SNAC_OSHC: Exploring a multifaceted approach to develop outside of school hours care as a health promoting setting

Karen Forde

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SNAC_OSHC: Exploring a multifaceted approach to develop outside of school hours care as a health promoting setting.

By Karen Forde

A report submitted in Partial Fulfillment of the Requirements for the Award of Bachelor of Health Science, Honours, School of Medical and Health Sciences, Edith Cowan University.

2018

I declare that this thesis is my own work and does not include:

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Supervisors:
Dr. Ruth Wallace
Professor Amanda Devine
Dr. Leesa Costello
Ms. Ros Sambell
Abstract

**Background:** Outside of school hours care (OSHC) services are underutilised as health promoting settings, yet are well positioned to influence health behaviours. OSHC Professionals are ideally placed to become positive influencers in this setting, although may require training to confidently perform this role.

**Aim:** This research trialed a multifaceted intervention strategy to increase OSHC Professional's confidence and competencies, to support a health promoting OSHC environment with a nutrition and PA activity focus.

**Design and Methods:** This exploratory study adopted a mixed methods approach. The three-pronged, multifaceted intervention included: a workshop, a closed Facebook group, and a website. 19 OSHC Professionals, participated in the study and attended a four-hour workshop that addressed health promoting opportunities in OSHC, through training, a closed Facebook group, and a website. Confidence levels, role adequacy and legitimacy were measured pre and post workshop. Interactions on the closed Facebook page was monitored and analysed and four participants undertook exit interviews to discuss their experience of the intervention.

**Results:** Pre workshop 68% of participants had not received any health promotion training for the OSHC setting. Post workshop significant improvements in confidence about menu planning, accessing nutrition information and activities, and use of recipes was observed (P<0.05 for all). A significant improvement was observed in role support and role related training (P<0.05). A high level of support and interaction was observed on Facebook and the website was identified by interviewees as a helpful repository of information.

**Conclusion:** Health promoting competency based training, combined with positive social connections and shared learning experiences, and a website repository improved OSHC Professionals confidence and capacity to provide a health promoting OSHC environment.

**Keywords:** Outside of school hours care, health promoting environment, confidence, childhood obesity, OSHC Professionals.
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I certify that this thesis does not, to the best of my knowledge and belief:

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Signed: Date: 30th October, 2017
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Overview of chapters

This thesis consists of five chapters:

Chapter one provides an introduction and background to the research area, and states the purpose and significance of the study. The research questions are presented and definition of key terms detailed.

Chapter two provides a review of the current literature in this domain and presents the epistemology and theoretical frameworks that underpin the research design.

Chapter three describes the research design and methodology of this study.

Chapter four explains the results of the quantitative and qualitative data collected.

Chapter five presents a discussion of the study findings and then through the use of a conceptual diagram, the outcomes are summarised. Strengths and limitations of the study are then discussed and finally, recommendations and implications for future research in this area are presented.
Introduction

The negative impact of childhood obesity is well established (National Health and Medical Research Council [NHMRC], 2015). Overweight and obese children may experience detrimental physical, mental, and social development, in addition to being five times more likely to experience obesity as an adult (Centre for Disease Control and Prevention [CDC], 2015). Adulthood obesity related diseases such as hypertension and type two diabetes, are becoming increasingly and prematurely diagnosed in Australian children (CDC, 2015). Obesity has a significant personal impact on individuals, families, and communities and presents a national economic burden of $8.6 billion annually, thus highlighting the importance of addressing childhood obesity and associated risk factors (Obesity Australia, 2015).

Childhood obesity has numerous complex, intertwined risk factors that can be grouped into genetic, behavioural, and environmental factors (Karnik & Kanekar, 2012). It is widely accepted that personal behaviour, such as discretionary food and drink consumption together with insufficient physical activity, may contribute to childhood obesity and are often the focus of prevention programs (Australian Institute of Health and Welfare, 2016b). However, it is important to acknowledge that the environment can also influence these behaviours (Karnik & Kanekar, 2012). For instance, consumption of energy dense foods (eating behaviour) may occur due to available food choices (food environment); likewise sedentary behaviour may occur due to the lack of safe and easily accessible places to play resulting in increased screen based activities like watching TV and playing video games (Karnik & Kanekar, 2012). These factors are some of many that contribute to an obesogenic environment, which is the opposite of a health promoting environment or one that supports the mandate of making healthy choices the easy choice (Cauchi, Glonti, Petticrew, & Knai, 2016).

Addressing the environment to support health promoting behaviours is one approach that shows promise in risk reduction of childhood obesity (Karnik & Kanekar, 2012). The outside of school hours care (OSH) environment is a unique health promoting opportunity because the target demographic (children) are present and the
care givers (OSHC Professionals) are situated to facilitate a health promotion intervention (Gustin, Reiboldt, & Carson, 2016). Furthermore, without credible information, motivated OSHC Professionals, and policy to sustain health promoting actions, children attending OSHC services could be at risk of childhood obesity while at these services (Carson & Reiboldt, 2011). The OSHC setting presents an important and unique opportunity that should be actively engaged because of the health promoting possibilities this environment presents (Branscum & Sharma, 2012; Karnik & Kanekar, 2012).

In response to this opportunity, a team of ECU researchers set out to leverage the success of their original website - *Supporting Nutrition for Australian Childcare (SNAC)*, and extend their resource repository already in existence to the OSHC sector. Funding was secured from Healthway in order to undertake this and, as a result, the new SNAC_OSHC platform was established as the primary task of this thesis; this is explained further in Chapter 3. SNAC_OSHC is best described as a multi-faceted health promoting intervention for OSHC Professionals; it was specifically designed to improve health outcomes for children in the OSHC setting by increasing OSHC Professionals’ confidence. It was anticipated that a three-pronged intervention design would enhance OSHC Professionals’ confidence and capacity to provide a health promoting environment. The three-pronged approach adopted for the SNAC_OSHC intervention included: (1) workshops, (2) a website that housed an online suite of nutrition activities, recipes, physical activity ideas, and health resources repurposed from the *Eat Smart Play Smart Manual* (National Heart Foundation of Australia [NHFA], 2008)- with permission from the National Heart Foundation, and (3) a closed Facebook group to provide a supportive network for OSHC Professionals to connect.

1.2 Background to study

If current childhood obesity trends continue, it is suggested that 33% of Australian children will be overweight or obese by 2025 (NHMRC, 2015), indicating a significant negative health impact to the child and their family, and a considerable burden to the Australian economy and health services (Australian Bureau of Statistics [ABS], Australian Bureau of Statistics, 2016). Preventing and reducing childhood obesity is a complex public health concern, and interventions require a broad range of
approaches (NHMRC, 2015). In addition to reducing obesity risk, children experience many holistic benefits from healthful nutrition and participating in physical activity (O’Dea & Mugridge, 2012; Rowland, 2007). Nutrients received from whole foods help promote and support growth, cognitive function, improve ability to concentrate, and have a positive impact on mood and education outcomes (O’Dea & Mugridge, 2012). Physical activity has been associated with improved self-efficacy, mood, confidence, socialisation, problem solving, and self-concept (Rowland, 2007).

1.3 Purpose and significance of study

The purpose of this study was to utilise the unique position of the OSHC setting as a health promoting opportunity, by empowering OSHC Professionals to provide a supportive health promoting environment (Weaver, Beets, Webster, Beighle, & Huberty, 2012). OSHC Professionals have limited available time for food preparation and provision, and are often bound by budgetary constraints and other barriers which impacts the food provided and consumed by children in this setting (Branscum & Sharma, 2012). Many OSHC Professionals have little, or no, nutrition and physical activity training which impacts their confidence and self-efficacy to provide a health promoting environment in the OSHC setting (Branscum & Sharma, 2012). Furthermore, the absence of training and support, may lead to poor menu planning and food provision manifesting in sub-optimal food in the OSHC setting (Weaver et al., 2016). Hence, this SNAC_OSHC exploratory study utilised the three-pronged multifaceted approach noted earlier, in an attempt to increase the confidence of OSHC Professionals to deliver or improve a health promoting environment.

1.4 Research questions

This study aimed to explore how a three-pronged multifaceted intervention strategy could increase the confidence of OSHC Professionals and enhance their capacity to provide a health promoting environment, focusing on nutrition and physical activity in the OSHC setting.

The specific research questions were:

1. How does Face-to-Face training enhance the confidence of OSHC Professionals to provide a health promoting environment?
2. How does Face-to-Face training enhance role adequacy and role legitimacy of OSHC Professionals?

3. How does a closed Facebook page provide positive social connections and social learning experiences, which support efforts to provide a health promoting environment?

4. How does the provision of online resources add value for everyday practice to OSHC Professionals to maximise OSHC as a health promoting setting?

1.5 Definition of terms

Adding Value – Derived through meaningful participation of engaging in conversation, accessing community resources, exchanging tips and ideas, and expanding professional learning networks (Booth & Kellogg, 2015).

Outside of School Hours Care (OSHC) – Services providing care for school aged children before and/or, after school during the school term. Some services also provide care on pupil free days. Vacation Care is also included in this category. Vacation Care services provides care for school-aged children during the school holidays. (Australian Children’s Education and Care Quality Authority [ACECQA]. 2014)

OSHC Professional – A practitioner who is employed to plan and implement programs to support school-aged children’s health and wellbeing, and to provide before and after school care, and during vacation periods, including OSHC Educators, OSHC Program Coordinators, and OSHC Program Leaders (Australian Government & Department of Education Employment and Workplace Relations [DEEWR], 2011).

Role Adequacy – Relates to a person’s feelings towards their own knowledge and skills required to perform their job effectively (McPhee, Duffy, & Martin, 2012; Shaw, 1978). and is influenced by an individual’s level of confidence and self-efficacy (Skinner, Roche, Freeman, & Addy, 2009).

Role Legitimacy – The way in which an individual feels towards their authority to intervene and address a given area relating to their work (McPhee et al., 2012; Shaw, 1978).
Traffic Light System - The traffic light system is an extension of the Healthy Food and Drink Policy for WA Schools (2007) and is used to categorise food and drinks as Green, Amber or Red to help public schools plan menus that promote healthy, nutritious and affordable food and drinks. Green foods are encouraged and should be the dominant feature of menus, amber foods should be selected carefully and mixed with green foods to improve nutritional quality, and red foods and drinks should be off the menu entirely (Department of Education & Government of Western Australia [DOE], Department of Education & Government of Western Australia, 2017).
Chapter 2: Literature Review and Theoretical Frameworks

2.1 Introduction

Childhood obesity is both a significant and complex public health issue (NHMRC, 2013). Currently one third of Australian children are overweight or obese, and trends predict without significant intervention to halt the growing trajectory, 75% of Australian children could potentially be overweight or obese by 2025 (Australian Institute of Health and Welfare, 2016a). Obesity is often depicted as an energy imbalance equation, however it is widely accepted that individual behaviours that contribute to this energy imbalance may be influenced by multiple social, environmental, and policy factors (Cauchi et al., 2016; CDC, 2015). Interventions that focus on behavioural change without addressing the environment in which behaviour occurs have demonstrated limited, short-term success (Cauchi et al., 2016). For behaviour change to be achievable and sustainable, supportive environments that are conducive to making healthy behaviours the easy choice must be developed (Cauchi et al., 2016; Crowle & Turner, 2010). Furthermore, nutrition and physical activity habits constructed in childhood are likely to continue into adulthood, thus emphasizing the importance of creating and reinforcing a strong foundation of health promoting behaviours in early life (NSW Office of Preventative Health., 2016). Creating health promoting environments for children to develop healthy habits is a positive approach towards reducing childhood obesity risk, and the OSHC environment represents a unique opportunity to do so (Weaver et al., 2016).

As reported in June 2015, a total of 9520 OSHC services provided care to 391,150 children in Australia (ACECQA, 2014). Given the wide use of OSHC services in Australia, this setting is often underutilised as a health promoting setting (Thompson, Cooper, Flanagan, Crawford, & Worsley, 2006). It is reported that 60% of Australian school-aged children do not engage in the recommended level of daily physical activity, and approximately 41% of their total kilojoule intake is derived from discretionary foods, often consumed after school (Australian Institute of Family Studies, 2016; Tomlin, Radomilijac, & Kay, 2015). OSHC has the potential to displace these less favourable behaviours and replace them with health protective behaviours, leading to greater health outcomes for Australian children (Carson & Reiboldt, 2011).
Evaluation of OSHC based health interventions, have returned varying levels of success (Cauchi et al., 2016). Several systematic reviews in this field imply multidimensional, settings-based intervention approaches are more likely to have a positive and sustained effect in OSHC settings, rather than singular behaviour change approaches (Branscum & Sharma, 2012; Cauchi et al., 2016). Reported barriers that influence the success of an intervention include budget constraints, staff turnover, and specific OSHC service equipment such as cooking facilities (Cauchi et al., 2016). Several key areas identified to increase intervention success included; staff training to build confidence and promote role legitimacy and role adequacy, support in healthy eating education and food provision, easy access to supporting resources, maximising physical activity opportunities, and policy development (Branscum & Sharma, 2012; Cauchi et al., 2016).

In this review the OSHC setting and its health promoting opportunity will be outlined and will draw on previous OSHC interventions to highlight successful strategies and acknowledge barriers encountered. This review will then focus on the role of the OSHC Professionals within the OSHC setting and health promoting interventions. Finally, professional development, delivery modes, and support avenues will be examined.

2.2 The OSHC Setting

National quality frameworks, guidelines and supporting policies assist in creating the structure to build OSHC as a health promoting environments (ACECQA, 2014; DEEWR, 2011; Cauchi et al., 2016). As stated in the report, ‘My Time, our place framework for school aged care in Australia’:

School age care environments are welcoming spaces when they reflect and enrich the lives and identities of children and families participating in the setting in response to their interests and needs (DEEWR, 2011, p. 15).

The framework asserts a holistic approach must be taken in the setting that does not prioritise one aspect over another, but rather seeks to integrate many principles, practices and frameworks (DEEWR, 2011). By doing so, the “whole child” is considered
in terms of physical, personal, social, emotional, and spiritual wellbeing, which assists the child in learning opportunities to create positive life habits (DEEWR, 2011, p. 26).

2.2.1 Health promoting opportunity

OSHC presents a unique health promoting setting as two challenges faced by many health interventions are addressed, that is; the captive target audience is present and personnel are already in place to support the intervention (Carson & Reiboldt, 2011). For many school aged children, the period after school may be a time when consumption of nutrient poor, energy dense food and drinks is common, and often is combined with sedentary activities such as watching television and playing electronic devices (Carson & Reiboldt, 2011). Physical activity and nutritional intake are two key risk factors for childhood obesity that can be specifically addressed in the OSHC setting (Carson & Reiboldt, 2011). As discussed by Wilson and partners (2010), if risk factors can be minimised in the specific environment or context in which they occur, the impact level of an intervention is greater. This highlights the potential to effectively replace childhood obesity risk factors in OSHC settings with a range of holistic health promoting, and protective elements (Branscum & Sharma, 2012).

2.2.2 OSHC Interventions

Evaluation of OSHC based interventions has demonstrated increased physical activity, nutrition knowledge and improved eating behaviours among children attending OSHC services, with varying impact (Gustin et al., 2016; Kenney et al., 2014). Interventions that target a single, or few personal behaviour aspects may return some short-term, behaviour change and results (Branscum & Sharma, 2012). However, these interventions and results have not proved to be sustainable long term (Branscum & Sharma, 2012; Cauchi et al., 2016). Greater results have been observed in studies that approach behaviour change through environmental change, and adopt a whole-service approach, which allows for multiple positive lifestyle habits to be fostered (Cauchi et al., 2016).

Adjunct to environmental and behaviour changes of children in the OSHC setting, Weaver and colleagues (2016) assert that OSHC health interventions grounded in professional development, training, technical feedback and assistance, were able to bridge the gap between knowledge training and successfully operationalised training.
The outcomes of these approaches enhance effective health promoting OSHC practice (Weaver et al., 2016). Furthermore, staff training has also been suggested to lead to increased staff morale, confidence and increased self-efficacy within their role as seen in a nutrition education intervention of centre-based Early Years Educators (Wallace, 2016). The perceived usefulness of training combined with role support have been the strongest predictors of role legitimacy and role adequacy, which leads to a higher job satisfaction and motivation, an ideal outcome when implementing a health intervention (Skinner et al., 2009). Because without confident, competent, and motivated personnel to implement and drive the intervention, even the most well considered, targeted intervention may be unsuccessful (Bandura, 2004; Weaver et al., 2012).

### 2.2.3 Barriers and enablers in the OSHC setting

A range of barriers potentially inhibits the successful application of health promoting interventions in the OSHC setting (Carson & Reiboldt, 2011). Limited budgets are frequently noted as a barrier to healthy food provision, staff training, as is the purchase of exercise and cooking equipment (Branscum & Sharma, 2012; Carson & Reiboldt, 2011). Following a comprehensive literature review Branscum and Sharma (2012) identified that using food as a reward and exercise as a punishment resulted in a negative impact in most OSHC interventions. Conversely, interventions that approached nutrition and physical activity in an inclusive manner, resulted in greater behaviour change in children (Cauchi et al., 2016). Additionally, short-term interventions that did not offer support to sustain intervention actions failed to make lasting changes, highlighting the need for a continuation strategy (Branscum & Sharma, 2012). Staff turnover, and lack of clear policies also impede the success of OSHC health promoting interventions (Cauchi et al., 2016; Kenney et al., 2014). In contrast, improvements were noted in studies that had clear communication and support strategies, involved children in menu planning, and included a range of physical activity options (Cauchi et al., 2016; Kenney et al., 2014).

### 2.3 OSHC Professionals as Positive Influencers

Research in the OSHC setting highlights the critical link between skills, knowledge, and competencies of OSHC Professionals and children’s experiences in the setting and improved health outcomes for children (Dennehy & Noam, 2005; Gustin et al., 2016). The influential nature of positive role modeling of OSHC Professionals must
not be overlooked as a key driver and source of guidance to many children (Weaver et al., 2016). In a study undertaken by Weaver and colleagues (2016), OSHC Professionals from four OSHC services participated in professional development in the areas of healthy eating, physical activity and positive role modeling. After conducting 8949 observation scans, over a 12 month period, measuring 19 specific behaviours, empirical data demonstrated 14 behaviour measurements improved in the desired direction (Weaver et al., 2016). Specifically, OSHC staff engaging in physical activity with children attending OSHC increased from 27% to 40%, and staff eating and drinking suboptimal foods reduced from 56% to 14% after participating in the health and role modeling targeted professional development (Wenger, Trayner, & de Laat, 2011). This evidence underpins the value of providing nutrition and health promotion training to OSHC professionals to support positive role modeling in the OSHC setting (Weaver et al., 2016). However, reviews in this area suggest that many OSHC Professionals have not received sufficient training to maximise the modeling of health promoting behaviours in the OSHC environment (Branscum & Sharma, 2012; Cauchi et al., 2016). In the absence of sufficient training in these areas, an OSHC Professional may lack confidence in health promoting aspects of their role (Weaver et al., 2016).

2.4 Professional Development

In all professions on-going professional development is key for staff to update their knowledge and skills, and to reinforce and develop new competencies (Brooks & Gibson, 2012). At a time when digital technology and innovation is rapidly advancing, an opportunity exists to “reimagine professional development as professional learning in a networked age” (Brooks & Gibson, 2012, p. 1; Korda & Itani, 2013). A decade ago, Lock (2006) noted the teaching profession acknowledged the digital age was no longer forth coming, it had arrived and offered an opportunity for fluid professional development that crossed the traditional boundaries of professional development. As such, the teaching profession has demonstrated how traditional professional development has been transformed by embracing the possibilities of the digital age (Fig. 1) (Brooks & Gibson, 2012).
The professional development continuum (Fig. 1) depicts how traditional professional development methods of long, face-to-face sessions could be reconsidered, or supplemented, with bite-sized online learning opportunities that are easy and convenient to access (Brooks & Gibson, 2012). The evolution to online teacher professional development (oTPD) provides flexible, interactive web-based learning opportunities, whilst negating the need to coordinate staff, facilitator, and venue logistics (Brooks & Gibson, 2012). While the convenience of online professional development is appealing, the tradeoff may come at the cost of personal interaction and networking, or the “learning community” (Brooks & Gibson, 2012, p. 6). However, social media represents a modern, technological solution to the learning community through a variety of digital platforms like Facebook and Twitter, and demonstrates the further evolution of the professional development continuum (Brooks & Gibson, 2012).

The latest evolution on the professional development continuum (Fig. 1); “technology-mediated professional learning (TMPL)” (Brooks & Gibson, 2012, p. 2), acknowledges contributions to professional learning from networked learning such as social media communities and interactions from within those online networks (Brooks & Gibson, 2012). Social media offers a cost effective, easy to use, collaborative environment that spans geographic locations instantaneously, which can replicate learning communities typically seen in traditional professional development approaches (Brooks & Gibson, 2012; Korda & Itani, 2013). TMPL is less structured than the preceding two concepts of professional development on the continuum, and emphasises the shared learning experiences and how these contribute to constructing new knowledge (Brooks & Gibson, 2012). TMPL recognises learning environments can become blended and may incorporate a mix of face-to-face training and online exchanges to enhance professional development (Brooks & Gibson, 2012; Korda & Itani, 2013).
It is suggested that rather than replacing traditional professional development methods, digital opportunities can be integrated with traditional approaches to increase convenience and reach. In addition to meeting the appeal of digital users (Brooks & Gibson, 2012).

2.5 Conclusion

Addressing and preventing childhood obesity is a complex public health issue that should be prioritised to assist children in creating lifelong healthy behaviours. Holistic settings-based approaches that displace multiple risk factors, while simultaneously supporting the creation of healthy habits are showing promise in this area. OSHC is a unique health promoting opportunity as the captive intervention audience (children) is in attendance, and personnel are already in place to facilitate an intervention. However, professional development gaps amongst OSHC Professionals may impact their confidence and competency levels to maximise their position as a positive influence in the OSHC environment. To maximise this health promoting opportunity, OSHC Professionals require education, training and support to empower them to make changes. A multifaceted intervention including face-to-face training, and access to online training and support presents a cost and time effective medium that has potential to reach a large section of OSHC Professionals.

2.6 Epistemology and Theoretical Frameworks

A pragmatist worldview is one that does not subscribe to one single philosophy or reality when answering research questions (Creswell, 2014). Pragmatism allows the researcher “freedom of choice” (Creswell, 2013, p. 11) to incorporate research methods and techniques, data collection and analysis that best suits the project purposes. By the very nature of adopting a number of different approaches, a pragmatist worldview supports mixed methods study designs and forms the basis of the underlying epistemology associated with this study.

Reflecting the pragmatist, exploratory, and multifaceted approach to this study, three theoretical frameworks were selected to guide the intervention and analysis; the 5M Model (Weaver et al., 2012), the Theory of Role Adequacy and Legitimacy (Shaw, 1978; Skinner et al., 2009), and Self-Efficacy Theory (Bandura, 2004). A theoretical
framework and research question matrix (Appendix A) provides an overview of how these frameworks were applied to this research study.

2.6.1 5M Model

The 5M Model (Fig. 2) was used in this study as a framework on which to base workshop development, planning and delivery and supported the closed Facebook group and website integration. The 5M Model was developed by Weaver et al. (2012), on the strength of systematic reviews, policy documents and literature regarding OSHC competencies, specifically for the purposes of maximising interventions in the OSHC setting. Rather than a more traditional knowledge-based approach (Weaver et al., 2012), the 5M Model is a competency-based model that can be used to augment successful implementation of programs into the OSHC setting (Weaver et al., 2012). The 5M’s; Mission, Motivate, Manage, Monitor and Maximise were integrated into this study by:

1. **Mission**: Defining a clear purpose of SNAC_OSHC; **SNAC_OSHC is committed to assisting and supporting OSHC Professionals in developing and providing a health promoting setting for all children.**

2. **Motivate**: During the workshops, OSHC Professionals were encouraged to engage in conversations about their role within the OSHC setting. Conversation topics included positive experiences and identify the importance of their role as a healthy influencer to build momentum and motivation for the intervention. The workshop manuals were equipped with helpful resources and including bright posters, a range of brochures, and a variety of activities to elevate motivation. The closed Facebook group provided motivation though collaboration, competitions and sharing ideas.

3. **Manage**: The workshops included practical demonstrations to improve competencies in health promoting areas in OSHC. Practical tools were also provided, including: safe food handling information, hand washing information, policy guidelines, menu and activity planning resources. The closed Facebook group and website assisted in reinforcing competencies with credible resources.
4. **Monitor:** The workshops included strategies to monitor children’s food intake in addition to monitoring children’s involvement in activities to foster inclusiveness. During workshop discussions participants described ways to observe and encourage healthy behaviours. Techniques discussed included leading by example, giving children input into menus and activities, and giving the children praise for participating. The closed Facebook group and website were designed to provide support and information.

5. **Maximise:** The 5M Model states that the sum of intervention strategies will have a greater effect than individual parts when approaching healthy environments in OSHC services. In terms of the SNAC_OSHC intervention, it was anticipated, therefore, that the delivery of the entire workshop would have greater impact than individual sections of the workshop the OSHC Professionals confidence, leading to an improved health promoting OSHC setting. Furthermore, it was anticipated that the sum of the three intervention strategies the workshop, the closed Facebook group, and the website would have a greater impact than the workshop as an individual intervention strategy, thus maximising the effectiveness of the intervention and increasing the likelihood of achieving the study aim (Weaver et al., 2012).
2.6.2 Theory of Role Adequacy and Role Legitimacy

The theory of role adequacy and role legitimacy (Fig. 3) is a crucial element in this study as it presents a pathway to job satisfaction and work motivation, both key factors to drive the success of any health intervention (Skinner et al., 2009). Whilst originally developed for Counselors and Social Workers in Alcohol and Other Drugs sector, the principles can be modified and translated to suit a broad range of sectors, including OSHC (Skinner et al., 2009). The theory proposes the role perception (collective term for role adequacy and role legitimacy) of an individual has strong influence on their job satisfaction and motivation, which may hinder or assist the success of an intervention (Skinner et al., 2009). The antecedents to role adequacy and role legitimacy are identified as role support, role experience, role education, and the perceived usefulness of education, all of which can be targeted to improve the role outcomes of an OSHC Professionals role outcomes (Skinner et al., 2009).

If this intervention were to be effective, it was hypothesised that job satisfaction and motivation would have to be high, thus, OSHC Professionals would need to view...
their role adequacy and legitimacy favourably. Therefore the identified antecedents of (support, experience, training and perceived value of training) were essential to address within the SNAC_OSHC intervention to foster motivation and momentum (Shaw, 1978; Skinner et al., 2009).

![Figure 3: Theory of Role Adequacy and Role Legitimacy (Skinner et al., 2009)](image)

<table>
<thead>
<tr>
<th>Key requirements</th>
<th>Role perceptions</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role support</td>
<td>Role legitimacy</td>
<td>Job satisfaction</td>
</tr>
<tr>
<td>Experience</td>
<td></td>
<td>Work motivation</td>
</tr>
<tr>
<td>AOD-related education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perceived usefulness of education</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.6.3 Self Efficacy Theory

Self-efficacy is described as an individual’s belief in their ability to perform and achieve a desired outcome and impacts the individuals confidence, motivation and behaviour (Bandura, 1978). The fours sources of self-efficacy include; performance accomplishment, vicarious experience, verbal persuasion and physiological states (Bandura, 1978, p. 5). Performance accomplishment and vicarious experience as a pathway to increase self-efficacy in OSHC participants, was considered and embedded into this study (Bandura, 1978, 2004). These self-efficacy sources are embedded into competency based activities workshops, and in shared vicarious experiences in the closed Facebook group.
Chapter 3: Research Design

3.1 Introduction

The purpose of this chapter is to provide a rationale of the mixed methods research design used in this study. The content of this chapter has been organised in a chronological order to aid in conceptualising how the this study was conducted in its entirety. An explanation of the preliminary work undertaken by the researcher prior to commencing this study is outlined first. An overview of the study design is then presented, leading into a detailed description of the three intervention elements. Study ethics, sample selection criteria, and recruitment strategies are then addressed. Finally, development of data collection tools and methods of delivery are described, before concluding this chapter with the data analysis plan.

3.2 Foundation and Preliminary work

Research undertaken by Wallace (2016), in the Early Childhood Education and Care space, resulted in the foundation of the SNAC – Supporting Nutrition for Australian Childcare - community. SNAC offers an online suite of nutrition resources including recipes, activities, and information supported by forums where members share stories and support for Early Childhood Education and Care staff, to assist them in their important role guiding the provision of a healthy eating environment in this setting. After the initial and ongoing success of SNAC, which focused primarily on long daycare services, other Early Childhood Education and Care settings were identified, namely; outside of school hours care (OSHC). Once the need for specific support in this setting was identified, the SNAC_OSHC (Supporting Nutrition for Australian Childcare in Outside of School Hours Care) program was developed.

Preceding the SNAC_OSHC Honours study, the Researcher completed a significant amount of preliminary work within the scope of an Edith Cowan University Research Cadetship, in 2016 (Fig. 4). The outputs of the Research Cadetship included:

i. Repurposing of Eat Smart Play Smart Manual

The *Eat Smart Play Smart* (ESPS) manual (NHF, 2008) was a hardcopy folder produced by the National Heart Foundation (NHF), and available to OSHC
services as a guiding operation manual. The ESPS manual included; policy suggestions, menu planning tools, nutrition information, recipes, and physical activity ideas. NHF approved the repurposing of the Manual as part of the Research Cadetship. The ESPS manual was repurposed into electronic format, to align with the current Australia’s Physical Activity and Sedentary Behaviour Guidelines for Children (5-12 years), Australian Guide to Healthy Eating (Department of Health [DOH], 2017; NHMRC, 2013), and to reflect school and OSHC services ‘no nut’ policy (DOE, 2017). Furthermore, all resources were repurposed to support meeting National Quality Standards for OSHC, National Quality Area’s 2 and 3 (ACECQA, 2014).

ii. Industry Collaboration

Prior to repurposing the manual, the Researcher developed a relationship with a large OSHC service provider, OSHClub, and met to discuss their current needs and considerations for resources to support OSHC settings. OSHClub representatives highlighted recipes needed to be quick, easy, and primarily no cooking required (due to time restraints and lack of cooking facilities), and be mindful of cultural requirements, and food wastage. It was also noted that food storage, and food preparation equipment together with the physical environment and physical activity equipment varied across services.

During the meetings, preferred ways to access the resources were discussed, and the concept of provided workshops and a supporting website ensued. It was highlighted by the industry partner the website would need to be clear and easy to use. A click and see style of website style was discussed as the preferred option.

iii. Social Media Use Research

Under the umbrella of the main SNAC Project Ethics approval (Approval #12328), an online survey was sent to approximately 2000 existing SNAC members to determine members’ social media use and preference. This poll revealed Facebook as a preferred social media platform for existing SNAC members.
iv. Logo Development
The Researcher engaged with the designer of the original SNAC logo to develop a new logo specific to SNAC_OSHC.

v. Grant Application
The Researcher, together with Supervisors, sourced potential funding opportunities to build the SNAC_OSHC website portal to host the repurposed resources. The new SNAC_OSHC portal was to be built as a new tab on the existing SNAC website (www.snacwa.com.au). The Researcher and Supervisory team successfully addressed the grant application requirements, and were awarded a Healthway Health Promotion Project grant to build the new SNAC_OSHC portal (Healthway Grant Number: 128328).

Figure 4: Overview of Study Design
The work conducted during the Research Cadetship provided some of the formative outputs, which paved the way to conduct this Honours study.

### 3.3 Overview of Study Design

The study was designed according to the three intervention elements which included the; (1) workshop, (2) website, and (3) closed Facebook group (Fig. 4). Six data collection points; pre and post questionnaires, informal focus group, Facebook insights, web analytics, and semi structured telephone interviews were used to gather both quantitative and qualitative data. The analysis integrated the quantitative and qualitative data, which is outlined in Section 3.8. The intervention elements are described next according to the order in which they were implemented.

### 3.4 Intervention Elements

First, the timeline below (Fig. 5) is provided to depict the significant amount of time required to develop each of the elements prior to delivery.

<table>
<thead>
<tr>
<th>Intervention Element</th>
<th>March</th>
<th>April</th>
<th>2017 May</th>
<th>June</th>
<th>July</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Website</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Workshop</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Facebook</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Figure 5: Development Timeline of Intervention Elements*

#### 3.4.1 SNAC_OSHC Website Development

Development of the SNAC_OSHC website commenced in March 2017 (Fig. 5). The SNAC_OSHC website was structured according to the core elements of the original ESPS manual; fact sheets and supporting resources, nutrition information and activities, recipes, contact details and links for associated organisations. In section 3.2 (ii), meetings were held with OSHClub to assess OSHC needs. During the meetings it was also discussed if electronic access to new material would be beneficial and utilised. OSHClub advised access should be quick and simple, and have a streamlined approach. Websites that require in-depth searching to locate required resources were perceived as too time consuming, and less likely to be used in the OSHC sector. To meet the needs and
feedback provided from the OSHC sector, a static, simple click and view website design was adopted to present the resources. The following screen shots demonstrate the simplicity of the website design (Fig. 6):

Once the preferred website style was decided, the repurposed ESPS resources were grouped together and mapped to the design elements of the SNAC_OSHC website. Additional resources were sourced to extend information available to OSHC Professionals and to support a holistic, multifaceted approach. The new SNAC_OSHC website plan was discussed with the original SNAC website developer, who was enlisted to operationalise the new SNAC_OSHC build. The researcher, supervisors, and website developer worked together to construct the new element of the website, the overall registration process and data capture requirements were realigned. In the six months prior to the workshop delivery, website development and testing occurred in an iterative process. Finally, the researcher uploaded the resources to the new SNAC_OSHC website in preparation to introduce the new website to the participants in the planned workshops.
A guest login has been created for Examiners to view the SNAC_OSHC Website:
Website: www.snacwa.com.au
User name: SNAC_OSHC Examiner
Password: Z8)&##K$j$llX^IeD3DihG1&

3.4.2 SNAC_OSHC Workshop Development

The development of the workshop structure and content commenced in May 2017 (Fig. 5). The structure of the website guided the workshop plan (Appendix B), with the addition of a registration activity. The content of the workshop included the components of the website which were introduced sequentially, and supported participatory learning through activities, and a workshop folder. Credible sources of supporting information were introduced into the workshop and the folder to broaden the holistic approach of the intervention (Appendix C). Once the participants had registered on the Facebook page and website, a website navigation session was conducted in order to introduce and orientate the participants to both the website and Facebook group. The workshop folder was designed to be retained by the participants as a future reference guide, and to enable sharing of information with others at their service.

Two workshops were conducted on two separate days to keep participant group size (n=19) manageable for the researcher. Eleven participants took part in the first workshop, and 8 in the second. The workshops took place in the Nutrition Laboratory at Edith Cowan University, and a support person from the supervisory team assisted the researcher each day.

The workshops were the impact point of imparting health promoting information specifically created for OSHC, and also provided a platform to introduce the remaining two elements of the intervention. The design of the four-hour workshops enabled delivery of multifaceted health promoting information that mirrored the new SNAC_OSHC website, a range of activities, discussions and learning opportunities. Data collection also formed part of the workshop activities, and will be discussed in section 3.5.
3.4.3 SNAC_OSHC Facebook Development

A closed Facebook group was created in July 2017, before the delivery of the workshop. The purpose of the closed Facebook group was to provide a supportive space to share ideas, ask questions and help create positive social connections among intervention participants. The Facebook group also facilitated the purpose of driving participants to the website to access developed resources, by posting direct links in the group. The rationale for using Facebook as a supportive space to connect with OSHC Professionals stems from the social media poll conducted with existing SNAC members in the preliminary work phase, as outlined in section 3.2 (iii). Approximately 2000 members had access to the poll, and of the 145 members who took part in the poll, 80% reported having Facebook, and 75% used Facebook daily (Appendix D). This poll provided strong evidence to support the inclusion of Facebook, rather than discussion boards on the website as the primary support connection platform.

3.5 Ethics

ECU’s Human Research Ethics Committee gave approval for this study to be undertaken (Project 18096). On confirmation of ethics approval, an agreement was made with OSHClub to recruit participants for this study from their workforce. OSHClub agreed to remunerate their staff for attending the workshop, as it was deemed by the organisation as Professional Development training. When the researcher became aware OSHClub had not been able to fill the workshop positions, an ethics amendment was obtained to recruit outside of the OSHClub organisation. This amendment allowed the researcher to create a flyer (Appendix E) and promote the workshop on social media platforms, resulting in four additional participants for the workshops.

Participants received an information letter and consent form (Appendix F & G), which explained they would be taking part in a four-hour workshop, including a pre (Appendix H) and post (Appendix I) workshop questionnaire, and focus group discussion. The participants also gave consent to join the closed Facebook page (Appendix J), and the SNAC_OSHC website as part of the study. All participants agreed to participate in an exit telephone interview at the end of the study that would be recorded for transcription purposes. The participants were made aware that 5 telephone
interviewees would be randomly selected to take part in this final study phase. It was anticipated the interviews would take twenty to thirty minutes to complete.

Participant confidentiality was maintained throughout this study by adhering to NHMRC and ECU Human Research Ethics guidelines (Edith Cowan University, 2017). Practical application of these guidelines included ensuring signed consent forms, and pre and post workshop questionnaires were stored in separate folders; all transcriptions of focus group discussions and telephone exit interviews used participant number codes, not names; and all electronic data are password protected and accessed by the researcher and the supervisory team only.

3.6 Sample Selection Criteria

The characteristics for participant selection criteria included;

1. Current employment as an OSHC Professional within the OSHC sector,
2. Reside in the Perth metropolitan area,
3. Available to attend a four-hour workshop at Edith Cowan University in Joondalup on either 26th or 27th July 2017,
4. Able to understand the information letter to give informed consent to participate in the study.

OSHC Professionals were chosen as the desired participants as they have the potential to make the most impact on providing a health promoting environment within the OSHC setting (Weaver et al., 2016). Any non-OSHC Professionals were excluded from the study. Twenty participants were recruited for this study; however, due to illness only nineteen participants were available on the day of the workshop.

3.6.1 Sample Size

A total of nineteen participants attended the SNAC_OSHC workshops. From these nineteen participants, four took part in a telephone exit interview.

3.7 Recruitment Process

Due to the involvement of OSHClub in the formative stage of this project, a purposive, convenience recruitment technique was adopted to recruit sixteen participants from OSHClub (Bowling, 2009). A further four participants were recruited through the use of a flyer advertising the workshops, followed by a snowball technique
(Bowling, 2009). The flyer was distributed to existing SNAC members, in addition to the Researcher posting the flyer on their own personal Facebook page (Appendix E). Three enquiries were made as a direct result of the flyer. After ensuring the potential participants met the inclusion criteria the three potential participants were recruited, followed by using the snowball technique to recruit the final participant.

3.8 Data Collection

The focus of this section is to outline the data collection during the study. Development of data collection tools, testing time points and method of collection will be discussed. An overview of the data collection points is presented below in the data collection overview (Fig. 7). The data analysis strategy will be presented in section 3.9.

<table>
<thead>
<tr>
<th>Data Collection Method</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre Workshop Questionnaire</td>
<td>Quantitative data was collected by a pre workshop questionnaire to collect information relating to the resources available at each OSHC service. Participants confidence, role adequacy and legitamacy was measured. (Appendix H).</td>
</tr>
<tr>
<td>Post Workshop Reflective Focus Group</td>
<td>Qualitative data was collected in a recorded informal reflective focus group. The focus group session was preceded by the participants using post it notes to answer 3 questions. The post it note activity formed the discussion points for the focus group. (Fig. 11)</td>
</tr>
<tr>
<td>Post Workshop Questionnaire</td>
<td>Quantitative data was collected by a post workshop questionnaire to review participants confidence, role adequacy and legitamacy Feedback on usefulness of the workshop was also reported. (Appendix I).</td>
</tr>
<tr>
<td>Website Analytics</td>
<td>Quantitative data was collected from website analytics regarding the number of members who had joined, page views, and resources downloaded (Fig. 10).</td>
</tr>
<tr>
<td>Facebook Insights</td>
<td>Qualitative and quantitative data was collected from the SNAC_OSHC closed FB group. Likes, shares, comments, posts and interactions between members were reported (Appendix M).</td>
</tr>
<tr>
<td>Semi Structured Telephone Exit Interviews</td>
<td>Qualitative and quantitative data were collected in a telephone exit interview with participants. Information collected included self reported use of website and facebook in addition to project feedback (Appendix L).</td>
</tr>
</tbody>
</table>

Figure 7: Data Collection Overview

3.8.1 SNAC_OSHC Workshop

The workshop encompassed three data collection points; a pre and post workshop questionnaire, a post it note activity and focus group activity. The
development and delivery methods of these tools will now be described. Additionally, the researcher made observations throughout the two workshops, which was recorded in a reflective diary post workshop.

Pre-workshop questionnaire development

The pre-workshop questionnaire was designed to gather information about the participants’ demographics and OSHC role history; OSHC service facilities; history of health promoting based training; confidence levels; and role adequacy and legitimacy.

The pre-workshop questionnaire contained ten questions (Appendix H). The Researcher and Supervisory team developed two questions regarding OSHC service planning and equipment. These two questions were presented as a list and participants were asked to identify Yes, No, or Unsure to the specified items. Five confidence questions in the questionnaire were adapted from Wallace, Lo, and Devine (2015), for use in an OSHC setting and used a four point Likert scale to rank confidence from Not at all, through to Extremely confident. Adapted from Skinner et al., (2009), the seven role adequacy and legitimacy statements were presented with a four point Likert scale, and participants were asked to mark their level of agreement. The prior training question, also adapted from Skinner et al., (2009), required a dichotomous Yes or No response and provided space to explain the training received if relevant. Given the exploratory nature of this study, the questionnaire was not piloted prior to delivery as the project itself served as a pilot strategy.

Pre-workshop questionnaire delivery method

After completing the information letter and consent form, participants were issued with the pre-workshop questionnaire (Appendix H). The pre-workshop questionnaires were pre-coded to de-identify the participant, but to allow matching with the post-workshop questionnaire. After completion these were collected and stored separately to consent forms to ensure participant responses were kept confidential, as per ethical obligation.
Reflective ‘post-it’ note activity and focus group activity development

The purpose of the reflective post-it note activity and focus group activity was to gain feedback about elements of the workshop, and perceived barriers to implementing positive changes. The rationale to conduct the reflective post-it note activity prior to the focus group was to enable all participants the ability to have a ‘voice’. Focus groups provide an excellent vehicle for gaining rich qualitative data; however sometimes in a group setting confident participants can dominate the discussion and feedback (Creswell, 2013). By offering the post-it activity prior to the focus group session all participants had the opportunity to communicate their point and views. Three large sheets of paper were placed on a table, and each sheet was labeled with one of the questions below. The Researcher explained how to complete the activity by reading each of the questions out loud, and giving an example. Each participant was then given a post-it note pad and pen, and asked to write an answer to each question on the post it note, and then place their post-it note onto the relevant poster.

The three questions for reflection underpinned the focus group session were:

1. What is one thing from today you found helpful, and why?
2. What is one thing from today you would like to implement at your service?
3. What is one thing that: a) would help you to implement, and b) be a potential hurdle to overcome before implementing it?

Following this activity, and with permission from all participants, a recorded, informal focus group discussion ensued. The session was an opportunity to further explore different themes that had emerged from the post it notes.

Post-workshop questionnaire development

The purpose of the post-workshop questionnaire was to reassess confidence, role adequacy and role legitimacy using the pre questionnaire, with additional questions around relevance of training, and workshop feedback (Appendix I). Three additional questions were adapted from Skinner et al., (2009) relating to training as an indicator for role adequacy. To evaluate and determine the workshop benefit, six questions were added to assess the participant’s impression of the workshop, content, and to give an opportunity for participants to provide feedback, and nominate additional topics they
would like covered (Appendix I). Reiterating from the pre questionnaire development section, the exploratory nature of this study was the piloting strategy for the post-workshop questionnaire.

3.8.2 SNAC_OSHC Website

Although the purpose of the website was to host the intervention resources, it was also a data collection point.

Development of website data collection

The SNAC_OSHC website was embedded into the existing SNAC website. The registration process was amended to reflect the new SNAC_OSHC section and terms and conditions realigned in collaboration with the website designer, Researcher, and Supervisory team to reflect the needs of this study and to meet ethical obligations (Appendix K). In addition, a counter was added to the website to give information on the number of times resources were downloaded. Metadata (Google analytics) also provided website traffic information.

3.8.3 SNAC_OSHC Closed Facebook Group

The closed Facebook group provided a space for support, social connection, and sharing of ideas. Both qualitative and quantitative data were collected in the form photos shared, comments, and likes. An initial Researcher Facebook post has been included in Appendix J.

3.8.4 Semi-structured telephone interview

The purpose of the semi structured telephone interview was to gain insights from the participants about the intervention elements, the impact the intervention had on their own confidence which was implied by the changes they made at their service as a result of participating in the study. The protocol for the semi-structured interview consisted of twenty-two discussion points that were grouped into four sections; website, Facebook, workshop, and overall feedback and confidence level (Appendix L). The website section of the interview protocol was developed to invite conversation about the participants’ website use including frequency, ease of use, purpose of visit, areas visited, and if they had recommended the website to anyone else. The Facebook section followed a similar protocol, with the addition of discussion points about sharing,
commenting, and developing connections. Protocol for the discussion about the workshop asked the participant to reflect on the day of the workshop and identify something that had assisted them in their service. Other points of discussion about the workshop included; identifying changes the participants have made since the workshop, and factors that have enabled or supported those changes. In addition to identifying other areas they would like to change and barriers to doing so.

In the final section of the semi-structured interview protocol, the participant was asked to rate their confidence level in providing a health promoting environment from one to five, one being Not Confident at all and five being Extremely Confident. Following this participants were asked to explain their ratings and to provide feedback about their experience with the intervention. Finally, participants were asked to think of one word, which they felt could sum up, or describe their overall experience. The purpose of this question was to gauge the participants’ perception of the entire intervention, a similar practice adopted in sentiment analysis and brand marketing research to extract ‘seed words’ (Pathak & Pathak-Shelat, 2017, p. 10).

During the seventh week following the initial workshop, four participants, who had previously consented to taking part in a semi-structured telephone interview, were contacted through Facebook messenger. An agreed time was scheduled to allow for an estimated twenty to thirty minute telephone calls. The phone call was recorded for transcribing purposes. The telephone protocol was used as a guide, and the Researcher made notes as the conversation occurred. At the end of the conversation, the Researcher thanked the participant and ended the recording. The recordings were transcribed in preparation for data analysis, and main points were summarised on a master sheet (Appendix L).

3.9 Data Analysis

Outlined in section 2.6, the mix methods, pragmatist view adopted in this multifaceted exploratory study enables a range of data analysis strategies to be applied in order to answer the research questions (Creswell, 2013). This study collected quantitative and qualitative data at different time points to measure a change in confidence levels and role adequacy and legitimacy; provide metadata on use of the
and provide contextual information to triangulate findings to answer the research questions.

3.9.1 Quantitative data analysis

On completion of the workshop, all quantitative data collected from the pre and post questionnaires was entered into Qualtrics (Qualtrics, 2017). Through Qualtrics (Qualtrics, 2017), descriptive data were extracted and tabulated. Raw data pre and post survey data were entered in SPSS (IBM Corp, 2016) and a Wilcoxon signed rank test was performed to measure the effect of the intervention on confidence levels, and role adequacy and legitimacy indicators.

Google analytics and website metadata provided statistics for new SNAC_OSHC members, page visits, and resource downloads. SNAC_OSHC closed Facebook group provided statistics about member numbers, post views, likes, and comments. These elements assisted in quantifying website use and Facebook interactions.

3.9.2 Qualitative data analysis

Analysing qualitative data is an interpretive and dynamic process, allowing researchers to determine a description that suits the theme or category of information as it is presented (Clark & Creswell, 2015). Direct interpretation and generalisation of qualitative data is required understand the data (Creswell, 2013), which was an approach adopted in this study.

Qualitative data analysis commenced with tabulation of the reflective post-it activity to identify broad themes of answers provided by participants. The informal focus group session, post workshop, was transcribed verbatim to elaborate on the short answers participants provided on the post-it activity sheets, and then entered into NVivo (QSR International Pty Ltd, 2014). This part of the data analysis enabled further in-depth understanding of the participants experience and provided an opportunity to collapse or extend themes.

During the seven-week post workshop period, Facebook posts and comments were collated and evaluated to indicate participant-led posts, versus researcher-led
posts. Posts were also grouped into themes, to identify which topics created the most conversation. Finally, the semi structured telephone interviews were summarised to describe elements of the experiences of the study amongst the participants. Combining qualitative data collection methods demonstrates the interrelationship of themes in mixed approaches (Clark & Creswell, 2015), and in this study the three elements allowed the meaning of the themes and descriptions to be further considered and interpreted.

### 3.9.3 Triangulation

Due to the complexities of exploratory and qualitative research, triangulation is a commonly utilised form of data analysis within a mixed methods approach (Bowling, 2009), and utilises multiple sources to corroborate and validate themes and findings (Creswell, 2013). Furthermore, by combining multiple methods of data collection and data analysis, triangulation can strengthen study findings (Golafshani, 2003), and provide rigour to mixed methods research (Creswell, 2014). Triangulation was used in this study to enhance rigour and is depicted in Fig. 8:

![Figure 8: Data Analysis - Triangulation](image-url)
Chapter 4: Results

Given the mixed methods design of this research, both quantitative and qualitative results are presented in this chapter.

4.1 Quantitative Results

A total of 19 participants consented to be part of the workshops. All 19 participants completed the pre workshop questionnaire. Of the 19 participants, 17 were employed in OSHC service setting, and 2 had employment at a central head office location in OSHC senior management positions. All but one of the participants completed the post workshop questionnaire (Table 1).

4.1.1 Pre and Post Workshop Questionnaires

<table>
<thead>
<tr>
<th>Table 1: Demographic Information of Participants</th>
</tr>
</thead>
<tbody>
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</tr>
<tr>
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</tr>
<tr>
<td>Female</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Age (years)</th>
<th>n</th>
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<td>11</td>
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<tr>
<td>31-40</td>
<td>3</td>
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<tr>
<td>41-50</td>
<td>4</td>
<td>21.0</td>
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<td>51 and over</td>
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<table>
<thead>
<tr>
<th>Highest Education Level</th>
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<td>15.8</td>
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<tr>
<td>TAFE</td>
<td>10</td>
<td>52.6</td>
</tr>
<tr>
<td>University Degree</td>
<td>6</td>
<td>31.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time in OSHC</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;12 months</td>
<td>8</td>
<td>26.3</td>
</tr>
<tr>
<td>1 – 5 years</td>
<td>9</td>
<td>47.4</td>
</tr>
<tr>
<td>&gt;5 years</td>
<td>5</td>
<td>26.3</td>
</tr>
</tbody>
</table>

Prior health and nutrition training

The majority of participants (68.4%, n=13) had not received any food and nutrition, or health promotion training related to their OSHC role prior to attending the workshop. Of the 32% (n=6) that had, 4 participants received food safety training, one
had received kitchen safety training, and one had received food, nutrition and healthy role modeling training.

**OSHC food service equipment**

Of the participants who were employed within an OSHC service setting (n=17), all had access to a fridge and a toaster; most had access to an oven (n=15), 9 had a blender, and only 4 had an electric fry pan.

**Planning tools at OSHC**

All participants (n=19) reported having knowledge that their organisation had a food and nutrition policy, and weekly menu planner. Most participants (n=15) had a weekly food budget that ranged from $120 per week to $249 per week.

**Pre and Post confidence level of participants**

Pre workshop results found the majority of participants had confidence to perform a range of tasks related to planning menus and physical activities and accessing nutritious food ideas and nutrition-based activities (Table 2). Despite this, on completion of the four-hour workshop, all participants who completed the post workshop questionnaire (n=18) reported being Very Confident or Confident in the five areas relating to nutrition and health promotion skills and behaviours (Table 2). Specifically there was a significant improvement from baseline in planning menus and physical activities and accessing nutritious food ideas and nutrition-based activities (P<0.05 for all, Table 2). The effect size was large suggesting that the workshop and learning experience contributed to growth in confidence. There was no significant improvement, however, in role modeling, due to a high proportion of participants at baseline who considered themselves to be Very Confident in that task.
<table>
<thead>
<tr>
<th>How confident you feel to perform the tasks below?</th>
<th>Very confident</th>
<th>Confident</th>
<th>Somewhat confident</th>
<th>Not at all confident</th>
<th>p-Value</th>
<th>Effect Size*</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can plan a nutritious weekly menu</td>
<td>Pre</td>
<td>3 (16.7%)</td>
<td>12 (66.7%)</td>
<td>3 (16.7%)</td>
<td>0 (0%)</td>
<td>0.004</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>13 (72.2%)</td>
<td>5 (27.8%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
</tr>
<tr>
<td>I can access nutritious food ideas for children</td>
<td>Pre</td>
<td>5 (27.8%)</td>
<td>9 (50%)</td>
<td>3 (16.7%)</td>
<td>1 (5.6%)</td>
<td>0.003</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>16 (88.9%)</td>
<td>2 (11.1%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
</tr>
<tr>
<td>I can access a variety of nutrition based activities</td>
<td>Pre</td>
<td>5 (27.8%)</td>
<td>9 (50%)</td>
<td>3 (16.7%)</td>
<td>1 (5.6%)</td>
<td>0.003</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>16 (88.9%)</td>
<td>2 (11.1%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
</tr>
<tr>
<td>I can plan physical activities for children</td>
<td>Pre</td>
<td>8 (44.4%)</td>
<td>9 (50%)</td>
<td>1 (5.6%)</td>
<td>0 (0%)</td>
<td>0.013</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>16 (88.9%)</td>
<td>2 (11.1%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
</tr>
<tr>
<td>I role model healthy behaviour to children</td>
<td>Pre</td>
<td>12 (66.7%)</td>
<td>6 (33.3%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0.102</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>16 (88.9%)</td>
<td>2 (11.1%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
</tr>
</tbody>
</table>

*Effect sizes of 0.1, 0.3 and 0.5 are classified as small, medium and large, respectively.
Table 3: Role Adequacy and Role Legitimacy; Pre and Post Workshop

<table>
<thead>
<tr>
<th>Professional development in your OSHC role</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>p-Value</th>
<th>Effect Size</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Job satisfaction</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My experience in OSHC has been rewarding</td>
<td>Pre</td>
<td>13 (72.2%)</td>
<td>5 (27.8%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0.317</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>12 (66.7%)</td>
<td>6 (33.3%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
</tr>
<tr>
<td><strong>Work motivation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I believe addressing nutrition and health promoting areas in OSHC is important</td>
<td>Pre</td>
<td>17 (94.4%)</td>
<td>1 (5.6%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0.564</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>16 (88.9%)</td>
<td>2 (11.1%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
</tr>
<tr>
<td><strong>Role adequacy</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am confident in my ability to address nutrition and health promoting areas in the OSHC setting that I work</td>
<td>Pre</td>
<td>8 (44.4%)</td>
<td>9 (50%)</td>
<td>1 (5.6%)</td>
<td>0 (0%)</td>
<td>0.021</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>15 (83.3%)</td>
<td>3 (16.7%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
</tr>
<tr>
<td><strong>Role legitimacy</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have a responsibility to promote a healthy OSHC environment</td>
<td>Pre</td>
<td>16 (88.9%)</td>
<td>2 (11.1%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>1.000</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>16 (88.9%)</td>
<td>2 (11.1%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
</tr>
<tr>
<td><strong>Role support</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If I needed to, I could easily find a workplace colleague for support in OSHC nutrition and health promoting</td>
<td>Pre</td>
<td>10 (55.6%)</td>
<td>8 (44.4%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0.014</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>16 (88.9%)</td>
<td>2 (11.1%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
</tr>
<tr>
<td><strong>Level of experience</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I believe I have sufficient experience in nutrition and health promoting areas for OSHC purposes</td>
<td>Pre</td>
<td>6 (33.3%)</td>
<td>10 (55.6%)</td>
<td>2 (11.1%)</td>
<td>0 (0%)</td>
<td>0.035</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>11 (61.1%)</td>
<td>7 (38.9%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
</tr>
<tr>
<td><strong>Level of training</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I believe I have sufficient training in nutrition and health promoting areas for OSHC purposes</td>
<td>Pre</td>
<td>5 (27.8%)</td>
<td>10 (55.6%)</td>
<td>2 (16.7%)</td>
<td>0 (0%)</td>
<td>0.013</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>12 (66.7%)</td>
<td>6 (33.3%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
</tr>
</tbody>
</table>

*Effect sizes of 0.1, 0.3 and 0.5 are classified as small, medium and large, respectively.
Pre and Post Role Adequacy and Role Legitimacy

Despite the participants responding to role adequacy and legitimacy statements as Agree at baseline, post workshop the majority of participants had increased to Strongly Agree (Table 3). Post-workshop, all participants (n=18) indicated they either Strongly Agreed, or Agreed with statements that represented level of training, role support, and role adequacy. This indicated a significant improvement from baseline (P<0.05 for all, Table 3). The effect size was large and implies the workshops met the training needs and expectations of participants, increased participants’ sense of support in their role, and improved their role adequacy. There was no significant improvement in job satisfaction, work motivation, and role legitimacy as the majority of participants answered Strongly Agree, or Agree for these statements at baseline and again post-workshop indicating participants were confident initially.

Post Workshop Evaluation

Of the 18 participants who completed the post workshop questionnaire, all reported the workshop content to be Useful, and Relevant, and to have increased their confidence in the area of nutrition and health promoting activities. The majority of participants (94.4%) ranked the workshops as excellent, similarly the participants reported the workshop completely met their expectations and covered the topic areas that were important to them. Additional topics participants would have liked included; gluten and lactose free recipes and standard serve guides for recommended portions.

Perceived usefulness of workshop topics

The perceived usefulness of each section presented in the workshops was ranked from Extremely Useful to Not Useful At All, and Not Of Interest. Of the 18 participants who completed the post workshop questionnaire, all ranked the topics as Very Useful. The topic “OSHC as a Health promoting setting”, and “Nutrition and physical activity” were ranked the highest by 88.9% of participants (n=16). Other items that were highly ranked included; “Menu planning and policy information” and “Food preparation activity” (Table 4).
Table 4: Perceived usefulness of workshop topics

<table>
<thead>
<tr>
<th>Topic</th>
<th>Extremely useful</th>
<th>Very useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSHC as a health promoting setting</td>
<td>16</td>
<td>88.9</td>
</tr>
<tr>
<td>SNAC_OSHC navigation</td>
<td>14</td>
<td>77.8</td>
</tr>
<tr>
<td>Nutrition and physical activity information</td>
<td>16</td>
<td>88.9</td>
</tr>
<tr>
<td>Menu planning and policy information</td>
<td>13</td>
<td>72.2</td>
</tr>
<tr>
<td>Food Preparation activity</td>
<td>13</td>
<td>72.2</td>
</tr>
<tr>
<td>Focus group and discussion</td>
<td>15</td>
<td>83.3</td>
</tr>
</tbody>
</table>

4.1.2 SNAC_OSHC Closed Facebook Group

Of the 19 members who participated in the workshops, 17 joined FB, two did not subscribe to Facebook. Through the participants’ referral and sharing of the group, at 30th September 2017 the group had 113 OSHC members. The accumulation of SNAC_OSHC closed Facebook group members are demonstrated in Fig. 9.

Throughout the study period, 50 posts were made on the SNAC_OSHC closed Facebook group. Researcher-led posts accounted for 48% (n=24), and 52% (n=26) of posts were made by the participants (Appendix M). During the first month of the study, 66% (n=12) of the posts were researcher-led, however, in the time that followed 63% (n=20) of posts were participant driven.

4.1.3 SNAC_OSHC Website Analytics

From the 19 members who participated in the workshops, all 19 registered for the website. Through referral and sharing of the web page details, at 30th September, the SNAC_OSHC website had 144 new OSHC members (Fig. 9). This study did not set out to grow a community outside of the study participants, however, the natural evolution of members on both the FB group and website demonstrated an increasing online SNAC_OSHC community emerging.
The website Metadata (Fig. 10) displays the traffic information to the top ten pages visited on the SNAC_OSHC website. Excluding the landing home page, the most visited page was the *No Cooking – Recipe* page with 228 logged visits. This page is the access point for all non-cooking recipes. The *Toolbox – Nutrition* page ranked as second highest frequented page (209 visits), and stores nutrition based learning activities. The third most visited page being *Recipes – Cooking*, with 149 views, and with 100 views the *Connect* page was the fourth most visited page. The *Connect* page contains links to the closed Facebook group, and health organisations that can assist in providing health-supporting resources.
4.2 Qualitative Results

Qualitative elements from this study provided insight into the experiences of OSHC Professionals across a variety of areas that impact on their capacity to provide a health promoting environment. These insights were extracted from the reflective focus group sessions in the workshops, comments from members in the closed Facebook group, and from the semi structured telephone interviews.

4.2.1 Reflective Focus group activity

Outlined in section 3.8.1, the reflective post-it note activity preceded the focus group discussion. The results of the post-it note activity, from both workshops, is documented below (Fig. 11), see Appendix N for full tabulation of responses.
Using the post-it note activity as a discussion starting point (Fig. 11), the group proceeded to discuss areas of the workshop that were of particular interest to them. The participants noted that having access to new recipes (via the website) and learning about the traffic light system were two valuable outcomes of the workshop (Fig. 12).

Participants described how the content delivered in the workshop seeded their own ideas about how they could improve their menu planning; they also described how listening to other participants share their ideas were particularly helpful. In terms of specific tools provided in the workshop, participants were especially positive about the workshop folder which contained a variety of supportive resources from reputable health organisations, (Appendix C) and having access to the website whenever and wherever they needed it. The
participants also expressed their desire to receive a certificate to recognise their attendance of the workshop (Appendix O).

OSHC Professionals identified six prominent barriers that impacted their ability to implement health promoting intentions from the workshop. Barriers included: the need for professional development for all team members, allocation of team roles, cooking and physical activity equipment, limited budget, policy, and children's allergies, intolerances, and food preferences. The policy barrier uncovered that the majority of participants' were aware of their organisation's policy and where to locate it, however, they were not involved in making or reviewing the policies at their service.

Figure 12: Reflective Focus Group Themes derived from NVivo

4.2.2 SNAC_OSHC Closed Facebook Group

Participant’s use of the closed Facebook group was minimal during the first weeks of the study. Initial researcher-driven posts aimed to prompt discussion (likes and shares) about recipes and snacks, had little impact on interaction. However, when participants were asked to respond to a simple poll – one that asked them to indicate the expected number of children attending their service that day – there was a sudden increase in activity on the closed Facebook group. This was catalysed by the researcher adding new posts and calling for participants to share ideas about indoor games that promote physical activity. Seven participants responded to the post and began to interact in a positive way; exchanging pleasantries and sharing experiences. At this point, the closed
Facebook group was showing positive signs of becoming self-sustaining, particularly given participant-led posts began to overtake the number of researcher-led posts.

4.2.3 Semi-structured Telephone interviews

Interviews gave the participants an opportunity to discuss their experience of the intervention in its entirety, and any changes that occurred at their service, which they believed, were attributable to the intervention. Primarily, however, the four semi-structured telephone interviews were conducting in order to gain information about each of the three elements of the intervention (workshop, closed Facebook group and the website). Hence, they are discussed next. An expanded summary of the telephone interviews can also be found in Appendix L.

Workshop

The interviewees were asked to recall the day of the workshop and if they could identify and describe something from the day that has been particularly helpful to them at their service. Three interviewees identified the workshop folder as being very helpful, and a “good reference”. One participant noted the introduction to the website has been “helpful for accessing healthy food recipes”. The traffic light system was discussed as a helpful tool by one participant and noted how they had learnt to “add fruit and veggies into snacks to make them better”.

The interview protocol lead the discussions into changes the interviewees had made at their service since attending the workshops. All four interviewees identified they had noticed a significant increase consumption of fruit and vegetables by children at their services. The increase in fruit and vegetable consumption was attributed to:

“focusing on serving more vegetables, and encouraging the children to try something different everyday” Participant 5
“changing our menu... including more veggies” Participant 3

“the food demonstration at the workshop helped me to think and be more creative with the way I present the same food... like capsicum... I use it as a train now” Participant 1

“increased awareness of better menu planning, the traffic light system opened my eyes to better choices” Participant 6

Website

All four interviewees reported using the website regularly. Three interviewees reported weekly usage of the website for planning purposes. One interviewee reported several weekly visits to the website. The recipe and activity sections were the participants’ favourite area of the website; they also noted that making recipes from the website had increased the children’s participation in preparing and trying new foods.

One interviewee had not recommended the website directly to other people as her team attended the workshop and had joined themselves. However, this participant did mention the website in their weekly newsletter. The overall feedback and recommendations about the website was that it was very easy to use. They also requested that more recipes be made available on the Facebook group and that healthy treat recipes were in high demand.

Facebook

All four-telephone interviewees reported using the closed Facebook group multiple times a day, mainly because they tended to respond to notifications about activity in the group immediately. Three of the interviewees said they actively participated through liking and sharing; one was not able to because her service was in the middle of a move, which meant she was busy with other duties.
All interviewees reported that they engaged positively with other OSHC Professionals in the closed Facebook group (from other services). They reported a number of positive experiences as a result of these interactions, including: motivation to try new ideas and share them; being able to see what others are doing at the OSHC service without having to physically visit them; and connecting and becoming friends with other OSHC Professionals outside of their own service. However, the four interviewees stated they would like to see more people posting ideas, in addition to having more people from their own organisation join the group and enjoy the benefits, as they had. Two of the interviewees recommended the Facebook group to colleagues at their service, while one pointed out that most of the colleagues from her service were ‘old school’ and did not use social media. Overall feedback and recommendations about the closed Facebook group were positive and while the interviewees thought that posts might have been motivated by the competitions they still said that they would have participated in posting anyway; primarily because they found support by doing so and one that they might not have tapped into otherwise.

**Desired changes**

The interviewees were invited to share changes they would like to make at their services. Their responses included: more variety in their menu planning, a wider range of recipes, changes the physical layout of their room, larger budgets, and more feedback from management. Barriers identified that may prevent these changes included; children’s likes and dislikes, budget restrictions, equipment and utensils required to make different recipes, and confidence levels of support staff:

“If I have a casual on, they might not know exactly what to do.” Participant 5

**Confidence Level**

The interviewees responded to a question about their confidence level to provide a health promoting environment since being part of the SNAC_OSHC intervention. The interviewees were asked to rate their confidence on a scale of
one to five, one being not confident at all and 5 being totally confident. Two reported 5/5, while two gave a 4/5 rating. Albeit a reasonable self-rated confidence level, enquiry into the scores of 4/5 revealed insight into potential barriers for increasing confidence of OSHC Professionals. When asked ‘what prevents you from being totally confident, a number 5’, Participants’ responses included:

“I haven’t had any feedback from my manager about what I’m doing, to say whether I am doing a good job or not.” Participant 3.

“I just feel that my budget holds me back from buying the ingredients I would really like to buy.” Participant 6

**Overall Evaluation**

The interviewees were invited to give feedback about the entire SNAC_OSHC project. Feedback included:

“The training was really beneficial. I went straight into work and hung the new posters... the pack [workshop folder], was great! It was really good my assistant came too and I didn’t have to relay anything!” Participant 5

*The folder was such a good resource and has helped me a lot. Love networking with others and seeing what everyone is doing, and sharing ideas*” Participant 3

“Was really good, helpful, much needed. New co-ordinators would really benefit from doing this before starting work in OSHC... Actually even childcare workers outside of OSHC would benefit from this I think...” Participant 6

Finally, the interviewees were asked to offer one word, which summarised their overall experience. The “seed words” (Pathak & Pathak-Shelat, 2017, p. 10) offered included; *inspired, informative, enlightened and beneficial.* The summation of these words by the interviewees served to confirm the findings presented above.
Chapter 5: Discussion

5.1 Introduction

The purpose of this study was to explore a multifaceted approach to develop outside of school hours care (OSHC) as a health promoting setting. OSHC is a unique setting, and children attending OSHC are identified as a captive audience for a targeted health promotion intervention (Carson & Reiboldt, 2011). The OSHC setting is appealing as it provides an avenue to displace behavioural and environmental factors that contribute to childhood obesity, and replace them with an environment conducive to creating healthy behaviours (Carson & Reiboldt, 2011). OSHC Professionals are ideally positioned to facilitate the development of the setting as a health promoting environment, yet require professional development, and support to increase their confidence for this important role (Carson & Reiboldt, 2011). Past research has identified with certainty that the success of creating a health promoting environment in an OSHC setting requires confident, competent, motivated and supported staff (Weaver et al., 2016). For these reasons, OSHC Professionals were the central focus of this study as they are well positioned to be positive agents of change (Gustin et al., 2016).

The next section discusses the findings in light of the literature and incorporates some exemplar quotes from participants in order to clarify and bolster the overall interpretation of the data presented in this thesis. It also provides methodological and study design limitations and implications. Strengths and implications of the study will then be outlined, and to conclude, recommendations and future directions for further research will be presented.

5.2 Research Question 1

How does Face-to-Face training enhance the confidence of OSHC Professionals to provide a health promoting environment?

The results of this study indicate that after participating in an OSHC specific, face-to-face health promoting workshop, OSHC Professionals self-
reported confidence levels increased across five identified health promoting areas (Table 2). These findings are consistent with other OSHC Professional focused intervention approaches (Branscum & Sharma, 2012). It is common to produce an initial increase in confidence and motivation following an intervention activity, however this initial fluctuation can diminish (Gustin et al., 2016). For this reason, a confidence question was revisited in the semi-structured telephone interviews conducted seven weeks post-workshop. While two participants maintained a high self rated confidence level (5/5), two acknowledged they were not at their full confidence potential, which exposed potential barriers to OSHC Professionals’ development of confidence. The two perceived barriers identified were absence of managerial recognition (to be discussed in section 5.3 and 5.4) and budget constraints.

Insufficient food budgets are a common barrier to the provision of healthy food in the early education and care setting (Wallace, 2016), and this theme was mirrored in the OSHC setting. Findings from this study further suggest that the constraints of budgets impact an OSHC Professionals’ perceived ability to provide ingredients for menus and activities. This will be further addressed in the section menu planning and food ordering.

5.2.1 Planning nutritious weekly menu

Prior to the workshop, 21% of participants reported being very confident in the area of planning nutritious menus for OSHC. When repeated post workshop, 72.2% of participants reported being very confident. This increase may be attributed to the introduction to the concept of the traffic light system (DOE, 2017) in the workshop, and menu planning activity. One participant made the following remark about the traffic light system specifically:

“[It] would make planning so easy because if it’s red, it’s off the list and if it is amber we can get it over to green by adding other things to it ... so simple”, Participant 3.
As reflected in the thematic analysis (Fig. 12), the traffic light system, together with SNAC_OSHC recipes, featured greatly in the reflective workshop focus group discussion and was identified as a tool the participants would like to introduce at their service. For the majority (n=18) of participants, the workshop was their first introduction to the traffic light system. This was an unexpected finding as the traffic light system is embedded into all public schools in Western Australia (DOE, 2017) and many OSHC services at which the participants are employed are located on school grounds (Pettigrew, Pescud, & Donovan, 2011). The participants discussed the appeal of implementing the traffic light system at their service, describing it as a very clear and easy guideline to follow. This was consistent with a school based study about the traffic light system (Pettigrew, Donovan, Jalleh, & Pescud, 2014). Pettigrew et al. (2014) reviewed the perceptions of the traffic light system across 1200 participants including parents of school children, school principals, canteen managers, and parent and committee members. Common perceptions revealed that the traffic light system food characterisation was easy to understand and user-friendly, and was supported by 76% of participants stating the traffic light system was easy to understand (Pettigrew et al., 2014, p. 323).

At the time of the SNAC_OSHC study, there was no evidence to indicate the traffic light system had been implemented in OSHC settings as a menu-planning tool. Participants indicated they would be interested in receiving further training about the traffic light system. The implementation of the traffic light system within the OSHC setting could assist in creating a clear mission as demonstrated in the 5M Model. (Weaver et al., 2012) Additionally, it could assist building confidence in menu planning, and food provision in the OSHC setting leading to an overall increase in role motivation leading to healthier food eaten by children in the setting (Skinner et al., 2009; Weaver et al., 2012). This is a particularly pertinent point given one participant in this SNAC_OSHC study noted, “labels can be so confusing!”.

During the telephone interviews, the traffic light system was credited as an influence leading to increased confidence when menu planning, and
increasing motivation to serve more fruit and vegetables. The clear lists of green, amber and red foods simplified food choices and gave the participants confidence to include or exclude certain foods. Similar to the study by Pettigrew et al. (2014), the participants of the SNAC_OSHC study spontaneously started using the traffic light system in nutrition related activities to educate children. One participant developed their own nutrition activity where they cut out large red, orange, and green traffic lights, printed a range of food pictures, and worked through the activity with the children to sort food into the appropriate traffic light.

**Menu Planning and Food Ordering**

As with many OSHC services, managing food budgets was a common cause of concern for study participants (Weaver et al., 2016). Budgets impact menu planning when budgets are strained which negatively impacts the quality and type of food provided (Carson & Reiboldt, 2011). All SNAC_OSHC participants reported ordering their groceries online and had supplies delivered to their service. During the SNAC_OSHC workshop, menu planning and food ordering strategies were discussed to maximise the food budget while maintaining healthy options. Reported strategies included purchasing in season fruit and vegetables, shopping for specials, and using tinned and frozen fruits and vegetables. The following comments elucidate these discussion points:

“Budgets are one thing, but when you have to take out the cost of delivery, that can make things really tricky... it can take your budget down by $20 a week and that can make a big difference...”, Participant 18

“Ordering fortnightly cuts down our delivery costs... we just use things like bananas first, and keep things like carrots and apples for later... we always have tinned fruit and things for the end... it has freed up some of our budget for sure...”, Participant 10.

Participants shared their ideas to reduce the impact of delivery fees including; ordering fortnightly instead of weekly and using a mix a fresh, frozen,
and tinned foods; using fresh foods in the first week and moving on to frozen and
tinned in the second, which resulted in either free delivery if the order was over
a certain amount, or one delivery fee per fortnight instead of weekly. Another
suggestion included ordering on free delivery days, however, it was noted this
may not be an option for OSHC services set within a school as they have a time
they need to vacate the school by. At the conclusion of the workshop it was
agreed participants felt confident they had practical strategies to implement and
assist menu planning and food ordering.

5.2.2 Accessing nutritious food ideas

Confidence levels pertaining to where participants source nutritious food
ideas and recipes, increased from 31.6% Very Confident to 88.9% Very Confident
post workshop. Thematic analysis of the focus group discussion confirmed this
shift, and many participants commented that they had used the recipes from the
workshop, and others from the folder and website and found them useful and
easy to implement at their service. The following comment serves to summarise
this finding:

“Doing the food preparation activity has given me lots of new ideas, and the
recipes in this folder and on the website [SNAC_OSHC] will make things so much
easier... you know they are going to be healthy... I can’t wait to try them at my
service”, Participant 4.

Prior to the workshop participants sourced recipes and food ideas from
various websites and acknowledged they were aware these sources would not
necessarily provide healthful recipes and ideas, but were uncertain where else to
seek out the information. It is common practice for OSHC Professionals, and
other Early Years Educators to use the internet to search for recipes and food
ideas, despite acknowledging recipes located may not be ideal in nutritional
value (Goldsborough, Homer, Atchinson, & Barker, 2016; R. Wallace, Devine, &
Costello, 2017). The workshop increased confidence by providing a credible
bank of recipe resources including the food demonstration, workshop folder, and
access to the SNAC_OSHC website and closed Facebook group.
5.2.3 Accessing a variety of health promoting based activities

As reported in section 5.2.1, the traffic light system was a contributing factor for the reported increased confidence in menu planning. The impact of the traffic light system on participants’ confidence levels extended into accessing health promoting activities. For example, a participant modified a SNAC_OSHC activity and incorporated the traffic light system and shared it with the Facebook group, which implied a high level of confidence and motivation (Fig. 13).

Provision of online training modules is a possible solution to extend provision of professional development to the wider OSHC workforce and was discussed as a need for the industry during the focus group. A concern voiced by other OSHC Professional interventions who had experienced train the trainer workshops, was that the intervention message could be diluted due to staff turnover and further time impacted the trainers recall (Gustin et al., 2016). The participant group also identified this and the important concept was made particularly poignant in the comment below:

"Sometimes it is just the co-ordinators getting the training and have to communicate it back to the assistants and if they could access it themselves, they
5.3 Research Question 2

How does Face-to-Face training enhance role adequacy and role legitimacy of the OSHC Professionals?

The results of this study indicated, role adequacy (confidence and self-efficacy) and role legitimacy were improved after the face-to-face workshops and the effect was considerable in key elements of role support, role confidence, role adequacy, and role training. The relationship between these key elements has been previously supported by the work of Skinner and colleagues (2009), stating support is the strongest predictor for both role adequacy and legitimacy. Given that this study set out to improve the confidence of OSHC Professionals', it is reassuring but not unexpected that role adequacy (confidence and self-efficacy) was largely affected as well. This finding highlights the necessity for professional development of OSHC Professionals to build confidence to maximise the health promoting opportunities of the OSHC setting.

Prior to the SNAC_OSHC workshops the majority of participants had not received any health promotion training. This is a common phenomenon across the industry according to a review conducted by Branscum and Sharma (2012) of 20 OSHC interventions and 25 OSHC studies. As per the Role Adequacy and Role Legitimacy Model (Skinner et al., 2009), role adequacy is influenced by the inclusion of key requirements; role related education/training and the perceived usefulness of the said education/training. These key requirements are imperative to building OSHC Professionals confidence and self-efficacy, which underpins role adequacy (Skinner et al., 2009). From this growth in role adequacy, the model implies work motivation is nurtured (Skinner et al., 2009), which was found to be true in this study.

Mentioned in section 5.2, the theme of role insecurity (McPhee et al., 2012) appeared when one interviewee discussed the absence of managerial support and recognition. Research conducted by McPhee and colleagues (2012),
regarding staff training and its impact on role adequacy and legitimacy for
personal advisors working in drugs and alcohol services, noted an absence of
managerial communication, support and advice, manifested in role insecurity.
Role insecurity (absence of support and confidence) had a negative effect on
confidence, leading to a lower role adequacy and role motivation and lead to
feelings of isolation (McPhee et al., 2012). This type of isolation from role
insecurity is similar to that experienced by staff that are geographically isolated
(McPhee et al., 2012; Skinner et al., 2009). Factors enlisted to reduce feelings of
isolation and improve role security, include role experience, confidence, and
support (McPhee et al., 2012). In this study, a support avenue external to
managerial support was available through the closed Facebook group.

5.4 Research Question 3

How does a closed Facebook page provide positive social connections and
social learning experiences to support OSHC Professionals role?

The closed Facebook group created a supportive space for OSHC
participants to connect with peers from different OSHC services, and the
researcher, almost instantly. The instantaneous engagement with the closed
Facebook group is exemplified in by the following comment:

“I was on it every day... every time a notification popped up, I checked it out.”
Participant 5

The fast response time to posts and comments could be motivated by the
recognition, a type of “ego boost” from being rated positively (Utz, 2009, p. 359)
the Participants’ were receiving. Reinforcement is pivotal in confidence building
and improving role adequacy (Skinner et al., 2009). Where reinforcement may
not have forthcoming from an employer, the closed Facebook group was able to
provide reinforcement in an instant leading to a positive outcome for the posting
participants. Interestingly, as mentioned in section 5.2, Participant 3 identified
the lack of feedback from their manager as a reason for a lower self-rated
confidence score. The absence of the desired level of feedback for Participant 3,
from their manager, could have been the motivation driving this participants’ engagement within the group. That is, to seek reinforcement elsewhere.

Comparable to Weaver et al. (2016) reinforcement was identified as a crucial factor for success, after initial impact of the workshops. Continued support would be required to enhance intervention implementation in line with the 5M Model (Weaver et al., 2012). In the work by Weaver at al. (2016) reinforcement included booster session’s onsite with participants, in addition to engaging with participants in a weekly telephone coaching conversation and produced an improvement in the OSHC environment. However, the booster sessions and coaching conversations in the Weaver et al. study (2016) were between the individual participant and researcher only. This approach may not have facilitated shared experiences, and positive interactions with peers such as those incorporated by the SNAC_OSHC study.

The findings and feedback from the SNAC_OSHC study support the use of closed Facebook groups to facilitate almost instant reinforcement and as a vehicle in which to assist the development of positive social connections, and shared learning experiences. Participants credited the closed Facebook group as source of information and positive connections, and this was confirmed by observing the number of participant-led posts, and interactions increased during the course of the study.

**Facebook Use**

Participants’ Facebook involvement ranged from being highly active and demonstrating engagement by making their own posts, commenting on others, and liking other posts, to participation through observation only. Participating through observation was confirmed in this study as posts signaled the number of people from within the group who have ‘seen’ a post. The cross section of different types of usage was similar to other health-focused, social networks and is described the “90-9-1 rule” (van Mierlo, 2014, p. 33). The “cybercultural phenomenon” that is the 90-9-1 rule, asserts; Lurkers (90%) observe and do not take part in sharing; Contributors (9%) engage sparingly; and Superusers (1%)
create most of the content within the network (van Mierlo, 2014, p. 33). The 90-9-1 rule aptly summarises the usage culture of the SNAC_OSHC closed Facebook group. The majority of SNAC_OSHC Facebook members could be considered “Lurkers”, they saw posts but did not like, comment or post themselves, as described by Participant 6. Participants 1 and 5 represent are likened to “Contributors”, while Participant 3 described their interaction as ‘consistently’ and termed a “Superuser” (van Mierlo, 2014).

The following comments from interviewees demonstrated the presence of “Lurkers”, “Contributors” and “Superusers” (respectively) in the closed SNAC_OSHC Facebook group:

“Even though I didn’t post anything, I looked at it every day. I got good ideas from it.” Participant 6

“I have made a few comments and used some of the ideas too... a few of us are on other social media together and have convo’s on there...” Participant 1

“I have been using it [Facebook] a lot lately. It is really easy to share your ideas and help others... I get ideas from what others put up too” Participant 3

Emerging signs of Community of Practice

A Community of Practice (CoP) has the potential to be a powerful manifestation of informal learning, which can add knowledge, value, and a level of peer support to OSHC Professionals (Wenger et al., 2011). The SNAC_OSHC closed Facebook group exhibited characteristics that a CoP was developing.

Participant-led posts and interactions demonstrated the value participants placed on sharing ideas. For example, a participant shared a photo of freezing yoghurt into drops for after school snacks and over the next two days other participants were sharing their photos with their versions of this idea. CoP can be a key driver to organisational success by providing a social structure suitable for sharing information and experiences, tips and documents (Wenger et al., 2011). From the constructs of such an environment, an individual can
develop a deeper understanding of industry knowledge through the shared experiences of others (Wenger, McDermott, & Snyder, 2002). Through the interpretation of participants interactions on the closed Facebook group, it could be suggested that self-efficacy of OSHC Professionals’ was increasing through vicarious experiences (Bandura, 1978).

“We don’t get to visit other OSHC’s so it [Facebook] is so good to see what others are doing and try it ourselves... We [participant and assistant] chat all the time about what we going to post, it has been really positive for us.” Participant 5

**Facebook: Non-Subscribers**

The closed Facebook group in this study has proven to be a positive source of social connection, leading to shared experiences, support and motivation for participants. However, there are some participants from the workshops (n=2) who did not join the Facebook group due to being non-subscribers to Facebook. Participants who were non-subscribers, did not respond to the invitation to participate in the telephone interview and this could have been an indication of inconvenience which is a common barrier in qualitative research (Creswell, 2013). Alternatively, this could be interpreted by the researcher that participants who did not take part in the Facebook element of this study, were not as engaged and motivated to take part in the telephone interviews compared to those who did subscribe to Facebook. This interpretation raises two points, firstly; the high motivation and engagement of participants using Facebook in this study, could provide justification of the inclusion of Facebook as an intervention element in future studies. Secondly, it raises the question to determine what approach can be taken to provide support and positive social connections to non-subscribers to Facebook?

“It is a shame some of the people from my work are missing out on the Facebook page... they are old school... they won’t do it [Facebook]”. Participant 1

Although the number of non-Facebook subscribers in this study was low (n=2), it is not realistic to assume all participants or members of the OSHC workforce are Facebook subscribers. Facebook use is very popular in Australia;
however, as 3 in 10 Australians do not subscribe to Facebook (Sensis Pty Ltd, 2017) there is a potential gap and weakness in an intervention that utilises Facebook as a key element. Therefore the website and workshops are alternative strategies that can address this issue.

5.5 Research Question 4

How does the provision of online resources add value to OSHC Professionals to maximise health promoting opportunity?

The inclusion of the SNAC_OSHC website provided a resource repository where participants could locate credible information to support their OSHC role. As seen in teaching and learning professions, web-based repositories are becoming increasingly popular as they cross geographical barriers and negate tedious general web searches (Brooks & Gibson, 2012; Maloney et al., 2013).

The website element of this study was reported by the interviewees to be a useful tool that assisted with planning menus, activities, and provided information the participants could trust. Metadata from the SNAC_OSHC website (Fig. 10) confirmed a regular flow of traffic, and while it cannot be confirmed with certainty the traffic was a direct result of the study participants’ use, this does suggest the pages visited align with participants reported use. In a study conducted to investigate health Professionals’ attitudes towards digital repository’s it was confirmed that when professionals could find the resources they needed, in a timely manner, and were confident in the credibility of the resources, they were more inclined to reuse the repository (Maloney et al., 2013).

A similar finding emerged in this study, participants reported returning to the website weekly during administration time to access resources that would assist them with their weekly service planning, as demonstrated in the statement below:
“I went on it [website] about once a week to help me with my planning...”

Participant 1

Mirroring the study conducted by Maloney and colleagues (2013), the design of the website appealed to the participants as they described the layout to be simple and well planned which enabled the desired information to be located quickly.

“The entire website is helpful, especially the recipes... it is so easy to use, just a click of a button and I can get what I need... Even when I was showing someone else [colleague] how to use it, it was really easy to explain...” Participant 6

This narrative confirmed the preliminary work undertaken and validated the website design as effective for its intended use. Additionally, all participants recommended the website to other colleagues, and parents. Website analytics combined with participant feedback implied the online resources did add value and assist participants in providing a health promoting OSHC environment.

Participants were unanimous when asked if they had any feedback about how the website could be improved to assist them, and all responded with the request for more recipes to be added. Supported by the findings of Maloney and colleagues, (2013) repositories must contain a large resource pool to maintain their value, usefulness, and reliability to the user.

The following comments highlighted the need to keep SNAC_OSHC members engaged, and the website requires a larger volume and variety of recipes to meet the needs of OSHC Professionals, and to maintain regular usage. If OSHC Professionals perceive that they have used all recipes and resources on the website, they may be inclined to search other online sources to meet their needs. One possible strategy to maintain OSHC Professionals’ engagement with the SNAC_OSHC website would be to publish shared recipes from the Facebook group.
“Keep adding recipes... it would be so good to see some of the recipes people have shared in the Facebook group on the website...” Participant 3

“Adding some fun, healthy treat options would be good.” Participant 5

Website repositories offer a base to house reliable, industry specific supporting material that can be accessed conveniently, almost anywhere (Maloney et al., 2013). The participants of this study found the website to be a very useful source of information to assist in providing a health promoting environment in the OSHC setting. To ensure OSHC Professionals continue to use the website for its intended purpose, the number of resources, especially variety of recipes, must be expanded.

5.6 Conceptualising the SNAC_OSHC Intervention

The four research questions and results of the current study assisted in modeling the successful constructs of the SNAC_OSHC intervention (Fig. 14). Consideration of the field literature, and guidance from the underpinning theoretical frameworks outlined in section 2.8, also supported the development of the SNAC_OSHC conceptual diagram (Fig. 14). The SNAC_OSHC conceptual diagram encapsulates five key areas; Impact, Recognition and Implementation, Reinforcement, Support and Continuation uncovered during this study.
The central focus of the SNAC_OSHC Conceptual Diagram is Support and is received through the closed Facebook group, website repository and emerging community of practice. Orbiting Support is the Impact of the intervention that increased confidence and role adequacy and legitimacy. Recognition from peers and supervisors to increase confidence and provide support to implement changes is then featured. Reinforcement follows, encapsulates feedback and vicarious learning experiences through the closed Facebook group, and also through the credible sources of information found on the SNAC_OSHC website. Continuation is a proposed extension of the intervention whereby a condensed version of the workshop could be accessible online to assist in ongoing staff development, and induction for new staff.
5.7 Strengths and Limitations

5.7.1 Strengths

Encouraging signs of success in this exploratory research rests in a number of key features. Firstly, the existing research by Wallace (2016) in Early Childhood Care and Education (ECCE), combined with the existing SNAC website provided a wealth of prior findings and knowledge on which the current research could be built upon. Although the OSHC setting presents a range of different parameters to work within, some similarities within the broader ECCE such as lower confidence levels and budgets constraints (Goldsborough et al., 2016), assisted in structuring the workshops, and website to suit the needs of the industry. Secondly, the preliminary work that included engaging with OSHClub, assisted in conducting a needs analysis, and gaining valuable insight into what OSHC services wanted in terms of support, and how it could be most effectively delivered. Thirdly, drawing on the SNAC poll about social media use, this study adopted a communication element to harness the users through social media (Korda & Itani, 2013). The use of Facebook in this study proved to be very successful in driving users to the website and to maintain support, motivation and develop an online community for OSHC professionals. The final strength of this study, which also highlights the need of interventions like this, is the rate of uptake and interaction displayed by OSHC Professionals, signaling this intervention was well placed with a workforce that needs support, and is open to receiving support.

5.7.2 Limitations

Bias and errors may impact the overall rigor of any research design and outcomes (Bowling, 2009). In this study the researcher was closely positioned to the participants in the workshops and then on Facebook. The close proximity to the participants may have impacted the study findings through a number of types of bias. During the telephone interviews, interviewer bias may have existed during the conversation due to the researcher proposing questions in certain manner (Bowling, 2009). The impact of such questioning may lead to answers from participants that are skewed with social desirability bias, meaning they want to be seen in a positive light and doing the right thing (Bowling, 2009).
Researchers-led posts were used to instigate Facebook discussion until a time when participant-led posts increased and were generated independently.

Several other limitations were noted in this study. Firstly, a smaller sample size than anticipated was obtained, which subsequently impacted the effect size of the change in confidence level. While the increase in confidence was supported through triangulation of all data collected (workshop feedback, Facebook posts, and telephone interviews), the empirical effect size of self reported confidence may not be reliable. Secondly, the Gatekeeper, an individual who possessed the power to grant or deny access to potential participant samples and sites (McFadyen & Rankin, 2016), had significant influence on this study. Whilst she had every intention to fill the workshop spaces, due to her own workload, this did not eventuate. In hindsight, the researcher could have potentially maximised participant recruitment and minimised no shows, by negotiating with the Gatekeeper earlier in the planning phase to take control of the recruitment and confirmation process.

Although participants were paid by their employer to attend the workshops, attendance was voluntary. It is therefore possible that only participants who had an interest in, or were already motivated to provide a health promoting environment were likely to nominate themselves. This limitation means findings may not be indicative of the general OSHC Professional population, creating a possible participant bias (Bowling, 2009).

As an Honours project, time was a limitation of this study. The short period of time available to observe the closed Facebook group and website use meant that the full potential of developing social connection and community of practice was not witnessed. Additionally, the short time frame could also have measured participant interaction when motivation to use the elements was high and returned an over represented positive result.

Similar to the general population, not all participants in this study were Facebook subscribers. Therefore, a limitation of this study is the closed Facebook
group played a significant role in increasing confidence, motivation and sharing ideas, and potentially creates a disparity between OSHC Professionals who do use Facebook and those who don’t. Future interventions must overcome this gap to ensure all OSHC Professionals have equal access to support and shared learning experiences.

Again, the nature of Honours projects means time and resources impacted the scale of the study. The small number of participants the findings may not able to be generalized to the greater OSHC sector. With more time and resources a future study could test each individual element separately, and with different combinations of elements to justify the totality of the three intervention approaches.

5.8 Recommendations

A number of recommendations of how to best support OSHC Professionals to increase their confidence in providing a health promoting OSHC setting can be made from the findings of this study:

1. Introduce the traffic light system, or modified version, as standard practice in the OSHC setting.

   The traffic light system was well received and appeared to be a simple yet effective strategy that the OSHC Professionals were eager to adopt. Considerations for a modified version in the OSHC setting that allows for a vast differences in cooking facilities across OSHC services, shows potential as a future direction to standardise food practices in OSHC services. By standardising the traffic light system in the OSHC, nutrition will be prioritised and modeled to improve positive health behaviours and outcomes for all children attending. This could be achieved through food and nutrition policies at the National, State, and individual OSHC services levels.

2. Harness the reach, appeal, and accessibility of social media platforms, such as Facebook, to provide OSHC Professionals an instant source of support and shared learning experiences.
In the short time frame of this study the power of Facebook, as a tool to connect, engage and support OSHC Professionals, was clearly demonstrated. Facebook has the capacity to connect OSHC Professionals from a wide range of locations, and enrich the social connections, shared ideas, and learning experiences of those who participate. Through the use of Facebook, the potential exists to improve OSHC Professionals’ role adequacy and legitimacy. This improvement has been observed in this study to translate into health promoting activities and behaviours being fostered in the OSHC setting.

3. Increase breadth and depth of resources available on the SNAC_OSHC website.

The SNAC_OSHC website provides a repository of credible resources that assisted in menu and activity planning. While well received in its design and content, to maintain its relevance, level of usefulness and support to OSHC environment, the number of recipes needs to be increased, as does the type of recipes offered.

4. Implement online health promoting professional development as part of new staff inductions.

As suggested in SNAC_OSHC Summary (Fig. 14), ‘Continuation’ depends on easy access to professional development for new staff and to provide a refresher option for existing staff. The necessity of an online professional development resource as a delivery platform of a condensed, simplified version of the workshop has been highlighted. A recommendation would be to provide an online video with a downloadable manual that OSHC services were able to incorporate into inductions for new staff to ensure consistency in service provision, and to build confidence in new OSHC Professionals. Further this resource could be used as a refresher for continuing staff annually.

5.9 Implications and Future Directions

This small scale, exploratory, study used a multifaceted approach to develop OSHC as a health promoting setting. It was hypothesized that a three pronged strategy including face-to-face workshops, a website repository, and a closed Facebook group may enhance the confidence of OSHC Professionals,
leading to successful implementation of health promoting environment. The culmination of this approach was to assist in creating and fostering health promoting behaviours children attending OSHC.

As anticipated and supported by the literature, the OSHC Professionals who participated had little, or no, nutrition and physical activity training (Branscum & Sharma, 2012). The absence of training did impact their self-reported confidence levels, which was markedly improved post-workshop. An increase in confidence was further demonstrated through Facebook interactions and exit interviews.

This study suggests that a holistic, multi-faceted intervention approach, underpinned by a range of methodologies, has produced significant improvements in confidence and motivation of OSHC Professionals’. The social media aspect of this approach has resulted in an engaged and connected workforce. A larger scale longitudinal trial, however, is required to explore the sustainability of such an intervention to determine if after the initial short term improvement in motivation and confidence is maintained in the longer term. This study suggests the multifaceted nature of the SNAC_OSHC intervention provides results greater than individual parts. Nurturing OSHC Professionals’ confidence in their roles will impact the OSHC environment that creates and supports healthy nutrition and physical activity behaviours for children in a holistic manner.
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## Appendix A: Research Matrix

<table>
<thead>
<tr>
<th>Research question</th>
<th>Intervention activity</th>
<th>Role Adequacy and Role Legitimacy</th>
<th>The 5M Model</th>
<th>Measurement</th>
</tr>
</thead>
</table>
| 1. Does Face-to-Face training enhance OSHC professionals' confidence to provide a healthy food environment? | **Workshop Activity**  
- Nutrition Policy framework  
- Menu planning activity.  
- How to be a positive, health promoting role model. | Perceived usefulness of education, and OSHC related education.  
Confidence | Mission  
Motivate  
Manage | Pre workshop benchmark  
Post workshop benchmark  
Post workshop reflective focus group |
| 2. Does Face-to-Face training enhance OSHC professionals' role adequacy and legitimacy? | **Workshop Activity**  
- Health promoting environments.  
- Preparing a healthy snack activity. | Role Satisfaction, role motivation, role adequacy, role legitimacy, support, experience, education. | Mission  
Motivate  
Manage | Pre workshop benchmark  
Post workshop benchmark  
Post workshop reflective focus group |
| 3. Does a closed Facebook page provide positive social connections and social learning experiences, which support efforts to provide a healthy food environment? | **Facebook Engagement**  
- Registration during workshop.  
- Engagement encouraged through posts seeking interaction with participants | Role support and encouragement has shown the greatest predictor for role legitimacy.  
Self Efficacy - Vicarious Experiences | Mission  
Motivate  
Monitor | Facebook insights  
Telephone exit interview |
| 4. Does the provision of online resources add value for everyday practice to influence food provision? | **SNAC_OSHC Portal**  
- Registration during workshop  
- How to use site Demonstration.  
- Locate a recipe activity. | Role experience and role support. | Mission  
Motivate  
Monitor | Post workshop benchmark  
Web analytics.  
Telephone exit interview |
# Appendix B: Participant Workshop Planner

## SNAC_OSHC Workshop Schedule
### July 2017

<table>
<thead>
<tr>
<th>Topic</th>
<th>Activity</th>
<th>Content</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>Welcome</td>
<td>Tea &amp; coffee on arrival Registration</td>
<td></td>
</tr>
<tr>
<td>Questionnaire</td>
<td></td>
<td>Complete Pre Workshop Questionnaire</td>
<td></td>
</tr>
<tr>
<td>Introductions &amp; House Keeping</td>
<td>SNAC_OSHC &amp; Participants</td>
<td>Photos and recordings - consent</td>
<td></td>
</tr>
<tr>
<td>Ice Breaker</td>
<td></td>
<td>Match up and discuss</td>
<td></td>
</tr>
<tr>
<td>OSHC as a health promoting setting</td>
<td>How OSHC makes a difference</td>
<td>Identifying opportunities</td>
<td>1</td>
</tr>
<tr>
<td>Getting to know SNAC_OSHC</td>
<td>Introducing SNAC_OSHC</td>
<td>Registering for the portal Registering for OSHC FB SNAC_OSHC orientation</td>
<td>3</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>Recommendations, and examples.</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td><strong>BREAK</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SNAC_OSHC</td>
<td>Healthy Food and Drink Policy</td>
<td>The basis of HFD policy Template</td>
<td>11</td>
</tr>
<tr>
<td>Menu Planning</td>
<td>Traffic light system Pocket card</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>Menu Planner</td>
<td>Menu Planner</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>Nutrition and Nutrition Activities</td>
<td>Nutrition for Children Australian Guide to Healthy Allergies Nutrition Activities Recipes and Toolbox Section</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Food Safety</td>
<td>Food Safety Fact sheet Glitterbug</td>
<td></td>
<td>26</td>
</tr>
<tr>
<td><strong>BREAK</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Activity</td>
<td>Food Preparation and Snack</td>
<td>Practical Food preparation for OSHC</td>
<td></td>
</tr>
<tr>
<td>Feedback</td>
<td></td>
<td>How did you find today? Feedback</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix C: Workshop Supporting Resources

<table>
<thead>
<tr>
<th>Workshop Section</th>
<th>Supporting Document Name</th>
<th>Supporting Document Source</th>
<th>Supporting Document Purpose</th>
</tr>
</thead>
</table>
| Getting to know SNAC_OSHC | Australia’s Physical Activity and Sedentary Behaviour Guidelines Fact Sheet: (5-12 years) | Australian Government, Department of Health  
| SNAC_OSHC Healthy Practices | Healthy Food and Drink Policy Template | Government of Western Australia, Department of Education  
http://www.det.wa.edu.au/healthyfoodanddrink/detcms/navigation/information-for-schools/?oid=Category-id-11227308 | Provide a template as a starting point for healthy policy if service needs it.               |
| SNAC_OSHC Healthy Practices | Healthy Food and Drink Choices in Schools | Government of Western Australia, Department of Education  
| SNAC_OSHC Healthy Practices | What’s on the menu? | Government of Western Australia, Department of Education  
http://www.det.wa.edu.au/healthyfoodanddrink/detcms/navigation | Provide a clear statement of what is, and what is not on the menu.                           |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SNAC_OSHC Nutrition and Nutrition Activities</strong></td>
<td><strong>What is coeliac disease?</strong></td>
<td><strong>Coeliac Australia</strong>&lt;br&gt;<a href="https://www.coeliac.org.au/coeliac-disease/">https://www.coeliac.org.au/coeliac-disease/</a></td>
<td><strong>Provide credible resources about coeliac disease.</strong></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td><strong>SNAC_OSHC Nutrition and Nutrition Activities</strong></td>
<td><strong>Gluten free doesn’t have to mean grain free.</strong></td>
<td><strong>Grains and Legumes Nutrition Council</strong>&lt;br&gt;<a href="https://www.glnc.org.au">https://www.glnc.org.au</a></td>
<td><strong>Provide resource for information on myth busting about gluten.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>SNAC_OSHC Nutrition and Nutrition Activities</strong></td>
<td><strong>Allergy Aware Training</strong></td>
<td><strong>Australiasian Society of Clinical Immunology and Allergy (ASCIA)</strong>&lt;br&gt;<a href="https://www.allergy.org.au/patients/anaphylaxis-e-training-schools-and-childcare">https://www.allergy.org.au/patients/anaphylaxis-e-training-schools-and-childcare</a></td>
<td><strong>Provide access to credible allergy information.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>SNAC_OSHC Nutrition and Nutrition Activities</strong></td>
<td><strong>Eat for Health Game (Blank plate and food type graphics)</strong></td>
<td><strong>Foodbank</strong>&lt;br&gt;Professional access to resources.</td>
<td><strong>Provide nutrition education based activities about food groups.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>SNAC_OSHC Food Safety</strong></td>
<td><strong>Food Safety checklist and website for free training</strong></td>
<td><strong>Environmental Health Australia, I’m Alert</strong>&lt;br&gt;<a href="http://www.imalert.com.au/foodsafety/">http://www.imalert.com.au/foodsafety/</a></td>
<td><strong>Provide access to free, recognised food safety training.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Additional brochures and inserts</strong></td>
<td><strong>Live Lighter Posters</strong>&lt;br&gt;Live Lighter seed packs&lt;br&gt;Live Lighter pocket card&lt;br&gt;Live Lighter lunch builder booklet</td>
<td><strong>Live Lighter</strong>&lt;br&gt;<a href="https://livelighter.com.au/Tools-and-Resources/Resources">https://livelighter.com.au/Tools-and-Resources/Resources</a></td>
<td><strong>Provide new and colourful resources for OSHC space, that support and promote healthy food intake.</strong></td>
<td></td>
</tr>
</tbody>
</table>
Appendix D: SNAC Social Media Poll

Initial Report

SNAC Social Media Poll
August 31st 2016,

Q2 - Which Social Media networks do you use? (Please tick as many as apply)

<table>
<thead>
<tr>
<th>Answer</th>
<th>%</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facebook</td>
<td>79.58%</td>
<td>152</td>
</tr>
<tr>
<td>Twitter</td>
<td>6.28%</td>
<td>12</td>
</tr>
<tr>
<td>Instagram</td>
<td>21.47%</td>
<td>41</td>
</tr>
<tr>
<td>Snapchat</td>
<td>8.38%</td>
<td>16</td>
</tr>
<tr>
<td>Pinterest</td>
<td>41.88%</td>
<td>80</td>
</tr>
<tr>
<td>I don't use social media</td>
<td>15.71%</td>
<td>30</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>191</td>
</tr>
</tbody>
</table>

![Bar chart showing social media usage](image)
Appendix E: SNAC_OSHC Flyer

Do you work in OSHC?

Would you like the latest nutrition information, OSHC specific recipes, and access to current resources to support your role?

Are you able to attend a FREE Professional Development Workshop?

We would like to hear from you!

SNAC_OSHC WORKSHOPS
Tuesday 25th, Wednesday 26th, Thursday 27th July
9.30am-1.30pm
Light Lunch Provided

As part of an Honours Research Project, you are invited to register for a free workshop specifically designed for the OSHC setting. The workshop will cover nutrition, recipes, activities, menu planning, healthy food and drink policies, and also give you the opportunity to share your experiences with other OSHC professionals to create a peer network. You will also be given access to a newly developed, OSHC purpose built website! Call now to register your spot!

Contact: Karen Forde – 0413 055 557

Edith Cowan University School of Medical and Health Sciences
Appendix F: Information Letter

Edith Cowan University

RESEARCH PROJECT INFORMATION SHEET

SNAC_OSHC:

Exploring outside of school hours care services as a health promoting setting.

You are invited to participate in a student research project about enhancing the capacity of outside of school hours care (OSHC) professionals to provide healthy food environment in the OSHC setting. This research project is being conducted by Karen Forde as part of the requirements of a Bachelor of Health Science Honours (Y17), at ECU.

The purpose of this project is to explore whether a three-pronged communication approach builds capacity and confidence of OSHC professionals to promote a healthy food environment in the OSHC setting. The study will provide insights that may assist in better understanding of training content and support required to increase confidence in OSHC professionals.

Your participation is voluntary and involves attending a four-hour training workshop at Edith Cowan University, located in the Food and Nutrition Laboratory. This will be followed by two short surveys, a discussion group at the end of the workshop, and the possibility of a telephone interview at the completion of the project. The discussion group and telephone interview will be recorded for transcription purposes, and the audio and transcribed information destroyed at the end of the project. Should there be any questions that you prefer not to answer, you may simply omit to answers these.

In addition to the workshops you will be invited to register and use the SNAC_OSHC website and closed Facebook page for the purposes of accessing resource material and social support and build connections with other OSHC staff. Data collected from the website will be used to describe commonly accessed resources, detail Facebook likes and comments and will be used to describe social connections and most commonly discussed topics. The Facebook page will be closed and while peers within this project will see your likes and comments, they will not be seen publically.

All data collected will be anonymous and remain confidential and used only by the research team. No names or other identifying information will be attached or in any way connected to surveys, discussion group, and telephone interview containing your responses to questions. The only place that your name will be recorded is on the separate consent for that you will sign should you agree to participate, and on the Facebook page.

Should you have any questions about this project, please feel free to contact myself, the researcher, or the Honours Project Supervisor. Our contact information is as follows:

Student Researcher: Karen Forde
Student Email: kforde0@our.ecu.edu.au
Phone Number: 0413 055 557

Honours Supervisor Dr Ruth Wallace
Email: ruth.wallace@ecu.edu.au
Phone: 6304 2731

If you would like to talk with an independent person, please contact: Associate Professor Chris Abbiss, Chair School of Medical and Health Sciences and School of Science Ethics:
Edith Cowan University
270 Joondalup Drive
Phone: (08) 6304 5740
Email: c.abbiss@ecu.edu.au
Appendix G: Informed Consent Form

Edith Cowan University

RESEARCH PROJECT CONSENT FORM

SNAC_OSHC:
Exploring outside of school hours care services as a health promoting setting.

This form documents my informed consent or agreement to participate in this student research project.

I ____________________________ (name of participant), willingly consent to participate in this research project, which is being conducted by:

Student Researcher: Karen Forde
Student Phone: 0413 055 557
Student Email: kforde0@our.ecu.edu.au
ECU School: School of Medical and Health Sciences

Honours Supervisor: Dr Ruth Wallace
Phone: 6304 2731
Email: ruth.wallace@ecu.edu.au
ECU School: School of Medical and Health Sciences

By signing this document, I confirm that I:
• Have received a copy of the information letter explaining this ECU student research project;
• Have read and understood the information provided;
• Have been given the opportunity to ask questions and, where I have asked the questions, these have been answered to my satisfaction;
• Am aware that I can contact the research team should I wish to ask additional questions;
• Understand that participation in the research project will involve signing this consent form, and completing workshop training, survey, and telephone interview.
• Understand that the information collected from this project will remain anonymous and confidential and any comments made by me which might appear in the unit assignment will not identify me in any way;
• Understand that the information provided by me will only be used for the purposes of this research project and all data collected will be destroyed on completion of this research project (December 2017).
• Understand that the analysis of all data collected in this student research project will be reported in a Student Honours Thesis;
• Understand that I am free to withdraw from participation at any time, without explanation or penalty.

| Participant Name: |  |
| Signature: | Date: / / 2017 |
Appendix H: Pre Workshop Questionnaire

1. Does your OSHC service have:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>A food and nutrition policy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2</td>
<td>Weekly menu planner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3</td>
<td>Weekly food budget</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. When it comes to food preparation, does your OSHC service have:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>A fridge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td>An oven</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3</td>
<td>A toaster</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.4</td>
<td>A blender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5</td>
<td>An electric pan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.6</td>
<td>Other (please specify):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Please answer the following statements about your role as an OSHC professional (please tick one box per statement).
1 = very confidence, 2 = confident, 3 = some what confident, 5 = not confident at all.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>I can plan a nutritious weekly menu</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2</td>
<td>I can access nutritious food ideas for children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3</td>
<td>I can access a variety of nutrition based activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.4</td>
<td>I can plan physical activities for children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.5</td>
<td>I role model healthy behaviour to children</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Please answer the following statements about professional development in your OSHC role (please tick one box per statement).
1 = strongly agree, 2 = agree, 3 = disagree, 4 = strongly disagree.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>My experience in OSHC has been rewarding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2</td>
<td>I believe that addressing nutrition and health promoting areas in OSHC is important</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3</td>
<td>I am confident in my ability to address nutrition and health promoting areas in the OSHC setting that I work.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.4</td>
<td>I have a responsibility to promote a healthy OSHC environment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.5</td>
<td>If I needed to, I could easily find a workplace colleague for support in OSHC nutrition and health promoting related queries.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4.6</td>
<td>I believe I have sufficient experience in nutrition and health promotion areas for OSHC.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4.7</td>
<td>I believe I have sufficient training in nutrition and health promoting areas for OSHC purposes.</td>
<td></td>
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</tr>
</tbody>
</table>

5. Prior to today, have you received any food and nutrition training for your current role?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
Demographic Questions

6. Which of the following age ranges best describes your age:
   - 25-30
   - 31-35
   - 36-40
   - 41-45
   - 46 to 55
   - Over 56

7. Are you male or female?
   - Male
   - Female
   - Elect not to answer

8. In which suburb do you work?____________________

9. How many years have you worked in OSIC?____________

10. What is the highest level of education you have completed?
    - High school
    - Finished year 12
    - TAFE
    - University degree
    - Not applicable
Appendix I: Post Workshop Questionnaire

SNAC_OSHC Post Workshop Questionnaire

1. Please answer the following statements about your role as an OSHC professional (please tick one box per statement).
   1 = very confident, 2 = confident, 3 = somewhat confident, 5 = not confident at all.

   |   | 1 | 2 | 3 | 4 |
---|---|---|---|---|
1.1 I can plan a nutritious weekly menu |   |   |   |   |
1.2 I can access nutritious food ideas for children |   |   |   |   |
1.3 I can access a variety of nutrition based activities |   |   |   |   |
1.4 I can plan physical activities for children |   |   |   |   |
1.5 I role model healthy behaviour to children |   |   |   |   |

2. Please answer the following statements about professional development in your OSHC role (please tick one box per statement).
   1 = strongly agree, 2 = agree, 3 = disagree, 4 = strongly disagree.

   |   | 1 | 2 | 3 | 4 |
---|---|---|---|---|
2.1 My experience in OSHC has been rewarding |   |   |   |   |
2.2 I believe that addressing nutrition and health promoting areas in OSHC is important |   |   |   |   |
2.3 I am confident in my ability to address nutrition and health promoting areas in the OSHC setting that I work. |   |   |   |   |
2.4 I have a responsibility to promote a healthy OSHC environment |   |   |   |   |
2.5 If I needed to, I could easily find a workplace colleague for support in OSHC nutrition and health promoting related queries. |   |   |   |   |
2.6 I believe I have sufficient experience in nutrition and health promotion areas for OSHC. |   |   |   |   |
2.7 I believe I have sufficient training in nutrition and health promoting areas for OSHC purposes. |   |   |   |   |

3. The training I received today was useful for my OSHC role?
   Yes  No

4. The training I received today was relevant to my OSHC role?
   Yes  No

5. The training I received today helped to increase my confidence in the area of nutrition and health promoting activities for the OSHC?
   Yes  No

6. What was your overall impression of the workshop?
7. Did the workshop meet your expectations?
☐ Completely ☐ Mostly ☐ Fairly ☐ Slightly ☐ Not at all

8. Did the workshop cover areas important to you?
☐ Completely ☐ Mostly ☐ Fairly ☐ Slightly ☐ Not at all

If not at all, please specify what additional information could have been included:
______________________________________________________________________
______________________________________________________________________

9. How useful was each session to you?

<table>
<thead>
<tr>
<th>Session</th>
<th>Topic</th>
<th>Extremely Useful</th>
<th>Useful</th>
<th>Fairly Useful</th>
<th>Not Useful</th>
<th>Not of interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>OSHC Health Promoting Setting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>SNAC_OSHC Navigation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Nutrition and Physical Activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Focus Group Session</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Do you have any suggestions about how we might improve future workshops?
__________________________________________________________________________
__________________________________________________________________________

11. Is there anything else you would like to add?
__________________________________________________________________________
__________________________________________________________________________

Thank you again for attending the workshop today, and for your valuable feedback.
Appendix J: Facebook Statement

Information/About us for Closed Facebook Page

This page is a place for OSHC professionals to share information, activities, recipes and ideas that support OSHC services being healthy environments for children to attend.
It is part of the SNAC_OSHC Research Project being undertaken at ECU.
Comments and metrics from this page may be collected as data and used in the preparation of peer reviewed journal articles and a thesis.
NO PARTICIPANTS (OR THEIR WORKPLACES) WILL BE IDENTIFIED IN THESE PUBLICATIONS.
If you would prefer your comments not to be used, please email kforde0@our.ecu.edu.au or send me a message via this page.
SNAC_OSHC resources can be found at: http://snacwa.com.au/

First post for Closed FB Page:

Welcome to SNAC_OSHC!
You have the ability to make a difference to the lives of the children who attend your service. Let's kick things off by sharing one of your favourite afternoon tea snacks that you serve to your OSHC children...
Appendix K: Website Registration Conditions

1. I acknowledge that this website forms part of a suite of research projects being conducted by Edith Cowan University. I acknowledge that by registering as a member of the site, I am participating in the research environment. I agree that any research data gathered and analysed may be published, providing I am not identifiable.

2. Any questions I have asked about the nature of this research have been answered to my satisfaction.

3. I understand that I may also contact the research team at any time if I have any ongoing questions about the research project.

4. I understand that any interviews and/or focus groups that I am invited to are not mandatory and I can choose to decline the invitation. If I agree to attend, I understand that the interview or focus group will be audio recorded; the recordings will be erased once the interview is transcribed and my identity will not be disclosed in any publication of the research.

5. The snac website is provided as an online communication and resource portal for workers in the child care industry, and for parents of their children placed in their care.

6. Any advice given by members of the snac website or information contained and posted on the website does not constitute professional advice and is in no way considered to be complete or accurate, nor does it take into account individual circumstances.

7. Any menu planning or healthy eating advice that the snac website members might seek to rely on, should be considered in terms of their normal practices.

8. The opinions expressed on the snac website are solely those of their author.

9. Whilst due diligence will be exercised to moderate this dialogue, this will be carried out at intervals by researchers and volunteers and there will be times when the snac website contains dialogue which may not be moderated.

10. There is no Web Manager paid to take charge of the snac website.


12. As a member of the snac website you agree not to post messages that defame, threaten, solicit, offend, harass, embarrass or impersonate any other person. You also agree not to post messages that violate any persons’ privacy or other rights. In
particular, you agree not to make slanderous comments by disclosing the name of your co-workers. If you wish, you can make comments by referring to ‘my colleague’ in general.

13. As a member of the snac website you understand that all website activity is logged and IP addresses are recorded against each forum post made. Only the administrators can view this information for research and management purposes.

14. Members are not permitted to copy or publish any content or postings externally from the snac website without the express permission of the Administrators.

15. You understand that by using the snac website, you may be exposed to content that is offensive or objectionable. In this instance, you agree to exonerate www.snacwa.com.au, ECU, all researchers and volunteers from any liability arising from this exposure.

16. We reserve the right to withdraw or modify access rights at our sole discretion in the interests of more efficient and/or harmonious conduct of the website.

17. External links are provided for your convenience and for informational purposes only, but they are beyond the control of www.snacwa.com.au and no representation is made as to their content. Use or reliance on any external links and the content therein provided is at your own risk.

18. No hypertext links shall be created from any website controlled by you or otherwise to this website without the express prior written permission of an administrator of snacwa.com.au. Note that the snac website will only allow links to the index page http://www.snacwa.com.au and not directly to and pages or content of the site.

19. These terms and conditions are subject to change and as such users of this site are advised to check them regularly.
## Appendix L: Semi Structured Interview Protocol and Summary

1. Since the workshop have you logged onto the SNAC_OSHC website?

<table>
<thead>
<tr>
<th>PC</th>
<th>Yes, continue Q2</th>
<th>No, why not (barriers)? Go to Q6</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. How often did you log onto the site?

   | 5  | Usually one a week during admin time, when planning the next week activities or recipes. |
   | 1  | Weekly for planning activities |
   | 3  | Usually weekly, but this week I have been on 3-4 times to check out different things. |
   | 6  | Generally for planning, maybe 1/week |

3. Which area of the site did you use the most, can you give some examples of which resources you accessed?

   | 5  | Recipes and activities |
   | 1  | Activities all different ones |
   | 3  | Recipes mainly, this week it has been for smoothies. |
   | 6  | The recipes and activities... Mediterranean wraps |

4. Where is your favourite, or most visited, place on the site?

   | 5  | Recipes |
   | 1  | Activity sections |
   | 3  | Recipes |
   | 6  | The entire thing, but definitely the recipes |

5. Were you able to locate the information easily?
Yes, can you explain what you were looking for, and how you went about locating it? | No, can you elaborate: (eg: hard to find)
---|---
5 | Yes, very easy to use. Just clicked onto recipe section and scrolled through. |
1 | Yep, pretty easy to use |
3 | Very easy to find what I need |
6 | Very easy, click of a button. Easy to show other people too |

6. Have you recommended the site to anyone else to use?
---|---
Yes, who: | No |
5 | No because my assistant came to the workshop with me and was already registered herself. I did mention SNAC_OSHC in a newsletter to parents and some seemed interested to join. |
1 | Work mates, parents and children at the service to show them all the different activities. |
3 | Kids and parents |
6 | Yes, other colleagues. Moved service and showed new colleagues. |

7. Do you have any feedback or recommendations you would like to give about the website?
---|---
5 | It would be great to see some healthy fun treats added, as sometimes when we have celebrations treats are part of that. Being able to offer something somewhat healthy but seen as a treat would be good. It's great! |
1 | The parents and children really liked it |
3 | It would be great to see even more recipes. Even add the ones that people are putting up on the FB page. |
6 | Really well planned and easy to find things. Fruit kebabs helped increase kids interaction, different textures, flavours, more engaged, more motivated to try new things. |

8. Did you use the closed SNAC_OSHC Facebook page?
<table>
<thead>
<tr>
<th>Yes, continue Q9</th>
<th>No, Go to Q13</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5</strong> Yes</td>
<td></td>
</tr>
<tr>
<td><strong>1</strong> Yes</td>
<td></td>
</tr>
<tr>
<td><strong>3</strong> Yes</td>
<td></td>
</tr>
<tr>
<td><strong>6</strong> Yes</td>
<td></td>
</tr>
</tbody>
</table>

### 9. Can you describe your SNAC_OSHC Facebook page use? (how often you are on it, what you do)

| Daily or every other day. I always look at the page when a notification pops up. |
| Daily. Always looked at the notifications. |
| I am on it everyday. I use it a lot. I use it to share my ideas and it is really easy to get new ones from looking on there too. |
| Checked every notification, loved seeing what others were doing, got great ideas like the yoghurt drops to use in cooking club. |

### 10. Did you actively participate? (EG: Comment, like, share?)

<table>
<thead>
<tr>
<th>Yes, continue Q10</th>
<th>No, why not (barriers)? Go to Q13</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5</strong> Yes</td>
<td></td>
</tr>
<tr>
<td><strong>1</strong> Yes</td>
<td></td>
</tr>
<tr>
<td><strong>3</strong> Yes</td>
<td></td>
</tr>
<tr>
<td><strong>6</strong> Yes</td>
<td>Yes, but didn’t really share as much as others, because moved services and just getting into the new place.</td>
</tr>
</tbody>
</table>

### 11. Did you interact on FB with other OSHC professionals that you met through the SNAC_OSHC project?

<table>
<thead>
<tr>
<th>Yes,</th>
<th>No, why not (barriers)?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5</strong> Yes</td>
<td></td>
</tr>
<tr>
<td><strong>1</strong> Yes</td>
<td></td>
</tr>
<tr>
<td><strong>3</strong> Yes</td>
<td></td>
</tr>
<tr>
<td><strong>6</strong> Yes</td>
<td>Not really, more looked at what people were doing for ideas. Also moved services, getting used to new place.</td>
</tr>
</tbody>
</table>

### 12. Can you describe, and tell me a bit about your FB interactions and experiences on SNAC_OSHC Page? Would you say your experience on the FB group was a negative, neutral or positive experience?

| The FB page made my assistant and I discuss what we were going to put up, which made us think about new things to do at our |   |
We were tagging each other in posts to check out. We don’t get to visit other OSHC’s so it is so good to be able to connect and see what are others are doing. Not just other people from my organisation, but other people from other OSHC’s too. It is really friendly. Excellent idea sharing things. Very positive experience.

I liked the Facebook page. I ‘liked’ and ‘commented’. I actually became friends with some of the people at the workshop and we snapchat ideas to each other too. It is the new way to network. It was a positive experience.

Really positive. Lots of sharing ideas and networking. Wish more people from my organisation participated, they all need it!

Very positive, even though didn’t post, always checked updates and page for new ideas. Was great.

<table>
<thead>
<tr>
<th>13. Did you recommend SNAC_OSHC Facebook page to anyone?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, who:</td>
<td>Yes to colleagues at new OSHC service started working at</td>
</tr>
<tr>
<td>No, why not?</td>
<td>No, because my assistant is already a member, but if I had a new staff member join my service I would have them join the FB page.</td>
</tr>
<tr>
<td></td>
<td>No because the other people at my service are ‘old school’... they don’t use social media, it is a shame.</td>
</tr>
<tr>
<td>5</td>
<td>Friends who work in OSHC, assistants</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. Do you have any feedback or recommendations you would like to give about the FB page?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The FB page is awesome. Loved the competitions they are great motivators! We are planning our activities to share so we get more entries into the draw! The glitter bug prize is great.</td>
<td></td>
</tr>
<tr>
<td>Not really. I like using it, and checking it for new ideas. It is good to see what other people are doing.</td>
<td></td>
</tr>
<tr>
<td>I would share anyway, because I think it is great.. but the prizes were motivating for sure. It would be good if more people shared what they were doing. I have got a lot from what others are doing.</td>
<td></td>
</tr>
<tr>
<td>Really very helpful and great to be part of</td>
<td></td>
</tr>
</tbody>
</table>
15. Thinking back to the workshop, is there anything you can identify, and describe, that has specifically been of assistance to you at your OSHC service?

- The hand washing activity has been a great reminder, and we have done a bread experiment to show the children about why washing hands are so important. The website has been really helpful for accessing healthy food recipes.
- The little seed packet in the folder was really cool. We planted them that day with the children; they have loved watching them grow. We use the fridge magnet too (AGHE). The folder has been a good reference.
- The food demonstration activity was great to see how easy it can be. Learning how to add fruit and veg into snacks to make them better (recipe renovation/green up). The worksheets were great, we used them for a traffic light activity.
- The folder and hands on learning. Being able to interact with other OSHC people (networking) and see the impact we can make.

16. Are there any changes that have occurred at your service since the workshop, introduction to SNAC_OSHC website and SNAC_OSHC FB page and can you please explain them? (If No, go to Q19)

- We are more focused on serving more vegetables and we really encourage the children to take something, even if it is just one thing, from the vegie platter everyday. We make them feel special for trying something new everyday… capsicum has been a big one (success)!
- Changed the menu to have more fruit and veg. Being more creative with the way I present the same food. Eg: Capsicums for trains to hold salad and stuff.
- More health focused on ingredients. Wholemeal flour instead of white, stopped adding sugar where I can and use honey or something else instead, more vegetarian options. A change on how we see afternoon tea… more vegies.
- Increased awareness of better menu planning, the traffic light system helped open eyes to better choices and have since passed on traffic light system information to others, look in folder if get stuck for ideas and the website too. Even seeing what others are doing helps inspire me to do different things. Eg: Smoothies different ones tinned fruit not just fresh, the different dips.

17. Are you able to identify and describe what made making those changes possible? Eg: people/colleagues, financial support (Enablers)

- My assistant made it easy to make the changes because she came to the workshop and knew exactly what I was talking about and
she was onboard with it. The folder from the workshop made it easy too... great information in there.

1. Getting new ideas from the workshop!

3. Personally I felt really motivated to make changes, looking for what I could swap for healthier options. Assistant was on board to support changes but has low confidence and experience as new so working to build that up.

** Felt changes were made in spite of feeling a lack of support from managers.

6. Self motivated to make the changes after the workshop, others at my service interested wish they came to the workshop.

18. Would you like to make more changes? If so what would they be?

5. I would like more variety in our menu planning. We rotate our menus but I would still like some different menu plans to rotate.

1. If you had of asked me a couple of weeks ago I would have said I wanted the children’s input into the menus but I did manage to do that not long ago.

3. Would like to change the physical environment, the OSHC room to put more healthy eating and PA promotion up.

6. A bigger budget! Where we have to shop, so more flexibility and better quality. Growers market compared to coles., get bored with the same products, and delivery issues (cost and time).

19. On a scale of 1-5, how confident are you in your ability to provide a healthy food at your service? (1 not very confident at all, 5 being extremely confident)

- (3) felt they couldn’t give themselves a 5 as they have not received any feedback/reinforcement of doing a good job by superiors.
- (6) felt budget holds them back from buying the better options and being able to provide great nutrition.

20. Are there any barriers you can identify and describe that prevented you from providing a healthy food environment?

5. We need more utensils at our service, things like extra little bowls so more children can be involved with different activities.

Children’s likes and dislikes make it tricky to change things, so having them willing to try new things can be a huge help.
Our budget can be tight sometimes, which can make buying things difficult. Personnel – if I have a casual on, they might not know exactly what we want to do.

1. Just the children’s likes and dislikes really. It can make it difficult.
2. Money/budget is tight, more support and feedback from management.
3. Budget restrictions.

21. What is your weekly budget and weekly attendance?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$230 per week&lt;br&gt;36 or so per afternoon around 20 in the morning, each day.</td>
</tr>
<tr>
<td>2</td>
<td>$153 per week including food, cleaning products and sunscreen etc.&lt;br&gt;25-35 children per day, per week.&lt;br&gt;M, T &amp; T 30+&lt;br&gt;W &amp; F 20+</td>
</tr>
<tr>
<td>3</td>
<td>$83.50 per week (has to include delivery)&lt;br&gt;About 150 children for snacks over the week</td>
</tr>
<tr>
<td>4</td>
<td>Old $180 per week for around 20-40 kids per day (was easy to do, larger service)&lt;br&gt;New $120 per week with less kids, harder to do in smaller service.&lt;br&gt;Had to include delivery and cleaning etc in the budget.</td>
</tr>
</tbody>
</table>

22. Do you have any additional feedback or comments on the entire/overall SNAC_OSHC project you would like to give? Please describe:

<p>| | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Not really, it has been great I think.</td>
</tr>
<tr>
<td>2</td>
<td>The folder was a good resource and has helped me a lot, networking with others and see what others are doing, sharing ideas.</td>
</tr>
<tr>
<td>3</td>
<td>Was really good, helpful, very much needed. New co-ordinators would really benefit from having to do this before they start working in OSHC. Actually even child outside of OSHC would benefit I think.</td>
</tr>
<tr>
<td>4</td>
<td>The training was really beneficial. I came out of the training and went straight into work and hung the new posters from the pack. The pack was great. It was really good my assistant came so I didn't have to relay everything!</td>
</tr>
</tbody>
</table>

23. What is one word you would use to describe your experience with the SNAC_OSHC project:

<p>| | |</p>
<table>
<thead>
<tr>
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<th></th>
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</thead>
<tbody>
<tr>
<td>5</td>
<td>Inspired</td>
</tr>
<tr>
<td></td>
<td>Informative</td>
</tr>
<tr>
<td>---</td>
<td>-------------</td>
</tr>
<tr>
<td>2</td>
<td>Enlightened – seeing things with new/fresh eyes, revamped, refreshed, new ideas.</td>
</tr>
<tr>
<td>3</td>
<td>Beneficial</td>
</tr>
</tbody>
</table>
### Appendix M: Facebook Activity Summary

<table>
<thead>
<tr>
<th>Date</th>
<th>Poster</th>
<th>Description</th>
<th>Seen</th>
<th>Likes</th>
<th>Comments</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>25/07/2017</td>
<td>Researcher</td>
<td>WELCOME</td>
<td>67</td>
<td>13</td>
<td>4</td>
<td>Thank you messages</td>
</tr>
<tr>
<td>27/08/2017</td>
<td>Researcher</td>
<td>Thank you to workshop participants, invitation to post questions, invite friends and share</td>
<td>68</td>
<td>5</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>7/08/2017</td>
<td>Researcher</td>
<td>Link to website and question about recipes used this week</td>
<td>72</td>
<td>1</td>
<td>2</td>
<td>Rice cake variations</td>
</tr>
<tr>
<td>9/08/2017</td>
<td>Researcher</td>
<td>Link new resource update</td>
<td>66</td>
<td>4</td>
<td></td>
<td>In season fruits</td>
</tr>
<tr>
<td>9/08/2017</td>
<td>Researcher</td>
<td>Poll - how many children are you expecting today</td>
<td>67</td>
<td>3</td>
<td>1</td>
<td>14 responses</td>
</tr>
<tr>
<td>12/08/2017</td>
<td>Researcher</td>
<td>Photo share of rice cake link and welcome message</td>
<td>77</td>
<td>11</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>15/08/2017</td>
<td>Researcher</td>
<td>Question and link. What activities to do when stuck inside because of the rain?</td>
<td>76</td>
<td>4</td>
<td>7</td>
<td>Great response and sharing of ideas</td>
</tr>
<tr>
<td>18/08/2017</td>
<td>Researcher</td>
<td>Certificates ready for workshop participants</td>
<td>82</td>
<td>6</td>
<td>6</td>
<td>Contacting about where to send certificates</td>
</tr>
<tr>
<td>18/08/2017</td>
<td>Participant</td>
<td>Photo share Mediterranean wraps, popular being asked for again</td>
<td>82</td>
<td>7</td>
<td>5</td>
<td>Positive reinforcement, others going to do it. Link posted</td>
</tr>
<tr>
<td>21/08/2017</td>
<td>Researcher</td>
<td>Photo share of bananas on special</td>
<td>85</td>
<td>4</td>
<td>11</td>
<td>Sparked conversation about other specials and feature colour fruit activity</td>
</tr>
<tr>
<td>22/08/2017</td>
<td>Researcher</td>
<td>Photo share and link to smoothie recipes</td>
<td>87</td>
<td>7</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>22/08/2017</td>
<td>Researcher</td>
<td>PRIZE announcement - Blender. Get in entries to win.</td>
<td>92</td>
<td>8</td>
<td>10</td>
<td>Questions WA only? Photos started being shared immediately.</td>
</tr>
<tr>
<td>24/08/2017</td>
<td>Participant</td>
<td>Frozen yoghurt and fruit in ice cube shapes</td>
<td>82</td>
<td>8</td>
<td>3</td>
<td>Positive feedback about shapes and use</td>
</tr>
<tr>
<td>28/08/2017</td>
<td>Participant</td>
<td>Resource share - Cancer Council sunsmart</td>
<td>77</td>
<td>2</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Role</td>
<td>Description</td>
<td>Likes</td>
<td>Comments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>-----------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-------</td>
<td>-----------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28/08/2017</td>
<td>Participant</td>
<td>Photo share - edible art apple snail</td>
<td>81</td>
<td>Lots of praise and others going to try</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28/08/2017</td>
<td>Participant</td>
<td>Photo share of rice cake snacks</td>
<td>79</td>
<td>some children liked/disliked them... variation next time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29/08/2017</td>
<td>Participant</td>
<td>Photo share of traffic light activity - modified SNAC activity</td>
<td>74</td>
<td>Great work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29/08/2017</td>
<td>Researcher</td>
<td>Photo share of participants traffic light activity and link to resources</td>
<td>76</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/09/2017</td>
<td>Researcher</td>
<td>Photo share, happy spring and fruit and yoghurt kebabs</td>
<td>79</td>
<td>Going to try recipe. Kids loved it</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/09/2017</td>
<td>Researcher</td>
<td>NOSHA Share - questionnaire about salary</td>
<td>82</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/09/2017</td>
<td>Participant</td>
<td>Photo share of colourful fruit platters for OSHC and discussion about how the more colourful it looks, the more the kids like it/eat it.</td>
<td>78</td>
<td>Very appealing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/09/2017</td>
<td>Researcher</td>
<td>Last chance to get in prize draw</td>
<td>79</td>
<td>Asking what time., is it too late</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/09/2017</td>
<td>Participant</td>
<td>Photo share of frozen yoghurt drops</td>
<td>78</td>
<td>LOTS of positive feedback and thanks for sharing. Many going to try it.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/09/2017</td>
<td>Researcher</td>
<td>Early Childhood Educator Day</td>
<td>69</td>
<td>Watched live by 43 people. Lots of congratulations to winner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/09/2017</td>
<td>Researcher</td>
<td>LIVE prize draw of Blender</td>
<td>86</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/09/2017</td>
<td>Researcher</td>
<td>Prize draw - Glitterbugs announcement</td>
<td>80</td>
<td>Lots of interest and comments about activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/09/2017</td>
<td>Participant</td>
<td>Photo share of fresh cooked bread from cooking club</td>
<td>81</td>
<td>Sparked conversation about other recipes used in cooking club</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7/09/2017</td>
<td>Researcher</td>
<td>Photo share of veggies and rice cakes to make OSHC faces</td>
<td>79</td>
<td>Commending on fun way to increase veggies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/09/2017</td>
<td>Participant</td>
<td>Photo share of pink porridge and increased consumption of porridge for breakfast</td>
<td>82</td>
<td>Great idea for pink ribbon day, others taking on suggestion</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

97
<table>
<thead>
<tr>
<th>Date</th>
<th>Role</th>
<th>Activity Description</th>
<th>Likes</th>
<th>Comments</th>
<th>Interaction Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/09/2017</td>
<td>Participant</td>
<td>Photo share of nutrition/health activity</td>
<td>82</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>8/09/2017</td>
<td>Participant</td>
<td>Photo share of vegetarian lasagne. Cheap and easy to make, children who don't eat veggies ate it</td>
<td>90</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>13/09/2017</td>
<td>Researcher</td>
<td>Photo share and link to garden activities</td>
<td>78</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>13/09/2017</td>
<td>Participant</td>
<td>Text - Thanking others for the frozen yoghurt drops and cereal platter idea, used idea and added frozen oranges</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14/09/2017</td>
<td>Participant</td>
<td>Photo share of a cake that had been made healthier by using wholemeal flour and sweet potato</td>
<td>79</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>15/09/2017</td>
<td>Participant</td>
<td>Photo share of frozen fruit smoothies, layered and to make smoothie pops</td>
<td>74</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>15/09/2017</td>
<td>Participant</td>
<td>Photo share of veggie sushi, back by popular demand of the kids.</td>
<td>84</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>17/09/2017</td>
<td>Researcher</td>
<td>Photo/Link to hand germs experiment with bread</td>
<td>80</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>18/09/2017</td>
<td>Participant</td>
<td>Request for menus to view to introduce new fun things</td>
<td>81</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18/09/2017</td>
<td>Participant</td>
<td>Photo share of fruit kebabs with yoghurt dipping sauce. Shows children MYO and also freezing yoghurt for use later</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19/09/2017</td>
<td>Researcher</td>
<td>Text - call for telephone interviews</td>
<td>66</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>19/09/2017</td>
<td>Participant</td>
<td>Photo share of modified traffic light activity</td>
<td>65</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>19/09/2017</td>
<td>Participant</td>
<td>Photo share of children MYO sushi with veggies</td>
<td>83</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>Date</td>
<td>Type</td>
<td>Description</td>
<td>Likes</td>
<td>Comments</td>
<td>Interaction</td>
</tr>
<tr>
<td>------------</td>
<td>---------------</td>
<td>------------------------------------------------------------------------------</td>
<td>-------</td>
<td>----------</td>
<td>-------------</td>
</tr>
<tr>
<td>19/09/2017</td>
<td>Participant</td>
<td>Photo share and description of children’s yoga and how participant uses it to calm children and foster inclusivity.</td>
<td>86</td>
<td>13</td>
<td>2</td>
</tr>
<tr>
<td>20/09/2017</td>
<td>Participant</td>
<td>Photo share of using frozen left overs for smoothies</td>
<td>71</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>21/09/2017</td>
<td>Participant</td>
<td>Photo share of modified SNAC_OSHC recipe Mediterranean wraps, showing children MYO.</td>
<td>71</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>22/09/2017</td>
<td>Researcher</td>
<td>Schools out post</td>
<td>62</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>22/09/2017</td>
<td>Participant</td>
<td>Photo share of fruit and sparkly jelly cups for end of term treat</td>
<td>77</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>26/09/2017</td>
<td>Participant</td>
<td>Photo share Rice cake food activity and snack</td>
<td>82</td>
<td>13</td>
<td>2</td>
</tr>
<tr>
<td>28/09/2017</td>
<td>Participant</td>
<td>Photo share of jelly, fruit, cereal and yoghurt prep</td>
<td>74</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>30/09/2017</td>
<td>Researcher</td>
<td>Yoga for kids print out</td>
<td>66</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total Researcher Posts = 24**
**Total Participant Posts = 26**
Appendix N: Post-it Note Activity Results

Wednesday 26th July

<table>
<thead>
<tr>
<th>Q1</th>
<th>What is one thing from today that you found helpful and why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Activity ideas – fresh ideas</td>
</tr>
<tr>
<td>2</td>
<td>Activity ideas – New ideas for children</td>
</tr>
<tr>
<td>3</td>
<td>New recipes and new ideas to plan menus</td>
</tr>
<tr>
<td>4</td>
<td>Easy recipes to implement at services</td>
</tr>
<tr>
<td>5</td>
<td>Traffic light system with examples</td>
</tr>
<tr>
<td>6</td>
<td>Being able to use certain foods in different ways</td>
</tr>
<tr>
<td>7</td>
<td>Website, traffic light suggestions, activity ideas, great folder.</td>
</tr>
<tr>
<td>8</td>
<td>Traffic light system and suggestions</td>
</tr>
<tr>
<td>9</td>
<td>Recipe ideas – can’t wait to try them at my service</td>
</tr>
<tr>
<td>10</td>
<td>Recipes, traffic light system chart, activity ideas</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q2</th>
<th>Is there anything from today you would like to use/implement at your OSHC service, and why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Recipes – so easy!</td>
</tr>
<tr>
<td>2</td>
<td>Fresh wraps – use of different vegies in them</td>
</tr>
<tr>
<td>3</td>
<td>Recipes and using the website</td>
</tr>
<tr>
<td>4</td>
<td>Wraps! new ideas</td>
</tr>
<tr>
<td>5</td>
<td>Traffic light system when planning the menu and new games!</td>
</tr>
<tr>
<td>6</td>
<td>The easy recipes and website – looking forward to sharing with my region</td>
</tr>
<tr>
<td>7</td>
<td>I would like to implement the traffic light system</td>
</tr>
<tr>
<td>8</td>
<td>Implement new menu ideas – they are great</td>
</tr>
<tr>
<td>9</td>
<td>Recipes, resources, traffic light system is great</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q3</th>
<th>What is one thing that: a) would help implement and b) be a potential hurdle to overcome before you could implement?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>a) blender b) budget</td>
</tr>
<tr>
<td>2</td>
<td>b) need professional development</td>
</tr>
</tbody>
</table>
| 3  | a) Team planning to ensure roles and ideas are sorted  
     b) Children’s likes/dislikes and resources (budget and time)                                                   |
| 4  | a) Professional development – looking forward to OSHC PD being ready                                             |
| 5  | Giving children, families and staff better understanding                                                         |
| 6  | a) Resources from SNAC OSHC b) time management                                                                   |
| 7  | a) the resources b) what children like/dislike so no food wastage                                               |
| 8  | a) Recipe ideas b) Budget and time                                                                               |
| 9  | a) Professional development                                                                                        |
| 10 | a) Resources                                                                                                      |
Thursday 27th August

Q1  What is one thing from today that you found helpful and why?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Traffic light system food groups!</td>
</tr>
<tr>
<td>2</td>
<td>meal planning ideas – keeping the menu healthy and interesting can be a challenge.</td>
</tr>
<tr>
<td>3</td>
<td>Traffic light system and little card – so easy to use</td>
</tr>
<tr>
<td>4</td>
<td>Label reading information – I can use the card to be more confident in packaged foods I am picking out.</td>
</tr>
<tr>
<td>5</td>
<td>The activities and recipes were very interesting and made a lot of sense (making food healthy and fun)</td>
</tr>
<tr>
<td>6</td>
<td>Meal ideas and how easy/simple can be</td>
</tr>
</tbody>
</table>

Q2  Is there anything from today you would like to use/implement at your OSHC service, and why?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>To help head office write policy, menus, rice cakes and bananas.. who knew?</td>
</tr>
<tr>
<td>2</td>
<td>All the thing from today. Some ideas we could implement and use some ideas to improve.</td>
</tr>
<tr>
<td>3</td>
<td>Incorporating vegetables as a snack</td>
</tr>
<tr>
<td>4</td>
<td>The recipes we tried, and the little card to help pick out better packaged things.</td>
</tr>
<tr>
<td>5</td>
<td>Everything! We will be using the resources to refresh our policy and menu planning.</td>
</tr>
<tr>
<td>6</td>
<td>The hand washing was great and I would like to demonstrate that at our service, plus everything else form today.</td>
</tr>
</tbody>
</table>

Q3  What is one thing that: a) would help implement and b) be a potential hurdle to overcome before you could implement?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>a) Healthy eating habits b) talked to from head office</td>
</tr>
</tbody>
</table>
| 2 | a) Further research and getting colleagues support and involved  
b) Utensils and time for food prep and some resources for physical activity |
| 3 | a) The online support b) Time to prepare and equipment required                                                                   |
| 4 | a) Having trained staff, brand suggestions for common items (crackers) to meet traffic light and how to green up. 
b) need a champion staff member at the centre.                                                                                     |
| 5 | a) Speaking to head office b) understanding the brands that are better                                                          |


Appendix O: SNAC_OSHC Certificate of Completion

Certificate of Completion

This award certifies that

Tom Brooke

has successfully completed

SNAC OSHC Nutrition and Health Promoting Workshop

www.snacwa.com.au

Dr. Ruth Wallace
SNAC Founder

Karen Ford
SNAC OSHC Co-ordinator

Date

July 2017