement induction for new staff		

19. Centre staff are current in Active Movement requirements		
20. Further Active Movement resources & information are available for staff and parents		
21. Centre facilitates Active Movement workshops for parents		

Appendix Seven: Whānau Survey



Active Movement Survey

Please circle your answers

1. Have you heard about the Active Movement Programme?
Yes No Not sure
2. If you have heard about the programme how did you hear?
 - At my Childcare Centre
 - At Kohanga Reo
 - Through Sport Wanganui
 - Other (please describe).....
3. Have you heard about the resources available as part of the Active Movement programme?
Yes No Not sure
4. If you answered yes which of these resources have you heard about?
 - Booklets
 - DVD's
 - Workshops
 - Active Movement Advisor
 - Newsletter
5. Has the programme made a difference to your family?
Yes No Not sure
6. If you answered yes to Question 5 above best circle which of the following apply:
 - I use the skills I learnt as part of the programme regularly (please circle)
Daily Weekly Sometimes Never
 - My family now exercises together regularly (please circle)
Daily Weekly Sometimes Never
 - My family/whanau are now more aware of the importance of active movement
Yes No Not sure
 - Other (please describe).....

If you wish to be put into a draw for a \$50 Warehouse Voucher please fill in your details and return by

Wednesday 18th May 2011.

Name.....

Contact details

