

An Evaluation of the “Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with
Children and Whānau” Project

Pornchanuch Chumpunuch

2017

A dissertation submitted to the
Faculty of Health and Environmental Sciences, School of Public Health and Psychosocial
Study

Auckland University of Technology (AUT)

In partial fulfilment of the requirements for the degree of

Master of Public Health (MPH)

Primary Supervisor: Dr Margaret Hinepo Williams

Table of Contents

List of Tables	6
List of Figures	7
Attestation of Authorship.....	8
Acknowledgements.....	9
Abstract.....	10
Chapter One	11
Background.....	11
Research Aim and Purpose	13
Key Objectives.....	14
Research Gaps.....	14
Research Design.....	15
Dissertation Structure.....	15
Chapter Two: Literature Review	17
Chapter Outline.....	17
Benefits of Playgrounds.....	17
Community Playground Redesign: The Pros.....	18
School Playground Redesign: The Pros.....	20
School Playground Redesign: The Cons.....	20
Community-based Participatory Research.....	21
Community Partnerships.....	22
Challenges to Community Partnership	24
Empowerment.....	25
The Engagement of Children	26

Engaging Children in Designing Public Spaces: The Pros	27
Involving Children in the Playground Designing Process: The Pros	28
Challenges to Engaging Children in a Community Development Project	29
Treaty of Waitangi Principles and Community Partnerships	30
Social Determinants of Health	31
Chapter Summary	32
Chapter Three: Methodology	34
Chapter Outline	34
Participant Selection Process	35
Data Collection	38
Qualitative Interviews	39
Data Collection Procedures.....	42
Data Analysis	43
Qualitative interview analysis.....	43
Chapter Four: Findings	46
Chapter Summary	46
Qualitative Interviews and Focus Group Transcripts: Viewpoints.....	49
Emerging themes.	49
Findings in relation to the research question one.....	51
Category: Community Needs.....	51
Findings in relation to research question 2.	52
Category: Health and well-being.	52
Category: Effectiveness of the community partnership.	53

Categories: Themes clarified.	53
Category 1: Community Needs.....	53
Need for more involvement.	53
Need for someone to listen.	56
Category 2: Health and well-being.	57
Physical activity.....	58
Social well-being.	58
Sense of belonging.....	60
Sense of being valued.	62
Category 3: Effectiveness of community partnership.....	65
Maintaining a balance of knowledge.	65
Children as effective partners.	66
Raising awareness.....	67
Knowing the real needs.....	67
Chapter Summary	69
Chapter Five: Discussion	71
Qualitative Findings.....	71
Health and well-being.	71
Physical activity.....	71
Sense of belonging.....	74
Sense of being valued.	75
Effectiveness of a community partnership.....	76
Maintaining a balance of knowledge.	76

Children as effective partners.	78
Raising awareness.	79
Knowing the real needs.	80
Community Needs.	80
Need for more involvement.	80
Need for someone to listen.	81
Conclusion	83
Future Directions	84
References	86
Appendix 1: Cover Letter	105
Appendix 2: Participant Information Sheet	106
Appendix 3: Consent Form	109
Appendix 4: Transcript Access Request Letter	110
Appendix 5: Transcript Access Permission Letter	111

List of Tables

Table 1 <i>Questions and Prompts for Semi-Structured Interviews</i>	41
Table 2 <i>Hayman Park Participant Characteristics</i>	47
Table 3 <i>Categories and Themes Emerging from Interviews</i>	48
Table 4 <i>Categories and Themes Emerging from Focus Group Transcripts</i>	48
Table 5 <i>Categories and Themes Assigned to Participants</i>	50

<i>Table</i>	<i>Table title</i>	<i>Page</i>
1	Questions and Prompts for Semi-structured Interviews with Women Participants Involved in the Hayman Park Project	41
2	Participant Characteristics Including Age, Gender and Roles in the Hayman Park Project	47
3	Categories and Themes Emerging From Face-to-face Interviews with Adults	48
4	Categories and Themes Emerging from Children’s Focus Group Transcripts	48
5	Categories and Themes Assigned to Participants	50

List of Figures

<i>Figure 1.</i> Hayman Park project participants by age group, gender and role.	36
<i>Figure 2.</i> Participant selection from the original pool of 27 children.	37
<i>Figure 3.</i> Data collection procedures.	39
<i>Figure 4.</i> Relationships between categories: A temporal model of my research.	69

<i>Figure</i>	<i>Figure caption</i>	<i>Page</i>
1	Hayman Park project participants by age group, sex and role	36
2	Participant selection from the participant pool of 27 children recorded on 19 transcripts.	37
3	Data collection procedure	39
4	The temporal model of my research, which displays the relationship between categories	69

Attestation of Authorship

"I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning."

Signature:



Date:

13/ 11/2017

Pornchanuch Chumpunuch

Acknowledgements

I would like to thank my supervisor, Dr. Margaret Williams, who supported my learning and my research journey. I would also like to thank the principal investigator of the “Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau” project, Dr. Sari Andajani Sutjahjo, who also supported my research development, and who introduced me to participants from the original project. I wish to acknowledge all the participants for their willingness to take part in this research. To Ms. Amanda B. Lees, I am very grateful for your excellent administrative knowledge in guiding me through the steps to register and complete my master’s degree. Finally, I would like to thank Mrs. Jill Watt for teaching me English when I arrived in Aotearoa New Zealand, and who continued to offer me unwavering friendship. All the people I have acknowledged herein were instrumental in contributing to my successes as an Auckland University of Technology (AUT) international student.

Abstract

This research aims to explore how well the “Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau” project, a consultation with community members about designing a park playground, meets the needs of community members. Here, I seek to identify what local people can gain from participating in a consultation project. I use a qualitative research approach to elucidate participants’ perceptions post project. I assess two children’s focus group transcripts and conduct three face-to-face interviews with adult participants. I identify three main categories: health and well-being; community and individual needs; and the effectiveness of community partnership. I find that the Hayman Park project enables research participants to gain health and well-being benefits. They also gain knowledge about community partnership. Therefore, I conclude that this project meets the needs of the local community. However, the project does not fulfil participants’ desires for more meaningful engagement with other stakeholders in the playground design process.

Chapter One

Background

This chapter is an introduction to the dissertation topic. First, I provide background information, and I outline the purpose of the research. Second, I review the research design of this dissertation. Third, I describe how the dissertation is organised.

The “Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau” community project involved children in a playground design process (Andajani-Sutjahjo, Dickinson, Parry, Vodanovich, & Liew, 2016). This community-based partnership, led by the Auckland Council and the Ōtara Papatoetoe Local Board, also involved adult park visitors, parents, caregivers and the children’s extended whānau. The invitation to participate required individuals to take part in focus groups. This approach enabled the council researchers to elicit participants’ views and suggestions about ways to improve Hayman Park (Andajani-Sutjahjo et al., 2016). The key idea behind the project was for the Auckland Council and the Ōtara Papatoetoe Local Board to work as partners with local Manukau children and their families to increase their understanding, sense of ownership, interest and involvement in the development of Hayman Park. This project was based on a qualitative, participatory research approach involving children and adults in the local community. The project designers used a thematic analysis methodology. This community project had two parts. The first half of the project was about council engagement with children, and the second part was about engagement with adults.

As Andajani-Sutjahjo et al. (2016) reported, the Hayman Park consultation project included 27 children (16 boys and 11 girls), aged from 7–12 years old, who joined in activities to discover what they really wanted from Hayman Park and the proposed new playground. Two activities prepared for the youth participants were Talk–Walk–Talk and Minecraft games. The Talk–Walk–Talk game required the children to take a photo of the objects that they were

interested in while walking around the park to the proposed location of the new playground. Each child reported their responses as they participated in each activity. They shared their views, experiences and photos with the researcher. After finishing the Talk–Walk–Talk activity, the young participants moved to the Minecraft activity, a three-dimensional (3D) virtual game featuring a 3D map of the proposed playground. This activity allowed children to use a laptop to add or remove some parts of the playground on a virtual map. The principal researcher spoke with the children before they left the park. As a result, the children gave verbal recommendations about what they really wanted in the new playground. The recommendations from the children included some higher structures for climbing; playground equipment which suited children of different ages and confidence levels; more traditional equipment such as swings, monkey bars and jungle gyms; retention of existing trees; incorporation of bright colours and children’s own unique designs; and seating and shelter for supervising adults and family members. Some unexpected concerns were raised by the children, such as safety of the playground location (Andajani-Sutjahjo et al., 2016).

In terms of adult engagement, project organisers invited park visitors, parents, caregivers and extended whānau related to the children participating in the research project to join focus group discussions in order to elicit their perceptions and suggestions for improving Hayman Park. Auckland Council organisers recruited 27 adult participants (5 males and 22 females) to participate in focus group discussions. The main themes that emerged were perceptions about how to encourage more visitors and how to increase park use by improving public access and park safety; sustaining the park’s natural features; building a new facility to encourage new visitors; and finding new ways to promote and advertise the park (Andajani-Sutjahjo et al., 2016).

When this dissertation was written, the playground in Hayman Park had not yet been built. The original “Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with

Children and Whānau” was about working in partnership by consulting with community members (such as adults and children) prior to making changes to the park so that this park could be a centre for children and families in the future. In other words, the original project was about consulting with community members to make changes to the park and to discover what adults really wanted from this park as well as what children desired in the playground. This research occurred while the new playground was being planned and before it was actually built.

Research Aim and Purpose

The aim of my research was to identify how well the “Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau” project met the needs of local community members. The purpose of my research was to identify what participants gained from the project.

Research Questions

For my research project, I sought to answer two questions:

1. How well did the “Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau” project meet the needs of community members?
2. What did participants gain from the “Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau” project?

Key Objectives

Two key objectives shaped my study design. These objectives supported the research aim and purpose.

1. To explore and understand participants' perceptions and experiences after they had participated in the "Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau" consultation project. Specifically, to explore how a community-based, participatory approach might increase recruitment and engagement in a community partnership to develop and maintain a playground, once it was built.
2. To explore the benefits of and barriers to participating (e.g., attitudes, behaviours and motivating factors), along with further evaluation of the effectiveness of the redesign consultation, particularly with regards to the focus on health and well-being.

Research Gaps

Two main limitations, or research gaps, were discovered after reviewing available academic literature about the research topic.

1. Few studies explored community stakeholder perceptions and experiences after participating in community consultation projects but highlighted the importance of including community stakeholders (Daniels & Johnson, 2009; Derose, Marsh, Mariscal, Pina-Cortez, & Cohen, 2014; Eghbalnia et al., 2013; Farmer, Gage, Kirk, & Edgar, 2016). It was also found that these studies did not explain why or how community-based participatory research, the engagement of children in the process and the general community partnership approach might increase recruitment and long-term

engagement, not only in the development process, but also in the maintenance of a project after its initial development.

2. Few published studies have explored the benefits of and challenges to participating (De Marco et al., 2014; El Ansari, Oskrochi, & Phillips, 2010; Marouf, Che-Ani, Tawil, Johar, & Tahir, 2015; Mullins et al., 2012), and few scholars have evaluated the effectiveness of a health and well-being approach to projects, specifically to redesigning a playground in a community or school setting (Lozanovska & Xu, 2013; Malone, 2013; Matthews, 2003; Saridar Masri, 2016)

Research Design

To further evaluate the “Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau” project, I used a qualitative approach to obtain participants’ voices and perceptions after the consultation process was completed (Andajani-Sutjahjo, et al., 2016). I chose a qualitative research method because it is a method designed specifically to allow researchers to understand participants’ beliefs and experiences (Starks & Trinidad, 2007). I then opted to use a general inductive approach to analyse qualitative data gleaned from live interviews with adult participants and children’s focus group transcripts. I used the general inductive approach because it is systematic and therefore ideal for analysing qualitative information (Thomas, 2006). Typically, it can also produce reliable and valid findings, which can be translated and transformed for communities to further evaluate (Thomas, 2006).

Dissertation Structure

Chapter Two provides a literature review of the research topic. First, I explore the benefits of playgrounds for health and well-being of individuals within a local community. I

then discuss the pros and cons of redesigning a playground in a community or a school setting. Subsequently, I explore some of the impacts of community-based participatory research, community partnership issues and the challenges to community partnerships. The concepts are also paired with how empowerment and engagement of children can be beneficial or challenging in designing and planning for public spaces such as playgrounds. In addition, I include a discussion about how society defines health and well-being in New Zealand, followed by an examination of the Treaty of Waitangi principles — partnership, participation and protection — as they relate to community projects. A summary of research gaps concludes Chapter Two.

In Chapter Three, I outline the methodology and methods used for the current research. Chapter Four is a detailed description of my results. In Chapter Five, I discuss my findings in the context of other relevant academic literature. I also provide insights into research strengths and limitations. Thereafter, I offer my conclusion about how well the “Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau” project met the needs of local community members, bearing in mind that the Hayman Park playground is yet to be built, a fact that modifies participants’ perspectives. Finally, I provide recommendations for future research in this field of study.

Chapter Two: Literature Review

Chapter Outline

In this chapter, I introduce the benefits of playgrounds, especially for health and well-being. I then discuss the pros and cons of redesigning a playground in a community or a school setting. This chapter is also a presentation of modern concepts about community-based participatory research, community partnerships and challenges to community partnerships. Ideas about empowerment and engagement of children are discussed. Furthermore, the benefits and challenges specific to involving children in designing and planning for public spaces and playgrounds are described in detail. Subsequently, how health and well-being operate as social concepts and Treaty of Waitangi principles with regards to participation, partnership and protection are presented. Finally, I conclude with a summary of gaps in knowledge I found from my review of the relevant literature.

Benefits of Playgrounds

Building a healthy environment in a community can encourage people to lead an active lifestyle. Indeed, health is associated with community members' ability to participate in physical activities. Social environmental support can be enhanced by providing a playground in a community. It is reported that this type of play space is positively associated with children's physical activity levels (Addy et al., 2004; Mayfield et al., 2017; Sallis & Glanz, 2006; Timperio, Crawford, Ball, & Salmon, 2017; Žaltauskė & Petrauskienė, 2016). Moreover, creating an environment that supports residents' physical activity, especially a playground, can positively influence physical activity levels long term and can reduce the risk of obesity (Schoeppe & Braubach, 2007).

A playground is a place that is very beneficial to children's health and well-being. A playground provides many opportunities for children's role-playing, social interactions and physical activity (Prellwitz & Skär, 2007). A playground is often associated with children's fitness and good health (Barton, Sandercock, Pretty, & Wood, 2015; Bundy et al., 2017; Delidou, Matsouka, & Nikolaidis, 2015; Floyd, Spengler, Maddock, Gobster, & Suau, 2008; Taylor et al., 2011; Xu, Wen, Hardy, & Rissel, 2017). In the playground it is the equipment that notably provides significant opportunities for children to engage in full-body physical activity (Delidou, Matsouka, & Nikolaidis, 2015; Farley, Meriwether, Baker, Rice, & Webber, 2008). It is also noted that a park/common space with a playground is likely to promote physical activity than a park without a playground (Potwarka, Kaczynski, & Flack, 2008). Furthermore, access to a park with a playground is positively associated with the physical activity levels of all young people, no matter their ethnicity, gender, physical ability or culture (Gómez, Johnson, Selva, & Sallis, 2004).

Community Playground Redesign: The Pros

Community-designed playgrounds are particularly and closely associated with children's physical activity. Two studies have indicated the benefits of redesigning community playgrounds with the community involved (Quigg, Reeder, Gray, Holt, & Waters, 2012; Veitch, Ball, Crawford, Abbott, & Salmon, 2012). Quigg et al. (2012) found that the upgrading of a community playground significantly increased the mean physical activity level in groups of children, specifically children with low body mass index [BMI]. Veitch et al. (2012) added that improving parks by refurbishing a playground can increase the number of park users and park-based, physical activity levels in general.

In contrast, Cohen et al. (2009) found that redesigning a playground in a park is not associated with increases in physical activity levels. Similarly, Bohn-Goldbaum et al., (2013)

showed that the improvement of a community playground significantly limits children's physical activity levels and the number of children who use it. Apparently, in this instance, the decrease was because parents reported negative perceptions of playground equipment safety (Bohn-Goldbaum et al., 2013). Bohn-Goldbaum et al. (2013) added that the negative perceptions influenced children's physical activity levels and the number of children who used the equipment. Indeed, parents are always concerned with the safety of playgrounds; they do not want children to play on unsafe playground equipment (Ferré, Guitart, & Ferret, 2006). Parents typically choose playgrounds and parks that provide equipment safe for their children to use and enjoy, rather than those that are not safe (Kalish, Banco, Burke, & Lapidus, 2010; Mani, Abdullah, Mustafa, Jayaraman, & Bagheri, 2012; Veitch, Bagley, Ball, & Salmon, 2006). Hence, opportunities for children to increase their physical activity can be restricted based on parental views about appropriate playgrounds and/or parks (Carson, Kuhle, Spence, & Veugelers, 2010; Esteban-Cornejo et al., 2016; Ripat & Becker, 2012; Tappe, Glanz, Sallis, Zhou, & Saelens, 2013; Veitch et al., 2006). Therefore, safety of equipment is also a key factor that may restrict which playgrounds and/or parks that parents will let their children use (Huynh, Demeter, Burke, & Upperman, 2017; Nasar & Holloman, 2013; Veitch, Bagley, Ball, & Salmon, 2006). Collectively these findings suggest that the redesign of a playground and parks must offer safe playground equipment for increased and sustainable use of parks. More children and their families using playground and/or park equipment suggests children are moving towards being physically active and healthy.

School Playground Redesign: The Pros

Playgrounds are not only located in local parks, but are also located at schools. Temple & Robinson (2014) reported that by adding playground markings, new play equipment and managing the number of children using the playground was effective for promoting physical activity among preschool children. Other studies added that including multi-coloured playground markings and play equipment significantly further increased the physical activity levels of children in school (Hannon & Brown, 2008; Janssen, Twisk, Toussaint, van Mechelen, & Verhagen, 2015; Ridgers, Stratton, Fairclough, & Twisk, 2007; Stratton & Leonard, 2002; Stratton & Mullan, 2005). It was also found that a playground redesigned by adding markings relevant to physical activities such as basketball hoops and soccer goals significantly increased long-term use of the playground (Ridgers et al., 2007). Furthermore, social behaviours appeared to improve with the inclusion of loose equipment, coloured play line markings, coloured court markings, and teacher supervision, significantly increased children's activity levels (Willenberg et al., 2010). Consequently, reconfiguring a playground by adding novel markings and play equipment, and by ensuring close supervision of play, seem to be unilaterally effective interventions used to promote physical activity in school settings.

School Playground Redesign: The Cons

Some studies infer that redesigning a playground in a school setting by providing playground markings and play equipment does not impact on preschool children's physical activity levels during school recess (Cardon, Labarque, Smits, & Bourdeaudhuij, 2009; Cardon, Van Cauwenberghe, Labarque, Haerens, & De Bourdeaudhuij, 2008; Hamer et al., 2017). This can happen when children have to stand and wait in a queue to play on the new equipment (Cardon et al., 2008). Another reason for decreased play is that the school may not choose the optimal equipment and play markings best suited to preschool children (Cardon et al., 2008).

In addition, teachers may not encourage preschool children to participate in active play during school recess, which reduces physical activity (Cardon et al., 2009).

Furthermore, some researchers found that the more the teachers supervised, the less the children play, in fact some children played for only 9 min, while others played for 50 min (Cardon et al., 2008). Indeed, fatigue and boredom were factors that lead to a decrease in physical activity (Cardon et al., 2008). Another concept of children playing in school playgrounds is “free play”. What this means is children learn by playing independently or with other peers, while the teachers observe but not supervise from a distance. It is found that children develop a sense of enjoyment, creativity and social adaptability (Goldstein, 2012; Stover, 2013; Synodi, 2010). Although, many parents and teachers worried about their children’s safety and “free play” it did not deter them from allowing their children to participate in “free play” (Stover, 2013). However, it was noticed that free play could not be applied to all area of learning especially in the areas of well-being and belonging (Synodi, 2010). In summary, novel markings, play equipment, teacher supervision and school recess times are all factors that can influence children’s physical activity levels in school playgrounds.

Community-based Participatory Research

Community-based participatory research is an effective tool to engage communities. Often, researchers and environmental workers will collaborate with community members by providing education training and campaign materials to choose and use (Eghbalnia et al., 2013). As a result, community members can increase their awareness and knowledge about in-community projects through active participation (Eghbalnia et al., 2013). Moreover, community-based participatory research relies on community partnerships to help meet community needs. This means community members get to determine their spaces, cultural expectations and ideals. For instance, community stakeholders (e.g., community members and

boards, urban park directors and employers, such as council recreation departments) get to develop and plan together for increased park use and new recreational opportunities (Derose, Marsh, Mariscal, Pina-Cortez, & Cohen, 2014).

Many health organisations also use community-based participatory research to collaborate with local stakeholders and to provide and develop health promotion activities, health education materials and health screening programmes that are tailored to meet community needs and expectations (Davis, Darby, Moore, Cadet, & Brown, 2017; Lofters, Virani, Grewel, & Lobb, 2015; Martini, Morris, & Preen, 2016; Minkler, Vasquez, Warner, Steussey, & Facente, 2006). This research approach has the scope to allow practitioners the ability to maintain and continue a project in the community for a long time (Farmer, Gage, Kirk, & Edgar, 2016; Minkler et al., 2006; Tipene-Leach et al., 2013). Thus, the approach can be an effective way to develop and to plan public environments and spaces, and in particular, playgrounds.

Community Partnerships

A key component of community-based projects is active community partnership, as in the “Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau” project (Andajani-Sutjahjo et al., 2016). The community partnership is a useful approach for community development, because it brings neighbours and other stakeholders together to address local issues (Roussos & Fawcett, 2000). The community partnership approach is also a key strategy for changing and creating healthy local environments (Brennan, Brownson, Kelly, Ivey, & Leviton, 2012). Potential collaborations with external partners enable the community to build their capacity by empowering the people in the community to achieve their goals and to address their problems (Yeneabat & Butterfield, 2012).

The community partnership approach has been used to raise environmental awareness in local communities and amongst policy-makers (Srinivasan, O'Fallon, & Dearry, 2003). The project that employs a community partnership strategy can enable participants to have a strong sense of shared investment and a sense of involvement, and as a result, everyone gains a sense of ownership (De Marco et al., 2014; Moewaka-Barnes, 2000). In short, this type of partnership is a powerful tool that can be used to educate and empower people in the community to take control over their own health conditions, especially in relation to their environments (Mullins, Shaya, Blatt, & Saunders, 2012).

In order to create an effective community partnership project, organisers must recruit partners who can provide the needed resources (Cullen, Bowden, & Spronken-Smith, 2012; Lasker, Weiss, & Miller, 2001). Useful partners include community members who really know the problems in their community and can therefore be successful advocates because they are effective messengers with local standing in their communities, and can communicate local views to the researcher / organiser (Bopp, Fallon, Bolton, & Kahl, 2012; Glover et al., 2010; Moewaka-Barnes, 2000). One such collaboration occurred among community members, research staff, school staff and psychologists (Leff, Costigan, & Power, 2004). The dual focus of that study was for the psychologists to understand the needs of the community and school and for the academic researchers to design a programme or intervention that was tailored to the needs of the targeted recipients (Leff et al., 2004).

The community partnership approach is also a key strategy suitable for integrating knowledge between community participants and other stakeholders (El Ansari, Oskrochi, & Phillips, 2010; Jones, Ingham, Cram, Dean, & Davies, 2013). Merging the researchers with community members' knowledge creates an effective strategy for any project. Thus, it is important for academic researchers and public servants to collaborate with community members to better understand and learn about their social views and working together as

partners when redesigning any community focal point, especially a playground (Arroyo-Johnson et al., 2016) like the popular Hayman Park venue (Andajani-Sutjahjo et al., 2016).

Many studies have stated that community partnerships empower people to control their medical conditions and to improve their health and general wellbeing (Mantovani, Pizzolati, & Gillard, 2017; Tsey et al., 2010; Unertl et al., 2016). This means that community partnerships are powerful tools for achieving goals that empower communities by improving group health and well-being, not just an individual's health. This inclusive strategy also produces an effective, collective outcome that meets both community and programme objectives (Moewaka-Barnes, 2000; O'Mara-Eves et al., 2015).

Challenges to Community Partnership

Although a community partnership strategy can be used for changing and creating a healthy environment, there are some challenges to this approach. The first challenge to such a partnership is that of balancing power differentials between community participants and stakeholders (Donaldson & Daughtery, 2011; El Ansari et al., 2010). The second challenge is in achieving a group consensus about who will make a decision when many parties are working together (Roussos & Fawcett, 2000). One example is identified by the commonly voiced question, "Who controls funding for the community project?" This question can also be asked another way: "Which stakeholder controls the funds?" In other words, is it a person or an organisation that holds the power to manage project funding? In fact, such responsibilities are usually held by the government or local body agencies involved (Head, 2007). Conflict arises when the person or organisation that possesses the most power does not want to share this power with others who are perceived to be of lower status, which causes a negative reaction (Head, 2007).

Another potential challenge to community partnership is a potential lack of trust and respect between community participants and other stakeholders (Lasker et al., 2001; Roussos & Fawcett, 2000). If each partner does not respect and value the other stakeholders' ideas and perspectives, then the project will not succeed (El Ansari et al., 2010). Furthermore, if each partner does not trust, value and recognise the other partners' knowledge, then the community partnership will not be effective (Jagosh et al., 2015; Thompson & Hood, 2016; White & Wehlage, 1995).

Although a community partnership needs many people with a broad range of skills and experience to work together, the conundrum of how to balance the knowledge of the researcher or professional (in the subjects of science and epidemiology) with the knowledge and experiences of community members is an issue that dogs the community partnership approach worldwide (Di Pietro & Illes, 2016; McQueen & Anderson, 2001; Roussos & Fawcett, 2000).

Empowerment

According to the World Health Organization (WHO), people in a community should be empowered and involved in many activities to support health (WHO, 2013). Empowerment is an outcome and process of community partnership and community capacity development (Yoo, Butler, Elias, & Goodman, 2009). To achieve empowerment, the community must benefit from achieving agreed-upon goals in the areas of policy, planning, legislation, services, monitoring and research evaluation (WHO, 2013). In a sense, empowerment equates to good health.

The community partnership approach relates to a sense of ownership, which is another way of expressing empowerment (King, Curran, & McPherson, 2013). Community empowerment is achieved through providing education resources, knowledge, skills and the ability to communicate with potential and existing partners about a common outcome. Indeed,

the community partnership approach can empower people in the community to redesign a playground, for example; Daniels and Johnson (2009) have reported that involved actors feel an increased sense of ownership by maintaining the playground equipment on an ongoing basis. Thus, community partnerships are effective for achieving goals that address common problems and to share what project participants' value. A sense of empowerment and ownership appears to be important for community capacity and capability, and to sustain projects in the long term. It seems to bring about a sense of belonging, which is also important for improving overall health and well-being.

The Engagement of Children

According to the WHO,

It should be recognised that the enjoyment of the highest standard of health is one of the fundamental rights of every human being, without distinction of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status, as enshrined in the Universal Declaration of Human Rights. (WHO, 2013, p. 12)

Therefore, a community development project that aims to develop playgrounds or public spaces would benefit from involving community members, both adults and children.

Reflecting young people's ideas and views is equally important as is acknowledging the adult's perceptions when developing community projects. For instance, Goodwin and Young (2013) asserted that neighbourhood community development involving people of all ages and positions in a community reflects a full range of different perspectives. These authors have also found that children and young people provide good suggestions about how to improve their community spaces and have more useful, insightful knowledge about their lives than adults, which could be utilised to improve their community (Goodwin & Young, 2013).

In addition, collaboration with children and youth promotes fresh ideas and new perspectives that improve connections between youth and adults (Derr & Kovács, 2017; Scheve, Perkins, & Mincernoyer, 2006).

Another benefit is that youth participating in community development and maintenance projects gain an increased sense of how to make decisions (Ealey et al., 2006; Saridar-Masri, 2016). It has also been identified that a community development project involving youth can create and support a healthy environment for them, and can make the whole community a better place for youth to live in and enjoy (Ealey et al., 2006). In fact, Chawla and Driskell (2006) have highlighted that adults' decisions are usually not appropriate when it comes to youth issues. This lends support to the need for including the voices of children in designing projects they are likely to use, such as redesigning a playground. Furthermore, changes in the community require adults and children to work together, and can be achieved successfully by allowing children to have a role in decision-making activities (Chawla & Driskell, 2006). This model works particularly well in improving health and well-being through tailoring features like playgrounds to meet the needs of the primary users and therefore the community as a whole.

Engaging Children in Designing Public Spaces: The Pros

It has been reported that children are effective partners in designing a playground (Matthews, Limb, & Taylor, 1999). They are active designers and planners with different perspectives from adults and are better than adults at knowing their own needs (Francis & Lorenzo, 2002). They can provide adults with key information and share knowledge that would otherwise be lost. As a result, they are able to give invaluable suggestions for creating a more child-friendly neighbourhood (Carroll, Witten, Donovan, & Kearns, 2015). Elsley (2004) has asserted that if young people were not involved in the design of public spaces, it would not be

possible to manage problems that occur in such spaces, even in spaces full of expensive equipment.

Children also get many benefits from involvement in designing and planning for their community. They can gain knowledge, a sense of responsibility for their community and an opportunity to influence policy-making (Sutton & Kemp, 2002). In addition, they obtain the opportunity to use their skills and knowledge to design and plan for a social environment that includes them (Malone, 2013; Matthews, 2003; Saridar-Masri, 2016).

Involving Children in the Playground Designing Process: The Pros

Involving children and recognising children's voices as well as their perspectives during the playground design process has been found to be an important basis for designing successful, well-utilised playgrounds (Marouf, Che-Ani, Tawil, Johar, & Tahir, 2015). Children's involvement in the design process is strongly associated with their enjoyment of the play space; indeed, consulting children about playground equipment and their preferences adds to their enjoyment immensely (Lozanovska & Xu, 2013; Titman, 1994). In fact, any playground designed to suit and/or meet the needs of playground users is associated with higher usage and greater physical activity levels among children (Boonzajer-Flaes, Chinapaw, Koolhaas, van Mechelen, & Verhagen, 2016). This means collaborating with children is a really important criterion for designing a playground. Such an approach is important because children can express their opinions, perspectives and their preferences for the playground they will be using, and they will be listened to by adults.

However, some researchers have suggested that some playground designs may not meet the needs of children who have different physical abilities, and some are probably not appropriate for disabled children to use and access (Prellwitz & Skär, 2007; Ripat & Becker, 2012). Barriers include the fact that neither playground designers nor funding providers know

how to design a playground that meets the needs of these children (Woolley, 2013). There is also a lack of involvement of special-needs playground users, such as disabled children and their parents, in the designing and planning process for playgrounds (Woolley, 2013). Consequently, involving children with differing abilities in a playground redesign project is really important. This is because these children have unique perspectives based on their physical and mental abilities. Their inclusion can help designers and providers to build a playground suited to differing physical abilities.

Challenges to Engaging Children in a Community Development Project

Relevant academic literature supports the idea that a community development project that aims to develop playgrounds or public spaces would benefit from involving community members, both adults and children (Goodwin & Young, 2013; Scheve et al., 2006). However, a few scholars have described challenges associated with involving children and young people in such processes. Elsley (2004) has stated that there are some limiting factors, because responding to multiple needs of different children when designing and planning a public space is not always possible. Interestingly, adult attitudes towards children and involving them in decision making can lead to many mistakes (Matthews, 2001).

Another challenge that impacts on children's engagement is that adults often underestimate the child or children's ability and capacity to be effective decision-making partners (van Bijleveld, Dedding, & Bunders-Aelen, 2014). Some adult participants have the perspective that children are not effective partners in community projects because they lack competency and perception (Derr & Tarantini, 2016; Matthews, 2003). Furthermore, although adults collaborate with children to design and plan some public spaces, they do not recognise the full capabilities of the children involved or the importance of the partnership (Francis & Lorenzo, 2002). This attitude could be related to the problem of how children overcome the

adult hierarchy. Indeed, adult participants often do not want to share power with children in the exchange of ideas and decision-making opportunities within a project (Sutton & Kemp, 2002). This lack of attention to the needs of children when designing public spaces in a community is a primary challenge in engaging children in community partnership projects (Elsley, 2004).

Treaty of Waitangi Principles and Community Partnerships

The Treaty of Waitangi (Tiriti o Waitangi) is the founding document between Māori (the indigenous people of Aotearoa) and New Zealand Europeans (Pākehā) (Kingi, 2007; Orange, 1987). Its primary mechanism is to protect Māori rights and to maintain the well-being of all citizens living in Aotearoa/New Zealand (Ellison-Loschmann & Pearce, 2006; Kingi, 2007; Orange, 1987). From a public health perspective, the Treaty of Waitangi is fundamentally about paying attention to equity and participation, underpinned by three principles: partnership, participation and protection (Ellison-Loschmann & Pearce, 2006). For instance, the partnership means that government must work with iwi (tribes), hapū (sub-tribes or extended family groups), whānau (families) and the wider community that Māori belong to (Hudson & Russell, 2009). Participation means involving Māori (and in general all stakeholders) in the implementation, management and design of health legislation, policy and strategies (Hudson & Russell, 2009). Protection means the government must protect Māori interests, individual rights, data, culture, values and norms (Hudson & Russell, 2009).

Demonstrations of being responsive to the Treaty of Waitangi include translation of survey questions into the Māori language, ongoing consultation with Māori groups about wider community issues and involving Māori in community research (Wyeth, Derrett, Hokowhitu, Hall, & Langley, 2010). This means that when working with entire communities, such principles are important for balancing inequities that may exist among community members.

Therefore, integrating Treaty of Waitangi principles is helpful in community partnership projects because it involves respecting the rights and knowledge of those involved, whether adults or children.

The current research project adheres to the principles of the Treaty of Waitangi in order to show respect for Māori rights. I respond to the Treaty of Waitangi by recognising the Māori population as partners, and by respecting their knowledge, culture and traditions as a way to actively work within communities.

Social Determinants of Health

Health inequity in the population can be addressed by improving the quality of daily life into which people are born, grow, live and work (Marmot et al., 2008). Such socio-environmental factors actually determine population health at many levels. Thus, an effective public health strategy that can be used to reduce health inequities between population subgroups can also be used to mould social determinants of health that cause a particular disease or health risk (Baum, 2008a; Rose, 1985). A public health strategy that has been designed with the population approach in mind allows people to change environments that impact on health conditions; such a strategy is more likely to address the root causes of diseases rife in certain populations (Griffiths, Jewell, & Donnelly, 2005; Parks, Kingsbury, Boyle, & Choi, 2017; Swinburn et al., 2011; Woolf, 2017).

Furthermore, the population health approach that places emphasis on addressing those social determinants of health is more likely to reach the whole population than a strictly behavioural or medical approach (Baum & Fisher, 2014; Doyle, Furey, & Flowers, 2006; Szreter, 2003). Consequently, to reduce health inequity in the New Zealand population, the government should improve daily living conditions by ensuring that the population can access basic resources designed to promote health and well-being (WHO, 2010). It is possible to

extrapolate that improving environmental factors affecting the health of many people can be done by providing healthy choices and a healthy environment. Building a healthy environment can include building structures that promote an active lifestyle. Structures promoting an active lifestyle include playgrounds. Designed with a specific community in mind, a playground can improve the health and well-being of many people living in that community. Everybody can access the playground without restrictions on age, race gender.

Chapter Summary

A playground is a place that can be beneficial for children and their families. It is a place to promote physical activity, health and well-being. A playground designed to respond to the needs of children may lead to their increased usage and to an increase in their physical activity levels. A tailored playground redesign involves children contributing their ideas to the design process. The community partnership and community-based participatory research approaches are useful ways for building playgrounds in a community. External partners in the project, such as researchers, can be leaders in forming a partnership with community stakeholders. These stakeholders may include adults and children co-designing a playground. Consequently, the community partnership approach can create an effective strategy and a successful outcome that meets the community's goals as well as the objectives of a given programme. The community-based participatory research is also an effective tool for engaging long-term with community members; it promotes collaborative relationships between community members, researchers and government officials. A sense of awareness and knowledge shared between members of such a partnership is both recommended and achievable. It is also an opportunity for researchers, community stakeholders and officials to share specific education and training skills.

It is important to know participants' perceptions and experiences post community project. This is especially true in designing a playground, a popular choice of project, because other researchers or community development workers may use such feedback in developing and creating more effective, more complex community projects in the future. Without such feedback, they may be less confident in organising community projects. Therefore, my research is important for future projects because it provides such community feedback to community project organisers.

Chapter Three: Methodology

Chapter Outline

The primary aim of Chapter Three is to provide a basis for the methodological approach used in the current research. In this chapter, an explanation for choice of participants, data collection methods and procedures and, analysis of data are presented. The purpose of the project was to give an opportunity to participants in the “Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau” project to express their views and experiences about the consultation process they went through to come up with a new design for their community playground in Hayman Park. Hayman Park is located at Manukau City, South Auckland, New Zealand (Andajani-Sutjahjo, Dickinson, Parry, Vodanovich, & Liew, 2016). The population in South Auckland includes Māori (16%), Pacific (22%), New Zealand European/Other and Asian (62%) (Ministry of Health, 2016). It is a diverse setting. According to Andajani-Sutjahjo et al., (2016) the participants in this original project showed people of Māori, Pacific Island, Pākehā, Samoan, Niuean, Korean, Chinese, Indonesia, Pakistan, Syrian, German and Russian (n=27). I was particularly interested in collecting their views and experiences related to health/well-being and community partnership strategies.

A qualitative approach was used to explore and understand the participants’ views about the community-based participatory research approach and its effect on engagement in developing a new playground design. The purpose of the qualitative research method was to better understand the inner thoughts of participants (Starks & Trinidad, 2007). It was hoped that participant views and experiences collected could be used to construct their reality, which would be reflected in my research results (Pope, Ziebland, & Mays, 2000). Consequently, I opted to analyse participants’ experiences, views and comments to gather information that reflected their realities.

Qualitative approaches are also about ascertaining the effectiveness and long-term sustainability of working together on a project, based on what happens after the project is concluded. Thus, such an approach is suitable for my purpose of finding out how well the “Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau” project met the needs of local community members, as well as what people gained from the project. This approach also allowed me to assess the long-term effects of the project on any sense of community ownership participants may have felt.

A general inductive approach was used to analyse the data/information collected. This approach is described more in the “Data Analysis” section of this chapter.

Participant Selection Process

Typically, participant eligibility criteria are identified during the planning stages of the research (Denscombe, 2014). The planning for participants focused on a purposive sampling strategy to select participants who seemed the most relevant to the research aim. Similar to many community-based research projects, identifying and working with “significant others” (elders, community leaders, kaumātua or kuia) in the community is important to gain insights into community life (Denscombe, 2014).

In the current study, children and their whānau who participated in the original “Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau” project were identified as significant others. Therefore, I purposively recruited participants from this group because they were the “significant others” or holders of knowledge and experiences about the “Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau” (see Figure 1).

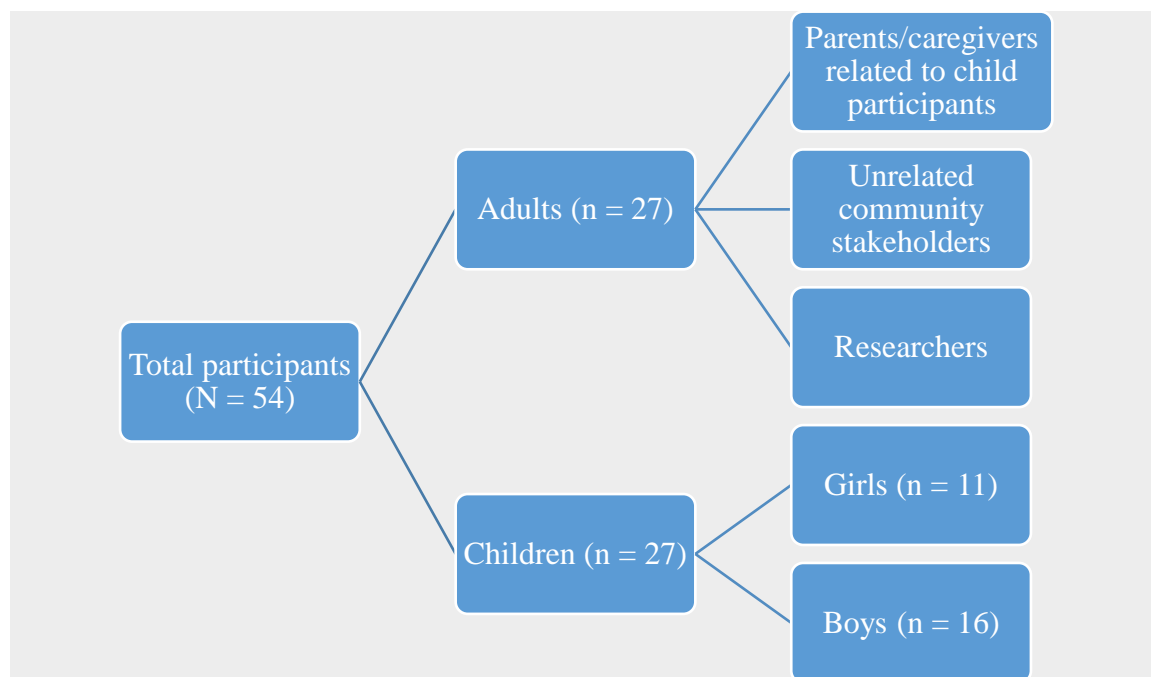


Figure 1. Hayman Park project participants by age group, gender and role.

Note. Participant groups shown in this figure took part in the original work by Andajani-Sutjahjo et al. (2016). All children recruited into the original consultation project were students.

Abbreviations. N, total sample group available; n, subgroups.

Due to a time limit of 6 months to complete this research study, I could only recruit a sub-set of the original research project population. Of the 27 adults participating in focus group discussions about redesign from the original research project, only three ($n = 3$) were available to participate in this research study. I conducted face-to-face interviews with three women: the principal investigator (also my supervisor/mentor); one community advocate/participant; and the caregiver of a child participant, who also engaged in adult focus group discussions to redesign the playground.

During the fieldwork stage of my research, child participants were not available for interview because school was in session. Therefore, I analysed transcripts from the original research project (Andajani-Sutjahjo et al., 2016) that were related to the current research study objectives. Of the 27 original research project child participants (11 girls and 16 boys) involved in the mixed-gender Talk–Walk–Talk and Minecraft playground design activities, two

transcripts involving 11 children, five girls and six boys, were analysed. Of these children, only six children gave feedback related to the current research study objectives. Therefore, I analysed only their responses. The process of how participants ended in the sub-group is shown in Figure 2.

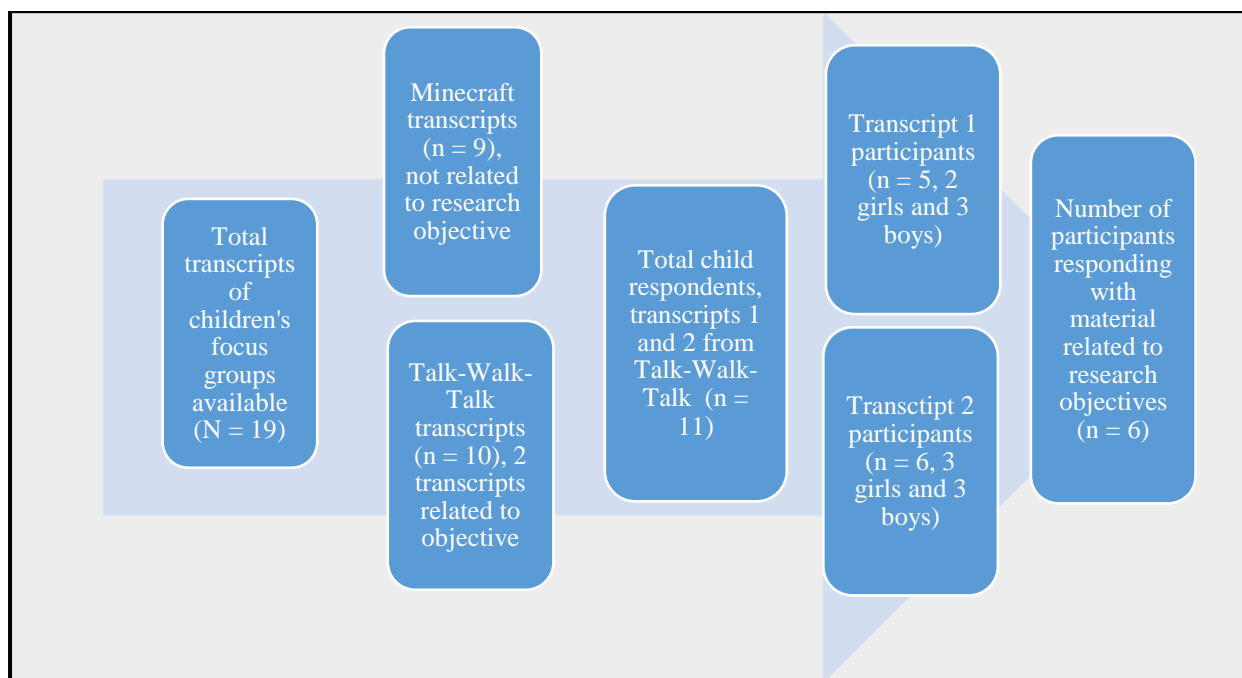


Figure 2. Participant selection from the original pool of 27 children.

Notes. A total of 19 transcripts were available from Minecraft (n = 9) and Talk–Walk–Walk (n = 10) playground design activities. Only six respondents voiced viewpoints related to my research objectives.

Abbreviations. N, total sample group available; n, subgroups.

Ethics approval for the current research study was granted under the auspices of the initial “Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau” project (Andajani-Sutjahjo et al., 2016). This research study received an ethics approval from the Auckland University of Technology (AUT) Ethics Committee (AUTEK) on May 3rd, 2016. The AUTEK reference number is 16/105. The present research study also received approval from the AUT Postgraduate Research Committee on March 3rd, 2017. Ethics approval was conditional on the cover letter (Appendix 1), information sheets

(Appendix 2), consent form (Appendix 3) and interview questions (Table 1). Approval also was dependent on the inclusion of a transcript access request letter (Appendix 4) to the principle investigator of the original “Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau” project to access participants’ contact details and transcripts.

In this research study the consultation and recruitment processes included the principal investigator of the “Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau” project as one of the three participants. I chose to include the principal investigator in order to maintain the integrity of the original research as the basis for the present study. I also wished to gain access to participant focus group transcripts.

Data Collection

I collected data from three primary sources. First, three adult participants. I interviewed these people in either their homes or workplaces. The focus of our conversations was about playground consultation, their thoughts, feelings and what they did. These participants were a subset of the 27 (11%) adults who were originally consulted in the Hayman Park playground design. Second, I sought permission (Appendix 5) for and accessed children’s focus group transcripts, which had been kept on record by the principal investigator involved in the original playground project. The principal investigator granted the permission for access to transcripts in writing (Appendix 5). These transcripts were my secondary data source. Of these, only two of the 10 transcripts from the children’s Talk–Walk–Talk focus group were relevant for analysis. Third, nine Minecraft focus group activity transcripts were collected. However, not one of these transcripts met the present study objectives. In total, two children’s focus group transcripts of 11 children, of which only six of the original child research subjects spoke about issues relating to my research objectives. I therefore analysed responses from approximately 55% (n=6/11) of the participants recorded in the two transcripts. These six

voices were 22% (n=6/27) of the total original child population (n = 27) recruited for the present study playground consultation. By including only data sources relevant to my research objective, I hoped to maintain the integrity of the present study research process. The data collection procedure in my research study is illustrated in Figure 3.

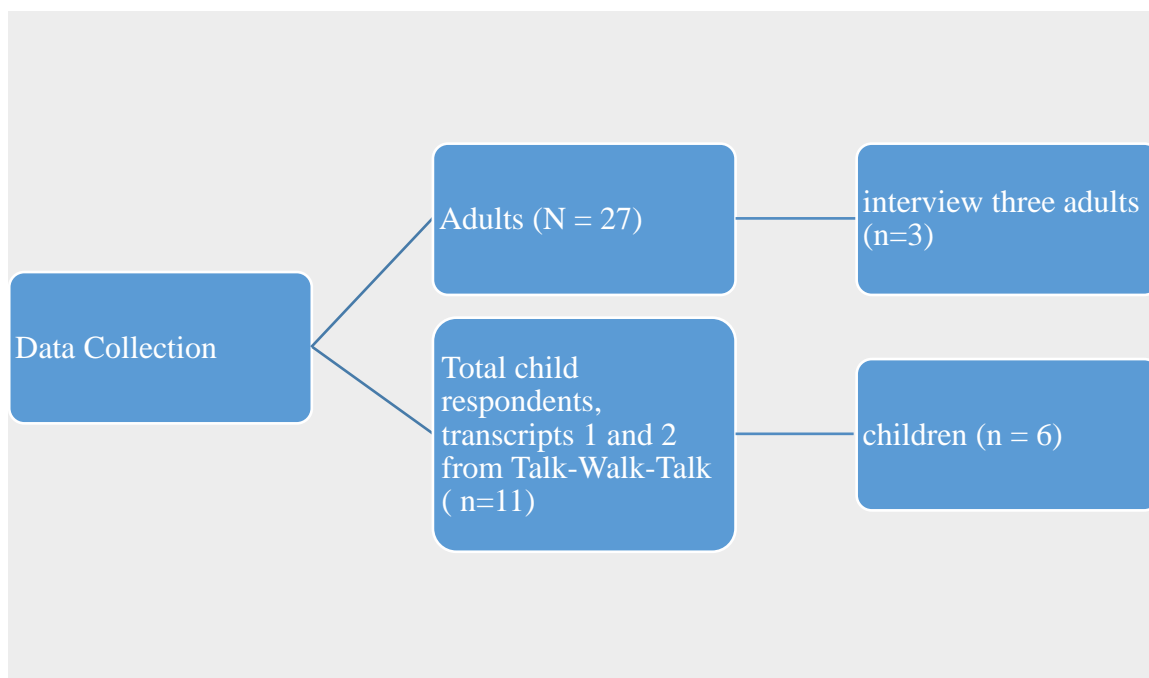


Figure 3. Data collection procedures.

Notes. I interviewed three adult participants involved in the original project, and I analysed two children’s focus group transcripts. These three adult research subjects were a subset of the 27 adults who were originally consulted about Hayman Park playground design. No transcript from the Minecraft focus group activity was relevant to my research objective. Only two of the 10 transcripts from the children’s Talk-Walk-Talk focus groups were relevant to my research objective. In total, I analysed two children’s focus group transcripts involving 11 student participants, of which only six (n = 6) of the original child research subjects spoke about issues relating to my research objectives.

Abbreviations. N, total sample group available; n, subgroups.

Qualitative Interviews

I developed a semi-structured interview schedule to guide the face-to-face interview process with the three adult participants (n = 3 women). The interview schedule consisted of open-ended questions related to the research aims and objectives. These included, “How well did the playground consultation project raise your awareness about health and well-being?” In addition, I asked, “What needs were met for community members participating in the project?”

Another question I asked was, “If you could make changes to better meet the health and well-being needs of your community playground, what would these be?” These three questions were also employed in assessing the two children’s focus group transcripts.

The interview questions were designed to elicit information about participants’ perceptions of community partnership benefits, community awareness of health and well-being and ways to improve the health and well-being of those involved in the project. Each topic was assigned a main question asked of all participants, along with sub-questions (Table 1). These questions enabled me to guide the interview process. Prompts (Table 1) were also used to improve flow of conversation between me and the selected adult participants (n = 3).

Table 1

Questions and Prompts for Semi-Structured Interviews

Topic	Baseline probe	Follow-up questions
Icebreaker	Tell me about yourself	<ul style="list-style-type: none"> • How were you involved in the “Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau” project?
Community awareness about health and well-being	How well did the playground consultation project raise your awareness about health and well-being?	<ul style="list-style-type: none"> • Tell me what health and well-being mean to you • In your view, what health and well-being benefits have resulted from being consulted about designing a new playground in Hayman Park? • Tell me how you think that the community project provided health and well-being for you and your community, and what about Hayman Park itself? • Can you give me some examples of interest — has the consultation project increased [or will the playground] physical activity for you and your family?
Community partnership	What needs were met for community members participating in the project?	<ul style="list-style-type: none"> • Tell me what it was like to work with others in the community • Tell me how you felt when you became a partner in this community project • Tell me more about what worked for you as a stakeholder. How about working with the researcher? • Do you want to maintain this playground once it’s built? Why do you want to continue (or not)? • How do you think community partnership as you saw it worked in this project, addressed any problems you saw in Hayman Park and met the needs of your community?
Community health and well-being	If you could make changes to better meet the health and well-being needs of your community playground, what would these be?	No prompts

Notes. Three women were interviewed, all involved in the project. Originally, the playground was supposed to have been built before my research took place, but it was not completed. This situation meant questions were asked in a different context than originally intended.

Data Collection Procedures

Each adult participant received a cover letter (Appendix 1), a participant information sheet (Appendix 2) and consent form (Appendix 3) in advance, which explained the research process to them. All invitation documentation sent to the participants was by return post or email service. The participants were also given the option to receive a copy of the interview questions (Table 1) prior to the interview. This option was in the cover letter (Appendix 1). I offered to meet the participants in a setting convenient to the participant (e.g. home, workplace or another venue chosen by the participant).

Each adult participant was asked to sign the consent form before being interviewed, while a release letter was completed by the principal investigator for the children's focus group transcripts belonging to the "Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau" project. The principal investigator released the 19 children's focus group transcripts to me, of which I used only two transcripts. The transcripts released to me were from the two children's focus group activities, Minecraft and Talk-Walk-Talk; I used the interview questions I developed (Table 1) to assess only these Talk-Walk-Talk transcripts, because they were the only ones with any relevance to my research objective.

The face-to-face interviews typically took one hour for each of the three participants. During the interviews, I ensured that each participant felt comfortable. This was achieved by conducting the interviews in a setting and at a time convenient to the participant. Second, some refreshments, such as bottled water and snacks, and break time, were provided for participants when needed. Third, the participants consented for the interviews to be audio-recorded, and notes were taken during the interview in order to provide a second record, as well as to enable the transcript to be analysed subsequently.

Data Analysis

Qualitative interview analysis.

I used a general inductive approach to analyse the information for the adult interviews and children's focus group transcripts. It is widely known that an inductive approach has many purposes for analysing qualitative data (Starks & Trinidad, 2007; Thomas, 2006). For me, one purpose was to condense the raw information into a summary format. Another purpose was to establish clear links between the research objectives and the information collected from the interviews. It is said, that this approach ensures that the links between the objectives and the information collected are clear for others to see and understand (Elo & Kyngäs, 2008). A third purpose was to develop a model from the underlying themes that emerged from raw data (Thomas, 2006). Therefore, the general inductive approach was selected to help identify the themes most relevant to the research objectives/questions about community playground redesign from the adult interviews and children focus group transcripts. These concepts included "how the project raised awareness about health and well-being; whether community needs were met; and any improvements participants could suggest to better meet community needs".

To assist with the integrity of data collected audio records of the interviews were both conducted and transcribed. Pope et al. (2000) recommend this analysis approach. Therefore, I reviewed the adult interview transcripts and the children focus group transcripts from the original consultation project several times until I was familiar with the content. This process was for me, the researcher, to again both identify and work through the text segments as a way to understand participants and their context aligned to the research questions and objectives. That is, themes emerged from the text segments. The themes are expected to best represent the participants' viewpoints and experiences. After finding these initial themes in the transcripts, the themes are grouped into broader categories. The categories encompass the meanings

contained in specific text segments (i.e. the actual phrases most relevant to the research objectives). Further, if one text segment is coded in more than one category, or if some of the text segments are not assigned to any category these would not be used.

Finally, a model is created from the data collected integrating the most important categories. This model contains key themes and categories most relevant to the research objectives. In fact, the outcome of the general inductive approach should be to create a category and integrate it into a model or framework describing viewpoints and perceptions (Thomas, 2006). The type of framework or model in which most categories are placed is an open network, which has no hierarchy and/or sequence among the categories. Although the findings yielded are study-specific the general inductive approach is influenced by the research questions and the research objectives, and the findings are derived from the raw data analysis, not from an evaluation of objectives (Elo & Kyngäs, 2008; Pope et al., 2000; Thomas, 2006). Thus, the current research study coupled with the evaluation of research objectives provide a framework for conducting the research analysis (Thomas, 2006). It is important to also note that the themes derived from using a general inductive approach in this study are associated with the raw data collected, rather than with theory, hypothesis or my personal expectations.

To ensure a quality analysis, a stakeholder or member check after each of the interviews was performed to avoid any possible misinterpretations as advocated by Thomas (2006). The three female participants were invited to view the interview notes to make sure the notes were accurate. Participants were also invited to check the summary of themes, categories and my final model, which was achieved by providing a copy of a complete draft report to the participants.

In summary, the methodology of participation action research coupled with the general inductive approach enabled me to collect, elicit and analyse information from the participants (includes transcripts). The process to work with the participants, again, was underpinned by

the principles of the Treaty of Waitangi such as partnership, protection and active participation (Ellison-Loschmann & Pearce, 2006; Kingi, 2007; Orange, 1987). I was comfortable with these research approaches because I was familiar with them. Subsequently, I was confident that the voices of the participants could be heard. It is also important to note that this approach is commonly used among diverse groups of people living locally in Aotearoa and internationally (Fejzic et al., 2017; Fryer, Bellamy, Morgan, & Gott, 2016; Loeb, Bayliss, Candrian, deGruy, & Binswanger, 2016; Smith, 2013).

Chapter Four: Findings

Chapter Summary

Chapter Four is an exploration of stakeholders' perceptions and experiences after their participation in the "Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau" consultation project. As stated in the "Key Objectives" section, my research aim was to identify how well the project met the needs of community members. The other objective was to identify what people gained from the project, both as individuals and as a community group. Interview questions were designed to show how well the consultation project raised awareness about health and well-being, what community needs were met and in what ways health and well-being needs could be better met. The questions were used to assess both the children's focus group transcripts from the original project and the face-to-face interview transcripts of conversations with adult participants.

Moreover, the interview questions were designed to elicit information on participants' perceptions about the benefits of community partnership, community awareness of health and well-being and ways to improve community consultation projects. The decision to use the general inductive approach was about understanding participant views of a consultation process, which is yet to lead to an actual build of the playground, a fact that makes an assessment of views about health and well-being somewhat problematic. Therefore, Chapter Four is about answering the broader research questions about the project and the partnership, and what participants gained from it despite the fact that the playground has not yet been built.

Please note that participant ethnicity was not provided from the secondary data. The characteristics of the three adult participants and the children focus group transcripts are described in Table 2.

Table 2

Hayman Park Participant Characteristics

Participant	Age (years)	Gender (F/M)	Role of Participant
Woman 1	N/A	F	Principal investigator
Woman 2	30	F	A caregiver for one of the child participant, also a participant herself
Woman 3	44	F	A local community member, not a parent of a child participant
Girl 1	11	F	Child participant in Talk–Walk–Talk focus group
Girl 2	8	F	Child participant in Talk–Walk–Talk focus group
Girl 3	11	F	Child participant in Talk–Walk–Talk focus group
Girl 4	12	F	Child participant in Talk–Walk–Talk focus group
Boy 1	12	M	Child participant in Talk–Walk–Talk focus group
Boy 2	10	M	Child participant in Talk–Walk–Talk focus group

Notes. I interviewed three adult participants involved in the original project, and I analysed two children’s focus group transcripts. Of the 11 students who were involved in the two Talk–Walk–Talk group transcripts I analysed, only six students gave responses that were relevant to my research objectives. I therefore analysed only six children’s responses.

Abbreviations. F, female; M, male; N/A, the participant did not wish to disclose her age for the purposes of this report.

Three main categories — health and well-being; community needs; and the effectiveness of the partnership — emerged from the face-to-face interviews. These three categories and their supporting themes, derived from text analysis, listed in Table 3. Table 3 is also a summary of the findings. A detailed explorations of themes can be found in the “Qualitative Interviews and Focus Group Transcripts: Viewpoints” section.

Table 3

Categories and Themes Emerging from Interviews

Categories	Themes
Health and well-being	Physical activity
	Social well-being
	Sense of belonging
	Sense of value
Community Needs	Need for more involvement
	Need for someone to listen
Effectiveness of the Hayman Park community partnership	Maintaining a balance of knowledge
	Children are effective partners
	Raising awareness among people in the community
	Knowing the real needs of the community

Notes. Of the total 27 adult participants (N = 27), I interviewed three women (n = 3) who were available within the short research timeframe.

Abbreviations. N, total participants available; n, subgroup interviewed.

The categories and themes that emerged from accessing the two Talk–Walk–Talk children’s focus group transcripts are summarised in Table 4.

Table 4

Categories and Themes Emerging from Focus Group Transcripts

Category	Themes
Health and well-being	Sense of being valued
	Sense of belonging

Notes. Of the 27 children’s responses (N = 27), only six children made comments about issues related to my research objectives. Therefore, I chose to analyse responses from only these six young people (n = 6).

Abbreviations. N, total number of children who were involved in the original Hayman Park playground focus group activities and whose responses were transcribed during that project; n, the subgroup of respondents who commented on items relevant to my investigation.

Qualitative Interviews and Focus Group Transcripts: Viewpoints

Emerging themes.

In this section, I describe in detail the key categories and themes that emerged from the three adult face-to-face interviews, and from the children's focus group transcripts. Detailed categorisation and participant characteristics can be viewed in Table 5. The responses from the research participants are written as verbatim quotations in this section. Each quote is accompanied by a description to explain the meaning of each theme.

Table 5

Categories and Themes Assigned to Participants

Categories	Themes	Themes mentioned by each participant (N = 9 participants)								
		Adults (n = 3)			Children (n = 6)					
		Woman 1	Woman 2	Woman 3	Girl 1	Girl 2	Girl 3	Girl 4	Boy 1	Boy 2
	<i>Age (years)</i>	N/A	30	44	11	8	11	12	12	10
	<i>Role in project</i>	Principal investigator	Caregiver	Local community member	Student	Student	Student	Student	Student	Student
Health and well-being	Physical activity	✓	✓							
	Social well-being	✓	✓							
	Sense of belonging	✓		✓			✓	✓	✓	✓
	Sense of being valued			✓	✓	✓		✓	✓	✓
Community Needs	Need for more involvement	✓	✓	✓						
	Need for someone to listen			✓						
Effectiveness of community partnership	Maintaining a balance of knowledge			✓						
	Children as effective partners	✓								
	Raising awareness		✓							
	Knowing the real needs		✓							

Abbreviations. N, total number of participants in my research; n, subgroups (adults and children).

Findings in relation to the research question one.

In this section the order of the categories identified earlier will be aligned with the order of the research questions.

The first research question was, “*How well did the ‘Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau’ project meet the needs of community members?*” This answer was related to the community needs category.

Category: Community Needs

All three adult participants reported that they were not involved in past community activities. They then said that the project leaders listen to their opinion and other community advocates. These participants added, that “the project leaders respected their needs in relation to the original Hayman Park playground design”. From responses, it appeared that the project met the needs of people in the community to have someone to listen to them.

However, this community project did not meet the needs of all adults for more involvement, as described by the participants. The participants stated, that “while they felt the organisers did include their community, this community project did not meet the needs of all adults for more involvement”. They then added that, “they really wanted the community project to have more engagement with a wider selection of stakeholders”. This was included general community members; people who lived adjacent and nearby to the park where the playground was to be located; Auckland Transport; the local Ōtara Board; the South Auckland community in general; children from different backgrounds, and their parents; and specific organisations with a community focus”. The child focus group transcripts did not yield any information about how well the project met the needs of children who participated.

Findings in relation to research question 2.

The second specific research question was: “*What did people gain from this project?*”

The responses related to the categories of health and well-being and effectiveness of the community partnership.

Category: Health and well-being.

Two of three adult participants mentioned that, “if the playground was built, their children might engage in physical activity by playing, and their families might also enjoy physical activity by performing leisure activities together”. Each adult participant reported that, “they felt their children and their community might gain social well-being benefits from the playground”. They then added that, “creating a playground was the same as building a healthy environment at a site where people in the community could spend time together, which also relates to community well-being”.

The adult participants also said that, “they felt children might obtain social well-being from the community project because they were able to use their own imagination to design and create a playground”. Adults further reported that “the children might obtain a sense of belonging because they would feel proud of their ability to contribute to the design process”. That is, it was intimated that the child participants may have also gained a sense of belonging because they contributed their knowledge, and they were able to air their specific needs and share their ideas.

Adult participants expressed that they were valued, because their community was respected by the academic researchers who carried out the community project and who worked one-on-one with them to make a difference in their community. Adults also mentioned that children might have gained a sense of being valued, because the project provided the young people with an opportunity they had not had before. Children probably also felt they were important because their input was incorporated into the project.

Category: Effectiveness of the community partnership.

It was found that the adult participants gained knowledge about how a community partnership can be effective because the partnership they experienced involved knowledge transfer. This was achieved by using ideas from both academic researchers and local community members together. These participants added, that “they wanted academics’ knowledge in order to support their situation”. They also mentioned that, “the researchers also needed the local community’s knowledge to deliver the project effectively at a community level”. Furthermore, adult participants indicated that “they learned about the concept of community partnership by working directly with children, which showed them and others that children have the ability to be effective partners while doing research”. Adult participants also reported that they, “gained a sense of awareness about being able to create a place that was fun and safe for children”. Finally, the community partnership strategy helped the researchers learn the real needs and problems of people who actually used playgrounds.

Categories: Themes clarified.

Category 1: Community Needs.

This category describes what needs the participants in the Hayman Park playground consultation project really wanted fulfilled after participating in this community project. This category includes information on the need for more stakeholder involvement and the need for someone to listen to their voices. Their perceptions and their views about their needs are described in detail below. All voices are written as recorded at the time of live interview. Participants are identified as they are listed in Tables 2 and 5.

Need for more involvement.

The need for more involvement in this is theme describes how the participants really wanted more stakeholder participation and engagement in this community project was

highlighted by participants stating that they “wanted a deeper engagement with other stakeholders”. These stakeholders were referred to as relevant organisations, the general community, and children from different backgrounds along with their parents or guardians. The specific quote from the individual adult participants provide arrangements of stakeholders were not a part of the original Hayman Park consultation project below:

One of the adult participants offered the view that this community project needed to include additional stakeholders most people had not considered, such as Auckland Council.

“With this kind of project, because it’s involving the community, it does make sense that you have to work with different stakeholders. That park belongs to the Auckland Council, and Council, they acknowledge that the park’s deficient; so, Parks New Zealand [Auckland Council] needs to get involved.” (*Woman 1*)

One of the adult participants mentioned their perception that the project needed to be engaged with Auckland Transport, because the playground was to be located in the city central, which suffers traffic congestion.

“... But the traffic, it’s a busy traffic because it’s located in the central; so, the Auckland Transport needs to get involved ...” (*Woman 1*)

This participant also suggested that the local Board and the South Auckland community, as well as other community organisations, should have been involved to design a playground meeting the needs of all people, or people with many different cultural backgrounds.

“... So, we want the design to be representing the community and the culture here. So of course, we need to work with the local Board; we need to work together with other community business organisations. For example, also with

ONAC; ONAC is Ōtara Network Action Community. So, then we work with the Māori kaumātua, Māori leaders.” (*Woman 1*)

She also suggested that the wider community should have been a part of it, throughout the entire process, and not just for part of it.

“The community needs to get involved throughout the project, I think, community; and the design.” (*Woman 1*)

The principal researcher desired to be more involved by talking directly with other community members and/or by creating workshops within the community to engage with them and to work together more closely.

“Yeah, engage; like really participate in the project, really talk with the community ... like they can have a community workshop and things like that ... So, they can involve people from community development to look at that; to creatively look at the possibility to work with the community, and different ways to engage the community ...” (*Woman 1*)

When questioned, another adult participant indicated the view that the Hayman Park project needed current players or stakeholders to become involved, because some key stakeholders in the community had changed. Also, she suggested that people who lived around the park should have had more say in the project.

“No, just members of the community, like myself and AUT [Auckland University of Technology]; but right there at Hayman Park is MIT [Manukau Institute of Technology], is AT, the Auckland Transport people. So, those people need, and also, the apartment buildings with those families that live there. All that, all those people, haven’t been taken; the partnership has changed; members have changed over the last year. Those who are now in leadership roles have changed.” (*Woman 3*)

Another view shared by an adult participant indicated that the project should have engaged more children from different backgrounds and their families in order to collect more data for creating a more needs-specific playground.

“From what I saw I think it would have been better if there were more children involved; there were only like a few that were involved”. (*Woman 2*)

“... To me we’re reaching out to different primary schools that are within the area to get more feedback. I think there would have been more data for the researchers to know how to make the park more effective. Or getting more families too of different backgrounds.” (*Woman 2*)

One female participant suggested that organisers should have involved not only children, but also their parents. Moreover, this participant believed the general community, not only adjacent residents, should have been consulted.

“... You have to not just involve their children, you have to involve their parents; you have to involve the general community, not just the street that the park is happening ...” (*Woman 3*)

These quotes indicate that all three adult participants (n = 3) experienced a need for more stakeholder involvement. It is clear from the participants’ responses that they wanted the playground project to involve other stakeholders, such as the wider community, people who lived around the park where the playground was located, Auckland Transport, the South Auckland community in general, children from different backgrounds and their parents and relevant organisations to be a part of the project.

Need for someone to listen.

The adult participants reported the need for someone to listen to them or to hear their voices when working in a community project. One of the adult participants reported that “people in their community were not deeply involved, partly because council planners had not

directly involved them in the playground design process previously”. This adult participant also expressed that, “no one had really listened to community opinions in the past”. Other points raised include

“... I suppose it’s one of the very few times that members, or people in the community itself, are able to have a direct say as to what, or how, a playground is to be designed ...” (*Woman 3*)

“... But something like a playground; you know, there must be playgrounds going up over Auckland all the time. You know, you never hear of people being asked ...” (*Woman 3*)

This adult participant added, that “she could not understand how the playground project that the council planner wanted to carry out could make a change in the community, because the community were not really involved in it”. Below is an example of the transcript question and answer about this need.

Q [me]: “They don’t partner with Pacific community when they’re designing a playground?”

A: “No, and yet we live there. Instead they come, and they design; but we don’t go to these things because we don’t understand how being there makes a change.” (*Woman 3*)

These quotes suggest that local people in the community needed someone to listen to their opinions whenever a project was proposed in their community, and that the way past projects had been conducted affected their views of the Hayman Park project.

Category 2: Health and well-being.

This category describes how the consultation project raised awareness about health and well-being. This category includes four key themes: physical activity, social well-being, a sense of belonging and a sense of being valued.

Physical activity.

Physical activity was the common theme in the health and well-being category. It was also noticed that primary benefits from using a playground is increased physical activity. Increase physical activity was reported by the participants through playing and engaging in leisure activities in and near playground. The following quote demonstrate this theme.

“...Yeah, in a way; when you’re playing, you’re being physical, so it might...” (*Woman 2*)

Another adult participant added that the playground would be a place where families could enjoy leisure activities together, which relates to opportunities for increased physical activity.

“... Because if you talk about health and wellbeing, you can do exercise; like you go to the gym and things like that. But there’s also active leisure activities, doing leisure activities but you’re not just sitting and watching movies or things like that; but you are actually physically active. And that includes the whole family from different age groups.” (*Woman 1*)

Overall these quotes show that the adult participants recognised physical activity increased through the connecting with people to meet the purpose of redesigning the playground.

Social well-being.

This theme, social well-being, describes how the consultation project raised community awareness about health and well-being. Social well-being in this case is about children being encouraged to use their own imagination and creativity to design a local playground. The creation of a healthy environment and a safe place for community people to meet is recognised as an important component of social well-being.

One of the adult participants expressed the view that, “the sense of well-being they obtained from the project was a result of children’s happiness after participating in the Minecraft and Talk–Walk–Talk activities”. In this instant, children were able to use their imaginations to create a playground on the computer and this approach was supported by the adults.

“...I know it will make children happier, and that’s important for one’s wellbeing ...” (*Woman 2*)

“... Just being creative and getting the kids to use their own initiative, or their own imagination to create opportunities for themselves, rather than coming from an adult...” (*Woman 2*)

This participant described in the following quote how children may feel better and happier by engaging in playground activities.

“... My nieces and nephews that were involved, they always enjoy going to places where they can be active ...” (*Woman 2*)

“... It’s a good eye-opener for me as an aunty to look for things in the community that will interest them, and make them more creative ...” (*Woman 2*).

“... Being happy by doing physical activities ...” (*Woman 2*)

For another adult participant, making a healthy environment synonymous with a place where the community could connect and where families could spend time together, was related to collective, community well-being is seen in the quote below.

“... So, this is an in term of the wellbeing is creating a supportive environment; an environment that children can play, because when you understand about social determinants of health, it’s where you work, where you play, where you live, right. And this is we are creating place where the community can engage,

can connect; where family can have their time in a safe, friendly environment

...” (*Woman 1*)

These quotes indicate that children might obtain social well-being from the community project because they were able to use their own imaginations to design a playground. Further possible outcome reported by the adult participants include, that “children gained improved mental health through using a playground by playing with other children”. Finally, the participant stated that “people in the community potentially would gain the benefit of an improved sense of well-being from being able to spend time together in a safe, play environment”.

Sense of belonging.

A theme of “the sense of belonging” was found. This theme is described from the response of how children felt after they participated in the Minecraft and Talk–Walk–Talk activities and how they felt about being a part of the community project.

In the transcripts up to the community project, the child participants described there positive feeling about sharing their ideas and being a part of the community project. An example of the transcript is provided below.

Q [transcript]: “... Do you like being part of this research ... How about you?”

A: “Yes because I get to share what I like in this park.” (*Boy 1*)

A: “Yes it’s really fun.” (*Girl 4*)

Q: “Why?”

A: “Because we get to design the park and see what we want to put in.” (*Girl 4*)

Child participants added that, “in the future, they wanted to come and play at the playground because their ideas had helped to shape it”. They also had a sense of belonging

because of their roles in designing the space. Moreover, they wanted to see “their playground, which they helped to design, once it was built”. See the transcript and question below.

Q [transcript]: “Once this playground is built, do you think it will be a place for you and your family to come? Would you come and play?”

A: “I would play on it because we are designing it and we’re putting the things we like in it so it’ll be a good place to come to.” (*Boy 1*)

A: “I would come to play with my siblings ... and um anyway it will be nice to see a playground that I helped build and I could have my own ideas on.” (*Girl 3*)

A4: “The same, I would come here with my cousins and play, because it would be cool to see what we designed.” (*Girl 4*)

One of the adult participants indicated that children were proud of their participation in the project and that they might be keen for it to be completed.

“... We had nearly 30 children from local communities; from 8 years to 12 years old. And they were so proud of their participation in the research ...” (*Woman 1*)

“... When we showed the report to them they explained that to their parents, ‘Mum, this is what I did; this is what I like.’ And of course, then they’re waiting for that park to be built ...” (*Woman 1*)

Another adult participant inferred that the children with the Hayman Park and the playground concept. It was also thought that this was because they helped to design it that the children might want to maintain the playground in the future because of their personal investment, as presented in the following quote:

“... When people have ownership of something, they care more about it; because they have a personal investment in it ...” (*Woman 3*)

Another adult participant described that the community project built a sense of belong in the children. She believed that when children feel part of a community, they want to care for that community.

“... Yeah, a sense of belonging in that community. Because research is showing if you create that sense of belonging people will care for the community ...” (*Woman 1*)

One of the adult participants expressed their view that, when children become part of a project that was about their needs, they experienced a sense of belonging in having their needs met. The sense of belonging is a key factor in social well-being.

“... I think it’s good for the social wellbeing of the children. When they feel a sense of belonging, they are a part of this community. You know, you can imagine if children say, “Oh, yeah, that park; and I was there, and I did this research for this park, and this is what I wanted in this park.” (*Woman 1*)

According to adult perceptions, children might have obtained a sense of belonging from participating in a fun way in the community project. This was because the children reported a “sense of pride for their part in the playground design process”. As a result, adults stated that, the children wanted to maintain the playground because of their personal investment in it. Overall the theme of the sense of belonging was recognised by both the adult and children participants. It was clear that sharing knowledge and idea help the participant to be creative and to work together when designing the playground to their specific need. This process contributed to a sense of belonging.

Sense of being valued.

This theme, sense of being valued, include the view of both adults and children. Child participants reported that, “they felt they were being valued and were important because they were given the opportunity to share their ideas and were able to have some input into the

project". They also mentioned that, they were part of it because some of their ideas were incorporated into the design as a presented below.

Q [transcript]: "Did you enjoy being part of the research?"

A: "Yes because they were asked for their input." (*Girl 1*)

A: "Yes because of their input." (*Girl 2*)

One of the child participants reported, "that he felt important because he made something different for the city." This participant added, "that he made an important contribution to the city" as shown in the following transcript:

Q [transcript]: "Did you enjoy being part of this group?"

A: "Yup I'm enjoying it because I'm making changes to the city." (*Boy 1*)

One of the child participants stated "he liked being part of the community project, and felt valued and important because he helped to create the park by providing his knowledge" as presented below:

Q [transcript]: "... Do you like being part of this research?"

A: "Yes! It's very exciting because, it's a day where I can have a map of, the knowledge to build a park." (*Boy 2*)

Another child participant reported the "feeling of pride, being valued and important because she also gave ideas and knowledge in the park design", see quote below:

A: "Um I like doing this because I haven't really done this before, and it's interesting to help a park that is done by me." (*Girl 4*)

One adult participant asserted that she "recognised how the children showed that they valued the opportunity to share their ideas, and that their ideas were also accepted". Note the quote below:

“This project, for the young people that we brought into it whether they realise it today, or tomorrow, but they have been given an opportunity to be leaders of their own environment.” (*Woman 3*)

“... They are saying, “Look, there’s a park that I helped to design ...”
(*Woman 3*)

Another adult participant asserted that “she though the children were being valued for their specific, practical ideas”, see below:

“... Even something simple as choosing the colour of the swing, the seat on the swing. Nothing big. But to somebody who’s never had the opportunity to ever do that ...” (*Woman 3*)

According to the same woman project organisers paid attention to the community environment by preparing an effective strategy, including child-specific technology (the 3D Minecraft computer game).

“It was good to see that they were prepared; and to use technology to find a different way to do things for the community.” (*Woman 3*)

The same participant reported that organisers, such as academic researchers, paid respect to their community.

“So, I think it’s important. I thought it was important; it was a good relationship ...” (*Woman 3*)

“... I was really grateful to the lecturers and all those who were involved for being quite respectful of our community, and engaging as much as possible ...” (*Woman 3*)

These verbatim quotes indicate how adult participants identified the way children gained a sense of being valued. It appeared this is because the children were given an opportunity a design a playground. This opportunity enables the children to share their

knowledge and their ideas in an adult world. A sense of being valued align with empowerment because they could make a difference in their community. Moreover, adult participants felt their community was respected by the academic researchers who carried out the community project. Finally, adult participants felt that this community project was about valuing their community environment.

Category 3: Effectiveness of community partnership.

This category describes how the playground consultation project had a positive effect on community partnership as experienced by research participants. Themes included in this category are: maintaining a balance of knowledge between local community members and academic researchers; showing that children are effective partners; and raising awareness as well as knowing the real needs.

Maintaining a balance of knowledge.

This theme describes the positive effects from the community partnership strategy used at Hayman Park. The positive effects included creating a balance between community member's knowledge and that of the academic researchers. One of the adult participants mentioned the view that the partnership was actually about balance:

“Working with the researchers was quite ... It was fantastic in the sense that you know you both have; it's something that the balance of grassroots, as well as academia, were able to come together to deliver not just, you know, a lot of community projects, especially working with grassroots organisations or individuals like myself.”

(*Woman 3*)

Furthermore, the same adult participant expressed that when something happened, community members evaluated the situation in an emotional context. However, the academic researchers used academic evidence in order to support their view of the situation.

“... One of the things that you always end up finding hard is that we have a lot of the emotional, but you need the evidential, academic backing to be able to sustain, or to support what it is that you can see what’s happening ...” (*Woman 3*)

This adult participant indicated the view that local community members needed academic knowledge, just as researchers needed local knowledge in order to deal with local problems in community settings. So, in her view, they had to work together.

“Together ... the researcher needs that local knowledge; and the local person needs to be able to use a methodology, or a system, in which to present their case.” (*Woman 3*)

Typically, Hayman Park playground project was about using knowledge from two camps in order to carry out a project. Both groups wanted and needed to share.

Children as effective partners.

This theme illustrates the positive effects of a partnership with children. It includes the idea that children can be good partners in an adult arena, in a research setting. One of the adult participants expressed the view that the project outcomes showed other people how children are able to share their ideas and influence a project.

“... I think our project could have an impact in terms of we are showing to them that, look, we can work with the community; we can get the children’s voice, and real children’s voices; we can get things recorded, we can get pictures from the children; and children know it’s their community. And don’t underestimate children ...” (*Woman 1*)

This quote shows how the community project really worked as a partnership with children and that young people, who had the ability to share their ideas and their voices in practice, not just in theory.

Raising awareness.

This theme describes a positive result that arose out of partnership. This raising of awareness among people in the community fostered a sense of possibilities beyond those envisaged before the consultation process began.

One of the adult participants indicated community members became aware that they had the power to create a place that was fun and also safe for children within their community:

“... I think it gives an awareness of the community; like what is out there, or what can we do as community members to make it a better place, or a more fun and safe place for kids ...” (*Woman 2*)

The above mention quote indicates that the community partnership strategy used in playground consultation at Hayman Park raised awareness among people of all ages that they had the ability and power to create a safe place for their children.

Knowing the real needs.

This theme describes perceptions about knowing the real needs of people who might use the playground in the community. One adult participant mentioned that community partnership could be used to understand different points of view from a wide variety of people. In her opinion, partnership could also highlight what should be done by getting more voices involved:

“... Because you’re getting a lot of people involved in it. You can see what needs to be done, by getting more voices included. There’s not only one

problem, there's multiple ones and we see it from different points of view ...”

(*Woman 2*)

She further indicated the effectiveness of the partnership by pointing out that only by asking playground users can real needs be identified.

“... You're using a point of view of a person that actually goes to the playground; so, they know what they want and what they need ...” (*Woman*

2)

These quotes support the idea that a community partnership strategy that balances academic knowledge and local people's knowledge helps the researcher to know the real needs and problems from the people who stand to benefit the most from a project.

I developed a temporal model for this research based on the interview and transcript responses related to my research objective, and based on the themes that arose from the responses. The model therefore consists of the three main categories I identified: 1) health and well-being; 2) individual and community needs; and 3) the effectiveness of community partnership. These three main categories are closely related (Figure 4) and can be used to inform future community playground projects about how an effective community-based partnership functions.

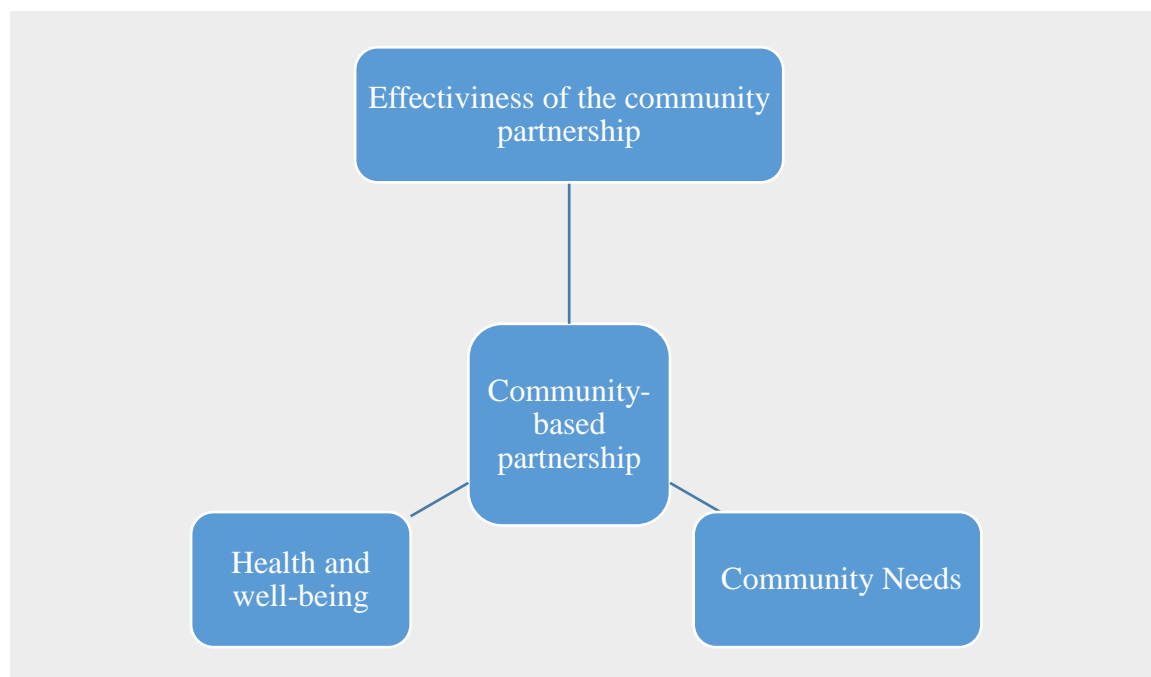


Figure 4. Relationships between categories: A temporal model of my research.

Chapter Summary

In conclusion, three adult participants indicated their perceptions that the “Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau” project met the needs of community members for someone to listen to them. However, the way the project worked it was identified that it did not respond to their needs for more (and more meaningful) stakeholder involvement. Adult participants also described their experiences and their perceptions about what they gained from participating in the project: health and well-being benefits, including the anticipation of more opportunity for physical activity. They also indicated that they gained an enhanced sense of social well-being, belonging and value. In addition, they were able to see how effective a community partnership could be. They mentioned that knowledge was exchanged, horizons had been expanded by working together and that children were actually good working partners. Participants also report that their needs

were acknowledged and recognised. Child participants, according to the transcripts, also gained a sense of being valued and of belonging in an adult world.

The community-based partnership approach, which was used in the “Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau” project, enabled participants to gain health and well-being benefits such as a future opportunity for more physical activity; social well-being; a sense of belonging; and a sense of being valued. They not only mentioned that they gained many benefits from the community-based partnership, they also indicated that they gained a working knowledge of the partnership approach. Participants achieved the knowledge that the community-based partnership can be used for maintaining a balance of knowledge (and perhaps power) between community members and researchers. They realised it could be used to demonstrate to others that children are effective partners when participating in projects they have an interest in, such as playgrounds. Moreover, participants reported that they gained the knowledge that a community-based partnership can help researchers know the real needs and problems of people who actually use a playground. Finally, research participants learned that they had the ability to create a place that was fun and safe for children in their community.

The consequence of lessons learned was that once participants become aware of their gains, they also became aware that a community-based partnership was a good strategy for designing and developing a playground in their community. Thus, they realised their need for increasing involvement in community activities and their own real needs to be heard by others.

Chapter Five: Discussion

Qualitative Findings

The interviews and transcripts yielded three main categories of information. These were health and well-being; community (and individual) needs; and the effectiveness of a community partnership. These three main categories were organised into a temporal model. These temporal concepts are described in detail below.

Qualitative data I gathered provided information about “Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau” participants’ perceptions and experiences. A major finding was that my research participants, after participating in the original consultation project, gained health and well-being benefits as well as knowledge about how a community partnership could be effective. The original consultation project also met the needs of people in the community to have someone to listen to them. However, the original consultation project did not meet the needs of adults for more involvement. These findings were obtained after participants had finished their project roles and had had time to reflect on their experiences.

Health and well-being.

Physical activity.

“Physical activity” was the clearest theme to emerge from face-to-face interviews with adult participants. Although the community playground was not built at the time of the interviews, adults indicated that the benefits of having a community playground would be increased physical activity. It was also intimated that children’s physical activity would increase when they played there. Indeed, playgrounds are renowned for facilitating fitness and activity in children (Gómez et al., 2004; Potwarka et al., 2008; Prellwitz & Skär, 2007).

Another perception was that a playground was a place where families could perform leisure activities together, which, in turn, gives children more time to play while adults either join them or pause to join in other social activities. This finding indicates that creating an environment (such as a playground), which supports children's physical activity, can also positively influence physical activity levels in adults (Addy et al., 2004; Schoeppe et al., 2007).

Consequently, adult participants focussed on benefits they saw in having a playground. They did not mention anything about how effective the community playground redesign process was, probably because they did not participate in the virtual 3D redesign activity. In fact, upgrading of a community playground significantly increases mean usage (Quigg et al., 2012; Veitch et al., 2012), which suggests adults play or assist children to play, to a degree. The participants in my research study did not mention anything about ineffective consultation processes, nor did they voice concerns about limitations on physical activity levels, probably because the Hayman Park playground is yet to be built. These findings were different from other studies, which indicated that upgrading a playground may potentially limit children's physical activity levels, and the number of children who use it, because of the long queues for equipment, or the sheer number of children in the space available or other barriers (Bohn-Goldbaum et al., 2013; Cohen et al., 2009; Hamer et al., 2017). This lack of specific or observational feedback was due to the fact that no one has been able to observe people using the playground.

Another aspect of health and well-being mentioned by participants was the concept of social. Adults described that the social well-being their children obtained from the project was that the children were able to use their imaginations to create a playground, which meant, in turn, that children's knowledge and skills became a part of the adult world. As a result, it made the children feel happy. This finding is confirmed by the literature, which describes the social benefits young people can get when they obtain an opportunity to design and plan for a social

environment in their community that includes them (Malone, 2013; Matthews, 2003). They also gain skills and knowledge of how to make a decision when they participate in a community development project (Ealey et al., 2006; Saridar-Masri, 2016).

Adult participants felt that people in the community gained the benefit of greater well-being because their living environment could become a healthier one via the installation of the new playground. Indeed, social, political, economic and environmental factors are all social determinants of individual and population health (Baum, 2008a; WHO, 2010). One of the most important social determinants of health is the environment where people are born, grow up and live (WHO, 2010). If this environment is not good, this can lead to health inequities for both adults and for children in the present and in the future (Marmot, 2005). Therefore, an effective public health strategy, which is used for reducing health inequities between social groups, must also deal with social determinants of health that cause a particular disease or health risk, and playgrounds offer a solution (Baum, 2008b; Rose, 1985; Woolf, 2017).

Public health strategies that seek to change environments affecting health conditions are more likely to address the root cause of diseases, both mental and physical (Baum & Fisher, 2014; Griffiths et al., 2005; Swinburn et al., 2011). Furthermore, this population health approach, which emphasises addressing social determinants of health, can reach the whole population more effectively than a strictly behavioural or medical approach (Doyle et al., 2006; Parks et al., 2017). It is clear that where population inequities exist, as they do in many areas of New Zealand, the government should improve daily living conditions by ensuring that communities can access basic resources designed specifically to promote health and well-being, such as playgrounds (Marmot et al., 2008). By having a nearby playground, entire communities are offered a healthy choice and a healthy environment, especially to engage in varying levels of physical activity.

Sense of belonging.

I found the adult participants referred to the fact that their children gained a sense of belonging from the project, because they were included. Child participants also stated that they gained a sense of belonging because they were valued contributors. To them, it seemed that a sense of belonging was an important part of health and well-being, based on their repeated responses. On the other hand, as indicated in the literature, community members gain a sense of ownership after they participate in any project where a community partnership approach is taken (De Marco et al., 2014; Moewaka-Barnes, 2000). This means that the community partnership in general approach allows and even fosters a sense of ownership (King et al., 2013). In fact, the community partnership approach can empower people to plan, build and even maintain playground equipment based on a sense of pride that “ownership” brings with it (Daniels & Johnson, 2009).

Unfortunately, the participants in this study did not seem to gain a sense of ownership, except perhaps the children, who felt it was “their” playground because they designed it. Adults gained only a sense of belonging. It is possible that “ownership” feelings did not arise for adults because the playground is yet to be built, and nothing tangible exists. If they could see the results of their efforts, I believe my adult research participants would feel pride of ownership. However, as it stands, I can conclude that the Hayman Park community partnership strategy enabled adult participants to feel a strong sense of belonging, but not of ownership. What children thought post project is more clearly a sense of belonging to the original consultation project, because they contributed their knowledge and their ideas during in the original consultation project. Children also perhaps feel a sense of ownership with the playground, which was designed by them, because they considered themselves the designers.

Sense of being valued.

It was clear that a sense of being valued was important for the participants because their community was respected by all who work with them. This position was filled by the researchers and stakeholders including the participants' knowledge and idea in to the community project. Further, both the adult and children participant commented on how each felt valued being a part of the community project.

A key point of difference for this study is that when compared with the Hayman Park original consultation project is that it provided participants' view *post* the original consultation project. This approach enables current participant to reflect on their experiences from participating in the original consultation project. Hence, one the key theme identified was the sense of being valued to sharing of knowledge and skill. According to Sutton & Kemp (2002) sharing knowledge and skills *during* a project, albeit this sharing in other projects, at least, allowed community stakeholders to influence policies and to gain a sense of shared investment (Sutton & Kemp, 2002). However, in my research, I believe that although a sense of value was gained, a sense of shared investment was limited by the lack of a concrete outcome, a completed playground itself. This being said, participants did gain a sense of being valued through the community partnership approach, which empowered them.

Thus, the "Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau" project was true to the Treaty of Waitangi approach. Indeed, the community partnership approach is one strategy that brings local community members and other stakeholders together to address common problems (O'Mara-Eves et al., 2015; Roussos & Fawcett, 2000). This indicates equity among participants, including equity between child and adult participants. Based on transcriptional evidence, I believe children who participated in the Hayman Park playground redesign received justice when they shared skills and ideas with one another and with adults. In fact, the Treaty of Waitangi's fundamental objective is about equity

and participation, especially in relationships between Māori and Pākehā to feel comfortable while communicating with each other (Ellison-Loschmann & Pearce, 2006). At Hayman Park, partnership involved working together as partners with other community members including children, caregivers and researchers (Andajani-Sutjahjo et al., 2016).

Effectiveness of a community partnership.

Maintaining a balance of knowledge.

At Hayman Park, community participants gained knowledge about the effects of a community partnership both by learning from and teaching academic researchers, and researchers also gained enhanced understanding from the process. Maintaining the balance of knowledge was one of the important lessons all adult participants learned through applying a community partnership strategy, such as was used in this project. This finding indicates, as with other studies, that the community partnership approach is one of the most important strategies for integrating knowledge between community members and other stakeholders (El Ansari et al., 2010; Jagosh et al., 2015; Thompson & Hood, 2016). As in the case of the Hayman Park project, it is important for academic researchers and other stakeholders to collaborate with community members to better understand and learn about their needs and their social views. It is equally important to work together as partners when designing structures central to community social areas, such as playgrounds (Arroyo-Johnson et al., 2016).

According to my research findings, community members wanted academic knowledge to support their situation. They also felt that researchers needed community knowledge to deliver the playground project effectively. Thus, it appears that adult participants did not see any problem when trying to balance knowledge when working with other stakeholders, such as academic researchers, when they were invited to do so. In contrast, other published literature has found that this sharing of power and knowledge between researchers or professionals and

community members is an issue, which often acts as a challenge to a community partnership approach (Di Pietro & Illes, 2016; McQueen & Anderson, 2001). This challenge may have been described indirectly by one adult participant (Woman 3), who felt that this was the first time people in her community had ever been asked about what they wanted in a playground. She appeared delighted to share her knowledge.

Certainly, when people are brought together and contribute different knowledge and perspectives, the process affects the objectives and plans of the project (Lasker et al., 2001). In the Hayman Park project, children's perspectives, based on their conceptual designs and their needs, obviously affected plans. Interestingly, maintaining the balance of knowledge between the academic researchers and community members when designing a playground is related to equity. All people desire equity when they share their knowledge and their needs, and at Hayman Park, I think the community saw this kind of equity as possible when they witnessed how happy the children were to be recognised for their contributions.

Sharing knowledge between community members and researchers in the original consultation project is associated with the three principles of Treaty of Waitangi — partnership, participation and protection (Ellison-Loschmann & Pearce, 2006; Orange, 1987). Part of the original consultation project relied on maintaining the principles of the Treaty of Waitangi. The key focus in the original consultation project and the present study is the principle of active partnership. That is, community members, the researchers and stakeholders had to communicate with each other on an equal playing field to achieve the goal. These communication styles offered the opportunity to share their knowledge and their ideas equally. Consequently, those involved felt safe and comfortable and shared power, adhering to Treaty of Waitangi principles.

The community partnership strategy can be used for addressing the social determinants of health and health equity (Baum, 2008a; Griffiths et al., 2005; Marmot et al., 2008). This

was certainly evident in the Hayman Park project, which saw many comments about looking forward to more physical activity, playing in a new space and sharing it with families. This anticipation was about providing health equity, something this community may not have had a lot of.

Children as effective partners.

Children as effective partners is one of the main themes emerging from my research. Adult participants worked directly with children and put youth in a creative leadership design role, demonstrating to other people that children have the ability to be effective partners while participating in research. This finding is similar to other research results in the community partnership arena (Matthews et al., 1999). In the Hayman Park scenario, children were very active designers and planners, with different perspectives from adults and better knowledge than adult in term of their own needs, as discovered by Francis and Lorenzo (2002) 17 years ago. This fact means that children can provide good suggestions about how to improve their community and can therefore have a say in making the community a space they fit into (Derr & Kovács, 2017; Goodwin & Young, 2013). Indeed, adult participants who witnessed children in action at Hayman Park made strong assertions that a community project, which works as a partnership with children, can show other people that children are effective partners and have the ability to share their ideas and their voices constructively. Adult participants did not comment on challenges to children's engagement in this community development project, perhaps because they did not see any. In contrast, previously published work has indicated challenges to children's engagement, partly because adult participants have the attitude that children's involvement in decision making can lead to big mistakes (Matthews, 2001). No adults interviewed about the Hayman Park playground project mentioned working with children as a problem, but other studies have found that responding to the needs of children

when designing and planning a public space can be problematic (Derr & Tarantini, 2016; Elsley, 2004).

It is possible that my research participants did not comment on the challenges to children's engagement when designing a playground, because children and adult participants worked together during the process. In addition, the playground has not yet been built. So, adults and children did not experience working together and making decisions together when building a structure, a completely different prospect from designing one. Possibly, this is the reason that adult participants did not feel it was difficult to respond to the needs of children when they only planned together. This may also be the reason that adult participants did not have any comments about children's involvement in relation to mistakes, a barrier to working together indicated by Derr and Tarantini (2016) and Matthews (2001).

Raising awareness.

Raising awareness among people in the community stemmed from the community partnership approach at Hayman Park. Adult participants had a strong sense they had gained the ability to create a place that was fun and safe for children in their community. They had thus become aware of their own capabilities, similar to the empowerment participants have felt in other community partnerships. Only through active participation can that sense of awareness come to fruition (Eghbalnia et al., 2013). Indeed, the community partnership approach at Hayman Park heightened awareness of environmental health issues in that community, as described by Srinivasan et al. (2003). As a result, this approach made community members stronger, in that they knew from participating that they possessed the ability to create and plan a healthy environment in their own community.

Knowing the real needs.

Knowing the real needs was an important concept for the research participants. Adult participants gained knowledge from the community partnership strategy by working with children and other people in the community. They also helped the research team learn about the real needs and problems of playground users. In this regard, the findings from my study are similar to the wider body of literature available, a consensus of sorts: a community-based participatory research, which involves active listening and respect, enables a true partnership with community members, and such a foundation of trust can be used to produce an effective strategy responsive to the needs of community members (Farmer et al., 2016; Minkler et al., 2006; Tipene-Leach et al., 2013).

Understanding community needs predicated the ability to design a programme or intervention that responds adequately to the needs of that community, who will then be more likely to utilise the service, or in this case, the playground (Leff et al., 2004). So, involving children who will actually use a playground in the design process is an important basis for coming up with an effective design and end product (Marouf et al., 2015). Also, any playground designed to suit the needs of playground users is associated with higher usage and greater physical activity levels among children (Boonzajer-Flaes et al., 2016).

Community Needs.***Need for more involvement.***

The playground consultation project did not meet the needs of all adult participants in the issue of greater involvement. Adults really wanted other stakeholders to become involved in the design and creation of a playground that would meet the needs of all people belonging to the community, not just a few. My research participants commented strongly about their need for greater stakeholder involvement. For example, participants mentioned Auckland

Transport as an additional stakeholder, because their playground is located in the city centre and therefore, traffic congestion makes it potentially difficult to access, park and to be safe in doing these things. Participants also suggested that local Board and the wider South Auckland community should have had a say, because they perceived their community as multi-cultural.

Taken together, in order to create a truly effective community partnership, it seems necessary to recruit partners who can provide the needed resources (Cullen et al., 2012; Lasker et al., 2001), as Auckland Transport could have done. Their absence from the consultation process potentially devalued the project in the eyes of adults who were concerned about safety and access. Also, a community project that recruits community members who know and have ideas about solving local problems is imperative (Moewaka-Barnes, 2000; O'Mara-Eves et al., 2015), and this area may have been a weak one for the Hayman Park playground project, because vital groups such as the Board were not part of it. Multisector action is one of the principles of public health (WHO, 2013), and partnerships involving stakeholders from different social groups can address social determinants of health effectively (Marmot et al., 2008). In the case of Hayman Park, for it to become an effective tool to help maintain public health in a local area, the project probably required multisector involvement and a multidisciplinary approach, plus a wider range of contributors (Andajani-Sutjahjo et al., 2016; Griffiths et al., 2005).

Need for someone to listen.

The need for someone to listen is one of the themes that emerged from the adult face-to-face interviews. The Hayman Park consultation project appears to have met the needs of the people in the community to have someone to listen to their voices. It appears this was the first time any project organisers listened to local people's opinions; in the past, adult participants felt they were not consulted when groups of outsiders wanted to build or make something (such as a playground) in their community. This factor indicates an important

challenge to a community partnership — the equitable distribution of power. Indeed, for community participants to feel they have been listened to, they must also have power in the relationship (El Ansari et al, 2010). At Hayman Park, although no playground has been built, it seems like enough power was shared between researchers and community members to allow some trust between them.

Research Limitations

There were several limitations to this study. First, it was set up as a qualitative study. Thus, analysis relied on detailed viewpoints gleaned from only a small number of research participants. This means it may be difficult to generalise findings and apply to other projects, or even other participants in the Hayman Park playground consultation. This study also involved participants from South Auckland, specifically involved in the Hayman Park consultation project. A potential results is that it may be difficult to apply conclusions to other cultural or region-specific subgroups outside of this research area in Aotearoa New Zealand. Perhaps the findings in this study could be applied to some areas of my country (Thailand), or other countries where a similar demographic might exist, and generates further research interest.

Furthermore, this qualitative research required coding before it could be analysed. As a result, it took a lot of time to complete this research. The consequence is that my experiment may not easily be replicated unless other researchers in future can spend a considerable time on the analysis task. However, it is noted that analysing qualitative data is time consuming although it is the best approach for enabling participants to share their meaningful experiences.

A further weakness inherent in this project is that child focus group transcripts were retrospective. That is, the transcript data were collected by others and not the researcher. So, a difficulty from using secondary data is that of missing information, such as ethnicity, that

could be helpful for future investigations (Ritchie, Lewis, Nicholls, & Ormston, 2013). However, due to time restrictions, it was the best approach for gaining access to children's voices and perceptions.

In addition, this study was designed to evaluate a previous study, and in effect, it was an extension of the original consultation project. However, this fact can be seen as a strength, because my project is therefore a validation process reinforcing the principles of public health such as equity and community partnership. Thus, it is part of a process evaluation (Al-Iryani, Al-Sakkaf, Basaleem, Kok, & Van Den Borne, 2010; Jayaprakash et al., 2016; Saunders, Evans, & Joshi, 2005). Because ethics considerations for this research were covered by original project mandates, access to data was restricted to data derived from the original Hayman Park study and participants. Although this may be seen as a weakness it can also be seen as a strength. It is a strength because the participants are already a part of and familiar with the research study, therefore access to participants was simpler and less of a burden for them as they knew the researcher was supported by the Principal Investigator of the original consultation project.

Conclusion

A community-based partnership approach can enable participants to realise health and well-being benefits such as increased and more enjoyable physical activity, social well-being, a sense of belonging and a sense of being valued. These gains appeared to happen for "Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau" participants, who also gained knowledge about the effectiveness of a community partnership strategy.

The community-based participatory research and community partnership approaches were also used for maintaining a balance of knowledge between community members and researchers. These strategies demonstrated to participants that children are able to form an

effective partnership while participating in research. Moreover, participants achieved the realisation that a community-based partnership can help researchers discover their real needs and problems. Raising awareness among people in the community about each other, the playground project and other issues was also one of the learning points.

On the other hand, the playground project met the needs of people in the community. A key factor of the need being met was that the participants' voices were captured. That is their ideas were included in designing the playground equally with all involved. However, the participants indicated more ongoing involvement with the stakeholders beyond the designing part of the project was important. Therefore, to design and create an effective community playground, communication across all the state of a community partnership project is best.

Furthermore, my Thai traditional beliefs and values about respecting the rights of people from different ethnicity, gender and cultural backgrounds were not compromised in the journey of this dissertation. In fact, I learned more about the similarity between my traditions and those associated with the indigenous people in Aotearoa New Zealand to applying the Treaty of Waitangi principles as a best practice approach.

Future Directions

Government agencies and local councils can and often do use a community-based participatory research and community partnership approach when developing general partnership policies for community development projects such as playgrounds. Furthermore, the council or any government body may *want to* use a community partnership as a strategy for constructing community venues. These aims can be accomplished by allowing community members to express their ideas and their knowledge about the proposed project. Moreover, local and national government agencies *need* to enact a policy that allows community members

(adults and children) to become involved in the process. Planners should not only involve community members in the consultation process, but also other stakeholders such as relevant organisations active in the community, or individuals with resources and ideas needed for the proposed project. Thus, my research serves as an important guide for future government–community partnership projects.

I recommend that future research in this field should use a quantitative research methodology to further elucidate the effectiveness of the original consultation project, after the project has been completed. Specifically, I hope that once the Hayman Park playground is built, a similar research process will be carried out to ascertain whether the project has been effective in addressing the needs of the community. Finally, after the completion of the playground, future research could ascertain just how to engage community members to make a project a thing of value to a community forever, which is the ultimate goal of any community endeavour.

References

- Addy, C. L., Wilson, D. K., Kirtland, K. A., Ainsworth, B. E., Sharpe, P., & Kimsey, D. (2004). Associations of perceived social and physical environmental supports with physical activity and walking behavior. *American Journal of Public Health, 94*(3), 440-443. doi:10.2105/AJPH.94.3.440
- Al-Iryani, B., Al-Sakkaf, K., Basaleem, H., Kok, G., & Van Den Borne, B. (2010). Process evaluation of a three-year community-based peer education intervention for HIV prevention among Yemeni young people. *International Quarterly of Community Health Education, 31*(2), 133-154. doi:10.2190/IQ.31.2.c
- Andajani-Sutjahjo, S., Dickinson, A., Parry, D., Vodanovich, S., & Liew, T. (2016). Kohikohi Kitea Kohikohi Korero Hayman Park Engagement with Children and Whanau. Retrieved from https://www.researchgate.net/profile/Sari_Andajani/publication/306108444_Kohikohi_Kitea_Kohikohi_Korero_-_Hayman_Park_Engagement_with_Children_and_Whanau_-_28July16_2/links/57b23b3308ae0101f17a5c42.pdf?origin=publication_list
- Arroyo-Johnson, C., Milam, L., Ackermann, N., Komaie, G., Goodman, M. S., Woodward, K., & Hipp, J. A. (2016). Still separate, still unequal: Social determinants of playground safety and proximity disparities in St. Louis. *Journal of Urban Health, 93*(4), 627-638. doi: 10.1007/s11524-016-0063-8
- Barton, J., Sandercock, G., Pretty, J., & Wood, C. (2015). The effect of playground- and nature-based playtime interventions on physical activity and self-esteem in UK school children. *International Journal of Environmental Health Research, 25*(2), 196-206. doi:10.1080/09603123.2014.915020

- Baum, F. (2008a). The Commission on the Social Determinants of Health: Reinventing health promotion for the twenty-first century? *Critical Public Health*, 18(4), 457-466.
- Baum, F. (2008b). *The new public health* (3rd ed.). South Melbourne, Australia: Oxford University Press.
- Baum, F., & Fisher, M. (2014). Why behavioural health promotion endures despite its failure to reduce health inequities. *Sociology of Health & Illness*, 36(2), 213-225.
- Bohn-Goldbaum, E. E., Phongsavan, P., Merom, D., Rogers, K., Kamalesh, V., & Bauman, A. E. (2013). Does playground improvement increase physical activity among children? A quasi-experimental study of a natural experiment. *Journal of Environmental & Public Health*, 2013, 109841-109841. doi:2013/109841
- Boonzajer-Flaes, S. A. M., Chinapaw, M. J. M., Koolhaas, C. M., van Mechelen, W., & Verhagen, E. A. L. M. (2016). More children more active: Tailored playgrounds positively affect physical activity levels amongst youth. *Journal of Science and Medicine in Sport*, 19(3), 250-254. doi:10.1016/j.jsams.2015.03.001
- Bopp, M., Fallon, E. A., Bolton, D. J., & Kahl, D. (2012). Engaging community partners to develop a culturally relevant resource guide for physical activity and nutrition. *Ethnicity and Disease*, 22(2), 231-238.
- Brennan, L. K., Brownson, R. C., Kelly, C., Ivey, M. K., & Leviton, L. C. (2012). Concept mapping: Priority community strategies to create changes to support active living. *American Journal of Preventive Medicine*, 43(5, Supplement 4), S337-S350. doi:<https://doi.org/10.1016/j.amepre.2012.07.015>
- Bundy, A., Engelen, L., Wyver, S., Tranter, P., Ragen, J., Bauman, A., . . . Naughton, G. (2017). Sydney Playground Project: A Cluster-Randomized Trial to Increase Physical Activity, Play, and Social Skills. *Journal of School Health*, 87(10), 751-759.

- Bundy, A., Engelen, L., Wyver, S., Tranter, P., Ragen, J., Bauman, A., . . . Naughton, G. (2017). Sydney Playground Project: A Cluster-Randomized Trial to Increase Physical Activity, Play, and Social Skills. *Journal of School Health, 87*(10), 751-759.
- Cardon, G., Labarque, V., Smits, D., & Bourdeaudhuij, I. D. (2009). Promoting physical activity at the pre-school playground: the effects of providing markings and play equipment. *Preventive Medicine, 48*(4), 335-340. doi:10.1016/j.ypmed.2009.02.013
- Cardon, G., Van Cauwenberghe, E., Labarque, V., Haerens, L., & De Bourdeaudhuij, I. (2008). The contribution of preschool playground factors in explaining children's physical activity during recess [journal article]. *International Journal of Behavioral Nutrition and Physical Activity, 5*(1), 11. doi:10.1186/1479-5868-5-11
- Carroll, P., Witten, K., Donovan, P., & Kearns, R. (2015). Kids in the City: Children's use and experiences of urban neighbourhoods in Auckland, New Zealand. *Journal of Urban Design, 20*(4), 417-436. doi:10.1080/13574809.2015.1044504
- Carson, V., Kuhle, S., Spence, J. C., & Veugelers, P. J. (2010). Parents' perception of neighbourhood environment as a determinant of screen time, physical activity and active transport [Article]. *Canadian Journal of Public Health, 101*(2), 124-127.
- Chawla, L., & Driskell, D. (2006). The Growing Up in Cities Project: Global perspectives on children and youth as catalysts for community change. *Journal of Community Practice, 14*(1/2), 183-200. doi:10.1300/J125v14n01-11
- Cohen, D. A., Golinelli, D., Williamson, S., Sehgal, A., Marsh, T., McKenzie, T. L., . . . McKenzie, T. L. (2009). Effects of park improvements on park use and physical activity: Policy and programming implications. *American Journal of Preventive Medicine, 37*(6), 475-480. doi:10.1016/j.amepre.2009.07.017

- Cullen, N., Bowden, A., & Spronken-Smith, R. (2012). Partnering between a geography department and a community initiative to provide a wind resource assessment for the Blueskin Bay region, Otago, New Zealand. *New Zealand Geographer*, 68(1), 49-61. doi:10.1111/j.1745-7939.2012.01220.x
- Daniels, D. M., & Johnson, E. L. (2009). The impact of community-built playgrounds on the community. *Journal of Trauma*, 67(1 Suppl), S16-19. doi:10.1097/TA.0b013e3181ac1400
- Davis, C., Darby, K., Moore, M., Cadet, T., & Brown, G. (2017). Breast care screening for underserved African American women: Community-based participatory approach. *Journal of Psychosocial Oncology*, 35(1), 90-105. doi:10.1080/07347332.2016.1217965
- De Marco, M., Kearney, W., Smith, T., Jones, C., Kearney-Powell, A., & Ammerman, A. (2014). Growing partners: building a community-academic partnership to address health disparities in rural North Carolina. *Progress in Community Health Partnerships: Research, Education, and Action*, 8(2), 181-186. doi:10.1353/cpr.2014.0021
- Delidou, E., Matsouka, O., & Nikolaidis, C. (2015). Influence of school playground size and equipment on the physical activity of students during recess. *European Physical Education Review*, 22(2), 215-224. doi:10.1177/1356336X15598790
- Denscombe, M. (2014). *The good research guide: For small-scale social research projects* (5th ed.). Maidenhead, England: Open University Press.
- Derose, K. P., Marsh, T., Mariscal, M., Pina-Cortez, S., & Cohen, D. A. (2014). Involving community stakeholders to increase park use and physical activity. *Preventive Medicine*, 64, 14-19. doi:10.1016/j.ypmed.2014.03.019

- Derr, V., & Kovács, I. G. (2017). How participatory processes impact children and contribute to planning: A case study of neighborhood design from Boulder, Colorado, USA. *Journal of Urbanism, 10*(1), 29-48. doi:10.1080/17549175.2015.1111925
- Derr, V., & Tarantini, E. (2016). "Because we are all people": Outcomes and reflections from young people's participation in the planning and design of child-friendly public spaces. *Local Environment, 21*(12), 1534-1556. doi:10.1080/13549839.2016.1145643
- Di Pietro, N., & Illes, J. (2016). Closing gaps: Strength-based approaches to research with Aboriginal children with neurodevelopmental disorders. *Neuroethics, 9*(3), 243-252. doi:10.1007/s12152-016-9281-8
- Donaldson, L. P., & Daughtery, L. (2011). Introducing asset-based models of social justice into service learning: A social work approach. *Journal of Community Practice, 19*(1), 80-99. doi:10.1080/10705422.2011.550262
- Doyle, Y. G., Furey, A., & Flowers, J. (2006). Sick individuals and sick populations: 20 years later. *Journal of Epidemiology & Community Health, 60*(5), 396-398.
- Ealey, S., Wituk, S., Schultz, J., Usher, J., Meissen, G., & Pearson, R. (2006). The community development for healthy children initiative. *Journal of Community Practice, 14*(4), 129-138. doi:10.1300/J125v14n04_08
- Eghbalnia, C., Sharkey, K., Garland-Porter, D., Alam, M., Crumpton, M., Jones, C., & Ryan, P. H. (2013). A community-based participatory research partnership to reduce vehicle idling near public schools. *Journal of Environmental Health, 75*(9), 14-19.
- El Ansari, W., Oskrochi, R., & Phillips, C. J. (2010). One size fits all partnerships? What explains community partnership leadership skills?. *Health Promotion Practice, 11*(4), 501-514. doi:10.1177/1524839908318289

- Ellison-Loschmann, L., & Pearce, N. (2006). Improving access to health care among New Zealand's Maori population. *American Journal of Public Health, 96*(4), 612-617.
doi:10.2105/AJPH.2005.070680
- Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing, 62*(1), 107-115. doi:10.1111/j.1365-2648.2007.04569.x
- Elsley, S. (2004). Children's experience of public space. *Children & Society, 18*(2), 155-164.
doi:10.1002/CHI.822
- Esteban-Cornejo, I., Carlson, J. A., Conway, T. L., Cain, K. L., Saelens, B. E., Frank, L. D., . . . Sallis, J. F. (2016). Parental and Adolescent Perceptions of Neighborhood Safety Related to Adolescents' Physical Activity in Their Neighborhood. *Research Quarterly for Exercise and Sport, 87*(2), 191-199. doi:10.1080/02701367.2016.1153779
- Farley, T. A., Meriwether, R. A., Baker, E. T., Rice, J. C., & Webber, L. S. (2008). Where do the children play? The influence of playground equipment on physical activity of children in free play. *Journal of Physical Activity & Health, 5*(2), 319-331.
- Farmer, A., Gage, J., Kirk, R., & Edgar, T. (2016). Applying community-based participatory research to create a diabetes prevention documentary with New Zealand Māori. *Progress in Community Health Partnerships: Research, Education, and Action, 10*(3), 383-390. doi:10.1353/cpr.2016.0045
- Fejzic, J., Knox, K., Hattingh, H. L., Mey, A., McConnell, D., & Wheeler, A. J. (2017). Australian mental health consumers and carers expect more health management information from community pharmacy. *The International Journal of Pharmacy Practice. doi:10.1111/ijpp.12356*

- Ferré, M. B., Guitart, A. O., & Ferret, M. P. (2006). Children and playgrounds in Mediterranean cities. *Children's Geographies*, 4(2), 173-183.
doi:10.1080/14733280600806999
- Floyd, M. F., Spengler, J. O., Maddock, J. E., Gobster, P. H., & Suau, L. J. (2008). Park-based physical activity in diverse communities of two U.S. cities. An observational study. *American Journal of Preventive Medicine*, 34(4), 299-305.
- Francis, M., & Lorenzo, R. (2002). Seven realms of children's participation. *Journal of Environmental Psychology*, 22(1-2), 157-169. doi:10.1006/jevp.2001.0248
- Fryer, S., Bellamy, G., Morgan, T., & Gott, M. (2016). "Sometimes I've gone home feeling that my voice hasn't been heard": a focus group study exploring the views and experiences of health care assistants when caring for dying residents. *BMC Palliative Care*, 15(1), 78-78. doi:10.1186/s12904-016-0150-3
- Glover, M., Scragg, R., Nosa, V., Bullen, C., McCool, J., & Kira, A. (2010). Keeping kids smokefree: Rationale, design, and implementation of a community, school, and family-based intervention to modify behaviors related to smoking among Maori and Pacific Island children in New Zealand. *International Quarterly of Community Health Education*, 30(3), 205-222. doi:10.2190/IQ.30.3.c
- Goldstein, J. (2012). *Play in children's development, health and well-being: Toy Industries of Europe* Brussels.
- Gómez, J. E., Johnson, B. A., Selva, M., & Sallis, J. F. (2004). Violent crime and outdoor physical activity among inner-city youth. *Preventive Medicine*, 39(5), 876-881.
- Goodwin, S., & Young, A. (2013). Ensuring children and young people have a voice in neighbourhood community development. *Australian Social Work*, 66(3), 344-357.
doi:10.1080/0312407x.2013.807857

- Griffiths, S., Jewell, T., & Donnelly, P. (2005). Public health in practice: The three domains of public health. *Public Health, 119*(10), 907-913. doi:10.1016/j.puhe.2005.01.010
- Hamer, M., Aggio, D., Knock, G., Kipps, C., Shankar, A., & Smith, L. (2017). Effect of major school playground reconstruction on physical activity and sedentary behaviour: Camden active spaces. *BMC Public Health, 17*, 1-8. doi:10.1186/s12889-017-4483-5
- Hannon, J. C., & Brown, B. B. (2008). Increasing preschoolers' physical activity intensities: An activity-friendly preschool playground intervention. *Preventive Medicine, 46*, 532-536. doi:10.1016/j.ypmed.2008.01.006
- Head, B. W. (2007). Community engagement: Participation on whose terms? *Australian Journal of Political Science, 42*(3), 441-454. doi:10.1080/10361140701513570
- Hudson, M. L., & Russell, K. (2009). The Treaty of Waitangi and research ethics in Aotearoa. *Journal of Bioethical Inquiry, 6*(1), 61-68.
- Huynh, H., Demeter, N., Burke, R., & Upperman, J. (2017). The Role of Adult Perceptions and Supervision Behavior in Preventing Child Injury. *Journal of Community Health, 42*(4), 649-655. doi:10.1007/s10900-016-0300-9
- Jagosh, J., Bush, P. L., Salsberg, J., Macaulay, A. C., Pluye, P., Greenhalgh, T., Herbert, C. P. (2015). A realist evaluation of community-based participatory research: Partnership synergy, trust building and related ripple effects. *BMC Public Health, 15*(1). doi:10.1186/s12889-015-1949-1
- Janssen, M., Twisk, J. W. R., Toussaint, H. M., van Mechelen, W., & Verhagen, E. A. L. M. (2015). Effectiveness of the PLAYgrounds programme on PA levels during recess in 6-year-old to 12-year-old children. *British Journal of Sports Medicine, 49*(4), 259-264. doi:10.1136/bjsports-2012-091517

- Jayaprakash, M., Puri-Taneja, A., Kandula, N. R., Bharucha, H., Kumar, S., & Dave, S. S. (2016). Qualitative process evaluation of a community-based culturally tailored lifestyle intervention for underserved South Asians. *Health Promotion Practice, 17*(6), 802-813. doi:10.1177/1524839916650165
- Jones, B., Ingham, T. R., Cram, F., Dean, S., & Davies, C. (2013). An indigenous approach to explore health-related experiences among Maori parents: The Pukapuka Hauora asthma study [Article]. *BMC Public Health, 13*(1). doi:10.1186/1471-2458-13-228
- Kalish, M., Banco, L., Burke, G., & Lapidus, G. (2010). Outdoor play: A survey of parent's perceptions of their child's safety. *Journal of Trauma - Injury, Infection and Critical Care, 69*(SUPPL. 4), S218-S222. doi:10.1097/TA.0b013e3181f1eaf0
- King, G., Curran, C. J., & McPherson, A. (2013). A four-part ecological model of community-focused therapeutic recreation and life skills services for children and youth with disabilities. *Child Care Health Development, 39*(3), 325-336. doi:10.1111/j.1365-2214.2012.01390.x
- Kingi, T. K. (2007). The Treaty of Waitangi: A framework for Maori health development. *New Zealand Journal of Occupational Therapy, 54*(1), 4-10.
- Lasker, R. D., Weiss, E. S., & Miller, R. (2001). Partnership synergy: A practical framework for studying and strengthening the collaborative advantage. *Milbank Quarterly, 79*(2), 179-205.
- Leff, S. S., Costigan, T., & Power, T. J. (2004). Using participatory research to develop a playground-based prevention program. *Journal of School Psychology, 42*(1), 3-21. doi:10.1016/j.jsp.2003.08.005
- Loeb, D. F., Bayliss, E. A., Candrian, C., deGruy, F. V., & Binswanger, I. A. (2016). Primary care providers' experiences caring for complex patients in primary care: a qualitative study. *BMC Family Practice, 17*, 1-9. doi:10.1186/s12875-016-0433-z

- Lofters, A., Virani, T., Grewal, G., & Lobb, R. (2015). Using Knowledge Exchange to Build and Sustain Community Support to Reduce Cancer Screening Inequities. *Progress in Community Health Partnerships: Research, Education, and Action*, 9(3), 379-387. doi:10.1353/cpr.2015.0064
- Lozanovska, M., & Xu, L. (2013). Children and university architecture students working together: a pedagogical model of children's participation in architectural design. *CoDesign*, 9(4), 209-229. doi:10.1080/15710882.2012.693187
- Malone, K. (2013). "The future lies in our hands": Children as researchers and environmental change agents in designing a child-friendly neighbourhood. *Local Environment*, 18(3), 372-395. doi:10.1080/13549839.2012.719020
- Mani, M., Abdullah, A., Mustafa, R. A., Jayaraman, K., & Bagheri, A. (2012). The importance of well-designed children's play-environments in reducing parental concerns. *Middle East Journal of Scientific Research*, 11(9), 1176-1184. doi:10.5829/idosi.mejsr.2012.11.09.987
- Mantovani, N., Pizzolati, M., & Gillard, S. (2017). Engaging communities to improve mental health in African and African Caribbean groups: a qualitative study evaluating the role of community well-being champions. *Health & Social Care In The Community*, 25(1), 167-176. doi:10.1111/hsc.12288
- Marmot, M. (2005). Social determinants of health inequalities. *The Lancet*, 365(9464), 1099-1104.
- Marmot, M., Friel, S., Bell, R., Houweling, T. A., Taylor, S., & Heath, C. O. (2008). Closing the gap in a generation: Health equity through action on the social determinants of health. *The Lancet*, 372(9650), 1661-1669.

- Marouf, N., Che-Ani, A. I., Tawil, N. M., Johar, S., & Tahir, M. M. (2015). Development of designing criteria in children's urban play space in Iran — Review of literature. *Journal of Sustainable Development*, 8(2), 113. doi: dx.doi.org/10.5539/jsd.v8n2p113
- Martini, A., Morris, J. N., & Preen, D. (2016). Impact of non-clinical community-based promotional campaigns on bowel cancer screening engagement: An integrative literature review. *Patient Education And Counseling*, 99(10), 1549-1557. doi:10.1016/j.pec.2016.05.012
- Matthews, H. (2001). *Children and community regeneration*. London: Save the Children.
- Matthews, H. (2003). Children and regeneration: Setting an agenda for community participation and integration. *Children & Society*, 17(4), 264-276. doi:10.1002/CHI.745
- Matthews, H., Limb, M., & Taylor, M. (1999). Young people's participation and representation in society. *Geoforum*, 30(2), 135-144. doi:10.1016/S0016-7185(98)00025-6
- Mayfield, C. A., Child, S., Weaver, R. G., Zarrett, N., Beets, M. W., & Moore, J. B. (2017). Effectiveness of a playground intervention for antisocial, prosocial, and physical activity behaviors. *Journal of School Health*, 87(5), 338-345. doi:10.1111/josh.12506
- McQueen, D. V., & Anderson, L. M. (2001). What counts as evidence: Issues and debates? *World Health Organization Regional Publications — European Series*, 92, 63-81.
- Ministry of Health. (2016). *Population of Counties Manukau DHB*. Retrieved from <http://www.health.govt.nz/new-zealand-health-system/my-dhb/counties-manukau-dhb/population-counties-manukau-dhb>

- Minkler, M., Vasquez, V. B., Warner, J. R., Steussey, H., & Facente, S. (2006). Sowing the seeds for sustainable change: A community-based participatory research partnership for health promotion in Indiana, USA and its aftermath. *Health Promotion International, 21*(4), 293-300. doi:10.1093/heapro/dal025
- Moewaka-Barnes, H. (2000). Collaboration in community action: A successful partnership between indigenous communities and researchers. *Health Promotion International, 15*(1), 17-25.
- Mullins, C. D., Shaya, F. T., Blatt, L., & Saunders, E. (2012). A qualitative evaluation of a citywide community health partnership program. *Journal of the National Medical Association, 104*(1-2), 53-60.
- Nasar, J. L., & Holloman, C. H. (2013). Playground characteristics to encourage children to visit and play. *Journal of Physical Activity & Health, 10*(8), 1201-1208.
- O'Mara-Eves, A., Brunton, G., Oliver, S., Kavanagh, J., Jamal, F., & Thomas, J. (2015). The effectiveness of community engagement in public health interventions for disadvantaged groups: A meta-analysis. *BMC Public Health, 15*(1), 129. doi:10.1186/s12889-015-1352-y
- Orange, C. (1987) (Ed.). *The Treaty of Waitangi*. Wellington, N.Z.: Allen & Unwin, Port Nicholson Press (with assistance from the Historical Publications Branch, Department of Internal Affairs). Retrieved from <http://ezproxy.aut.ac.nz/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=cat05020a&AN=aut.b10332200&site=eds-live>. Retrieved from cat05020a database.
- Parks, M. J., Kingsbury, J. H., Boyle, R. G., & Choi, K. (2017). Behavioral change in response to a statewide tobacco tax increase and differences across socioeconomic status. *Addictive Behaviors, 73*, 209-215. doi:10.1016/j.addbeh.2017.05.019

- Pope, C., Ziebland, S., & Mays, N. (2000). Qualitative research in health care: Analysing qualitative data. *British Medical Journal (International Edition)*, 320(7227), 114-116. doi:10.1136/bmj.320.7227.114
- Potwarka, L. R., Kaczynski, A. T., & Flack, A. L. (2008). Places to play: Association of park space and facilities with healthy weight status among children. *Journal of Community Health*, 33(5), 344-350.
- Prellwitz, M., & Skär, L. (2007). Usability of playgrounds for children with different abilities. *Occupational Therapy International*, 14(3), 144-155. doi:10.1002/oti.230
- Quigg, R., Reeder, A. I., Gray, A., Holt, A., & Waters, D. (2012). The effectiveness of a community playground intervention. *Journal of Urban Health*, 89(1), 171-184. doi:10.1007/s11524-011-9622-1
- Ridgers, N. D., Stratton, G., Fairclough, S. J., & Twisk, J. W. R. (2007). Long-term effects of a playground markings and physical structures on children's recess physical activity levels. *Preventive Medicine*, 44, 393-397. doi:10.1016/j.yjpm.2007.01.009
- Ripat, J., & Becker, P. (2012). Playground usability: What do playground users say? *Occupational Therapy International*, 19(3), 144-153. doi:10.1002/oti.1331
- Ritchie, J., Lewis, J., Nicholls, C. M., & Ormston, R. (2013). *Qualitative research practice: A guide for social science students and researchers*: Sage.
- Rose, G. (1985). Sick individuals and sick populations [Article]. *International Journal of Epidemiology*, 14(1), 32-38. doi:10.1093/ije/14.1.32
- Roussos, S. T., & Fawcett, S. B. (Eds.). (2000). A review of collaborative partnerships as a strategy for improving community health. *Annual Review of Public Health*, 21, 369-402. Retrieved from <https://www.scopus.com/inward/record.uri?eid=2-s2.0-0033912244&doi=10.1146%2fannurev.publhealth.21.1.369&partnerID=40&md5=84db04ba377a80df06207668efc54ece> doi:10.1146/annurev.publhealth.21.1.369

- Sallis, J. F., & Glanz, K. (2006). The role of built environments in physical activity, eating, and obesity in childhood. *Future Child*, 16(1), 89-108. Retrieved from <http://ezproxy.aut.ac.nz/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=edsjsr&AN=edsjsr.3556552&site=eds-live>
- Saridar-Masri, S. (2016). Integrating youth in city planning: Developing a participatory tool toward a child-friendly vision of Eastern Wastani-Saida [in press]. *Alexandria Engineering Journal*. doi:10.1016/j.aej.2017.01.023
- Saunders, R. P., Evans, M. H., & Joshi, P. (2005). Developing a process-evaluation plan for assessing health promotion program implementation: A how-to guide. *Health Promotion Practice*, 6(2), 134-147.
- Scheve, J. A., Perkins, D. F., & Mincernoyer, C. (2006). Collaborative teams for youth engagement. *Journal of Community Practice*, 14(1/2), 219-234.
doi:10.1300/J125v14n01-13
- Schoeppe, S., & Braubach, M. (Eds.) (2007). *Tackling obesity by creating healthy residential environments*. Copenhagen, Denmark: World Health Organisation.
- Smith, L. T. (2013). *Decolonizing methodologies: Research and indigenous peoples*: Zed Books Ltd.
- Srinivasan, S., O'Fallon, L. R., & Dearry, A. (2003). Creating healthy communities, healthy homes, healthy people: Initiating a research agenda on the built environment and public health. *American Journal of Public Health*, 93(9), 1446-1450.
doi:10.2105/AJPH.93.9.1446
- Starks, H., & Trinidad, S. B. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative Health Research*, 17(10), 1372-1380.

- Stover, S. (2013). Odd alliances: Working theories on 'unintended consequences' of early childhood education in Aotearoa, New Zealand [Article]. *Australian Journal of Early Childhood*, 38(3), 4-8.
- Stratton, G., & Leonard, J. (2002). The effects of playground markings on the energy expenditure of 5-7-year old school children. *Pediatric Exercise Science*, 14(2), 170.
- Stratton, G., & Mullan, E. (2005). The effect of multicolour playground markings on children's physical activity level during recess. *Preventive Medicine*, 41(5-6), 828-833. doi:10.1016/j.ypmed.2005.07.009
- Sutton, S. E., & Kemp, S. P. (2002). Children as partners in neighborhood placemaking: Lessons from intergenerational design charrettes. *Journal of Environmental Psychology*, 22(1-2), 171-189. doi:10.1006/jevp.2001.0251
- Swinburn, B. A., Sacks, G., Moodie, M. L., Hall, K. D., McPherson, K., Finegood, D. T., & Gortmaker, S. L. (2011). The global obesity pandemic: Shaped by global drivers and local environments. *The Lancet*, 378(9793), 804-814. doi:10.1016/S0140-6736(11)60813-1
- Synodi, E. (2010). Play in the kindergarten: The case of Norway, Sweden, New Zealand and Japan [Article]. *International Journal of Early Years Education*, 18(3), 185-200. doi:10.1080/09669760.2010.521299
- Szreter, S. (2003). The population health approach in historical perspective. *American Journal of Public Health*, 93(3), 421-431.
- Tappe, K. A., Glanz, K., Sallis, J. F., Zhou, C., & Saelens, B. E. (2013). Children's physical activity and parents' perception of the neighborhood environment: Neighborhood impact on kids study. *International Journal of Behavioral Nutrition and Physical Activity*, 10. doi:10.1186/1479-5868-10-39

- Taylor, R. W., Farmer, V. L., Cameron, S. L., Meredith-Jones, K., Williams, S. M., & Mann, J. I. (2011). School playgrounds and physical activity policies as predictors of school and home time activity. *International Journal of Behavioral Nutrition and Physical Activity*, 8. doi:10.1186/1479-5868-8-38
- Temple, M., & Robinson, J. C. (2014). A systematic review of interventions to promote physical activity in the preschool setting. *Journal for Specialists in Pediatric Nursing*, 19(4), 274-284. doi:10.1111/jspn.12081
- Thomas, D. R. (2006). A general inductive approach for analyzing qualitative evaluation data. *American Journal of Evaluation*, 27(2), 237-246.
- Thompson, V. L. S., & Hood, S. M. (Eds.). (2016). Academic and community partnerships and social change. In W. Tate, N. Staudt, & A. Macrander (Eds.), *The crisis of race in higher education: A day of discovery and dialogue* (vol. 19) (pp. 127-149). Bingley, England: Emerald Group Publishing.
- Timperio, A., Crawford, D., Ball, K., & Salmon, J. (2017). Typologies of neighbourhood environments and children's physical activity, sedentary time and television viewing. *Health and Place*, 43, 121-127. doi:10.1016/j.healthplace.2016.10.004
- Tipene-Leach, D. C., Coppell, K. J., Abel, S., Pahau, H. L. R., Ehau, T., & Mann, J. I. (2013). Ngati and healthy: Translating diabetes prevention evidence into community action. *Ethnicity and Health*, 18(4), 402-414. doi:10.1080/13557858.2012.754406
- Titman, W. (1994). *Special places, special people: The hidden curriculum of school grounds*. Surrey, UK: World Wide Fund for Nature. Retrieved from <http://ezproxy.aut.ac.nz/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=ED430384&site=eds-live>

- Tsey, K., Whiteside, M., Haswell-Elkins, M., Bainbridge, R., Cadet-James, Y., & Wilson, A. (2010). Empowerment and Indigenous Australian health: a synthesis of findings from Family Wellbeing formative research. *Health & Social Care in the Community, 18*(2), 169-179. doi:10.1111/j.1365-2524.2009.00885.x
- Unertl, K. M., Schaeffbauer, C. L., Campbell, T. R., Senteio, C., Siek, K. A., Bakken, S., & Veinot, T. C. (2016). Integrating community-based participatory research and informatics approaches to improve the engagement and health of underserved populations. *Journal of the American Medical Informatics Association: JAMIA, 23*(1), 60-73. doi:10.1093/Jamie/ocv094
- Van Bijleveld, G. G., Dedding, C. W. M., & Bunders-Aelen, J. F. G. (2014). Seeing eye to eye or not? Young people's and child protection workers' perspectives on children's participation within the Dutch child protection and welfare services. *Children & Youth Services Review, 47*, 253-259. doi:10.1016/j.childyouth.2014.09.018
- Veitch, J., Bagley, S., Ball, K., & Salmon, J. (2006). Where do children usually play? A qualitative study of parents' perceptions of influences on children's active free-play. *Health and Place, 12*, 383-393. doi:10.1016/j.healthplace.2005.02.009
- Veitch, J., Ball, K., Crawford, D., Abbott, G. R., & Salmon, J. (2012). Park improvements and park activity: A natural experiment. *American Journal of Preventive Medicine, 42*(6), 616-619.
- White, J. A., & Wehlage, G. (1995). Community collaboration: If it is such a good idea, why is it so hard to do? *Educational Evaluation and Policy Analysis, 17*(1), 23-38.
- Retrieved from
<http://ezproxy.aut.ac.nz/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=edsjsr&AN=edsjsr.1164268&site=eds-live>

Willenberg, L. J., Ashbolt, R., Holland, D., Gibbs, L., MacDougall, C., Garrard, J., . . .

Waters, E. (2010). Increasing school playground physical activity: A mixed methods study combining environmental measures and children's perspectives. *Journal of Science and Medicine in Sport, 13*, 210-216. doi:10.1016/j.jsams.2009.02.011

Woolf, S. H. (2017). Progress in achieving health equity requires attention to root causes. *Health Affairs, 36*(6), 984-991. doi:10.1377/hlthaff.2017.0197

Woolley, H. (2013). Now being Social: The barrier of designing outdoor play spaces for disabled children. *Children & Society, 27*(6), 448-458. doi:10.1111/j.1099-0860.2012.00464.x

World Health Organization. (2010). *A conceptual framework for action on the social determinants of health*. Retrieved from http://apps.who.int/ezproxy.aut.ac.nz/iris/bitstream/10665/44489/1/9789241500852_eng.pdf

World Health Organization. (2013). *Global action plan for the prevention and control of noncommunicable diseases 2013-2020*. Retrieved from http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1

Wyeth, E. H., Derrett, S., Hokowhitu, B., Hall, C., & Langley, J. (2010). Rangatiratanga and Oritetanga: Responses to the Treaty of Waitangi in a New Zealand study. *Ethnicity & Health, 15*(3), 303-316. Doi: 10.1080/13557851003721194

Xu, H., Wen, L. M., Hardy, L. L., & Rissel, C. (2017). Mothers' perceived neighbourhood environment and outdoor play of 2- to 3.5-year-old children: Findings from the healthy beginnings trial. *International Journal of Environmental Research and Public Health, 14*(9). Doi: 10.3390/ijerph14091082

- Yeneabat, M., & Butterfield, A. K. (2012). "We can't eat road:" Asset-based community development and the Edam Sefer community Partnership in Ethiopia. *Journal of Community Practice*, 20(1/2), 134-153. doi:10.1080/10705422.2012.650121
- Yoo, S., Butler, J., Elias, T. I., & Goodman, R. M. (2009). The 6-step model for community empowerment: Revisited in public housing communities for low-income senior citizens. *Health Promotion Practice*, 10(2), 262-275. Doi: 10.1177/1524839907307884
- Žaltauskė, V., & Petrauskienė, A. (2016). Associations between built environment and physical activity of 7–8-year-old children. Cross-sectional results from the Lithuanian COSI study. *Medicina (Lithuania)*, 52(6), 366-371. doi:10.1016/j.medic.2016.11.002

Appendix 1: Cover Letter

Project Title:

An Evaluation of the “Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau” Project.

Kia Ora/Hi!

My name is Pornchanuch Chumpunuch. I am a Master of Public Health student within the School of Public Health and Psychosocial studies based at AUT University.

I am inviting you to participate in this study to help me explore community member views about participating in the community project, “Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau”. Dr. Sari Andajani Sutjahjo recommended that I should contact you as you participated in the community project and might be interested in sharing your ideas and views about redesigning a playground in your community and concepts related to health and wellbeing from this experience.

Should you agree to participate the interview will take about 60 minutes, or less in a setting that you choose (e.g., your home, work or AUT University). There is no fee or cost to take part in this study and your participation is purely voluntary.

I have attached an information sheet describing the research in more detail. You may contact me: mobile 021-02527132 or email rwp4398@autuni.ac.nz.

In addition, my academic supervisors at AUT University are Dr. Margaret H. Williams (primary supervisor) and Dr. Sari Andajani Sutjahjo (supervisor mentor).

I look forward to hearing from you.

Kind regards

Pornchanuch Chumpunuch

Appendix 2: Participant Information Sheet

Participant Information Sheet

3rd March 2017

Project Title

An Evaluation of the “Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau” Project.

An Invitation

Kia Ora/Hi

My name is Pornchanuch Chumpunuch. I am studying full-time for my Master of Public Health at AUT University. I would like to invite you to participate in this research study. I would like to find out your views about participating in the community project, “Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau”. The aim of this research study is to explore and further evaluate the effectiveness of the consultation with you about redesigning the playground in your community. The research focus is on health and well-being.

What is the purpose of this research?

This research is to give community members in the Ōtara Papatoetoe area an opportunity to express their views about the processes involved with the consultation with the community about redesigning the playground at Hayman Park. This project is focused on health and well-being.

How was I identified and why am I being invited to participate in this research?

I am inviting you to take part in this research study because Dr. Sari Andajani Sutjahjo advised me that you participated in the original “Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau” project. She also advised me that you might accept this opportunity to share your views about the processes involved in the redesign of the playground.

How do I agree to participate in this research?

If you agree to participate in this research, I will provide a consent form for you to sign during the interview and will follow up with more information.

What will happen in this research?

In our interview, I will ask you to talk about health and well-being and your awareness of health and well-being derived from participating in the “Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau” project. The interview will take around 30 to 60 minutes. A total of three questions will be asked and recorded with your consent. At the end of the interview you will have an opportunity to view my summary notes and make changes. I will treat your information with care by removing your identifying details, and I will keep information confidential. Notably, you can withdraw from the interview at any time, without any questions asked.

What are the discomforts and risks?

It is not my intent for you to experience any discomfort or face any risks when participating in this research. However, if you feel any discomfort, we can end and/or restart the interview when you feel comfortable to do so. No questions will be asked.

What are the benefits?

The findings from this research will be shared with the community and others through the completion of my Master of Public Health (60 points) and by meeting with key stakeholders. The findings may model ways of raising health and well-being awareness among community members. This information could help other communities and community health workers focus on raising health and well-being by using similar processes, as modelled in this study.

What compensation is available for injury or negligence?

In the unlikely event of a physical injury as a result of your participation in this study, rehabilitation and compensation for injury by accident may be available from the Accident Compensation Corporation (ACC), providing the incident details satisfy the requirements of the law and the Corporation's regulations.

How will my privacy be protected?

Your name, address and contact details will be kept safe in a secure, locked cupboard on AUT premises. Your contact details will be kept separately from your information. I, along with my supervisor, will have access to your contact details. No one else will. Your name will be removed from the information you provide. You will be given a pseudonym.

What are the costs of participating in this research?

It will not cost you anything to take part in this research study.

What opportunity do I have to consider this invitation?

You will have one week to consider whether or not to take part in this study.

Will I receive feedback on the results of this research?

Yes, you will receive feedback on the results of this research. I will send the results of this research by email, once they have been approved.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Dr Margaret H Williams, margaret.williams@aut.ac.nz

Concerns regarding the conduct of the researcher should be notified to the Executive Secretary of AUTEK, Kate O'Connor, email ethics@aut.ac.nz, phone 921 9999 extension 6038.

Whom do I contact for further information about this research?

Please keep this information sheet and a copy of the consent form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details:

Pornchanuch Chumpunuch, rwp4398@autuni.ac.nz

Project Supervisor Contact Details:

Dr. Margaret H Williams, margaret.williams@aut.ac.nz

Approved by the Auckland University of Technology Ethics Committee on 3rd May 2016. AUTEK reference number 16/105. AUT Postgraduate research proposal approved 3rd March 2017.

Appendix 3: Consent Form

Project title: An Evaluation of the “Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau” Project.

Project Supervisor: Dr. Margaret H. Williams

Researcher: Pornchanuch Chumpunuch

- I have read and understood the information provided about this research project in the Information Sheet dated 3rd March 2017.
- I have had an opportunity to ask questions and to have them answered.
- I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.
- If I withdraw, I understand that all relevant information including tapes and transcripts, or parts thereof, will be destroyed.
- I agree to take part in this research.
- I wish to receive a copy of a summary research findings (please tick one):
Yes No

Participant signature:

.....

Participant

name:.....

Participant contact details (if appropriate):

.....
.....
.....

Date:

Approved by the Auckland University of Technology Ethics Committee on 3rd May 2016. AUTEK reference number 16/105. AUT Postgraduate research proposal approved 3rd March 2017.

Appendix 4: Transcript Access Request Letter

The Principal Investigator

Dr. Sari Andajani Sutjahjo

15th March 2017

Dear Dr. Sari Andajani Sutjahjo

As discussed, can you please release the transcripts from the children focus group in the “Kohikohi Kitea Kohikohi Kōrero: Hayman Park Engagement with Children and Whānau” project to me. So this will help me to analyse the transcripts as part of my ongoing research. Be great to receive them as soon as possible. Thank you.

Yours sincerely,

Pornchanuch Chumpunuch

Appendix 5: Transcript Access Permission Letter

Miss Pornchanuch Chumpunuch

17 March 2017

Dear Pornchanuch Chumpunuch

There are some recordings and transcripts. Please ensure that you locate them. Next time we meet, please ensure that you bring a USB so that I can transfer all the raw data for you to analyse. The data also includes photos taken by the children involved which helped them to better express their ideas concerning a park ideal for them.

Best Wishes,

Dr. Sari Andajani Sutjahjo