

# WAVE Project Plan 2017-18

<b>Project Title</b>	WAVE 2017-2018
<b>Short Description</b>	Wellbeing and Vitality in Education: supporting our children and young people to learn well and be well.
<b>Commencement Date</b>	1 July 2017
<b>Completion Date</b>	30 June 2018
<b>Project Report Date</b>	July 31 2018 to Steering Group
<b>Project District</b>	South Canterbury
<b>Manager</b>	Neil Brosnahan (CPH)
<b>Team</b>	WAVE Team
<b>Team Leader</b>	Rose Orr
<b>Public Health Physician</b>	Daniel Williams
<b>Project Team Details</b>	(at 1 July 2017)

<b>Name</b>	<b>Title / home team</b>	<b>Project role / tasks</b>	<b>Hours per week</b>
Ally Pieromaldi	Administrator, CPH	Administration	24
Suzy Waaka	Health promoter, CPH	Māori Health	20
Anna Reihana	Health promoter, CPH	Facilitator	14
		Mental Health	10
		Sexual Health	8
Debbie Johnstone	Health promoter, CPH	ECE facilitator	32
Heather Allington	Health promoter, CPH	Nutrition	27
Jackie Corby	Health promoter, CPH	Smoke Free & ECE	26
Josh South	Health promoter, CPH	Facilitator	40
Greg Newton	Health promoter, CPH	Facilitator	20
		PA Secondary	20
Janet Quigley	Health promoter, CPH	Facilitator	24
Stacey Day	Health promoter, CPH	School Travel Plan (funded by Timaru DC)	20
Hacer Tekinkaya	Health promoter, CPH	Child Nutrition & Oral Health	32
Neil Brosnahan	Manager, CPH		4
Daniel Williams	Public Health Physician, CPH		4
Rose Orr	Team Leader, CPH		30
Janine Roux	Community Sports Advisor Sport Canterbury	Active Schools/Kiwisport	28
Shaun Campbell	Regional Manager, Sport Canterbury	WAVE funding allocation committee	
Koriana Waller	Iwi Representative for Arowhenua Rūnaka	WAVE funding allocation committee	
Lisa Blackler	Director Patient, Nursing & Midwifery Services, SCDHB	WAVE funding allocation committee	

## **A. Project Description**

### **1. Vision**

Supporting our children and young people to learn well and be well.

### **2. WAVE Principles**

- Working in partnership to achieve improved outcomes for health and education
- Addressing key lifestyle issues by focusing on the environment (“making the healthy choice the easy choice”)
- Involving children, parents and the community
- Targeting settings and communities with the high needs<sup>1</sup>
- Evidence based delivery, adaptive to needs, with ongoing evaluation<sup>2</sup>

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<sup>1</sup> See Section B. Rationale

<sup>2</sup> See Section D. Project Review

### 3. Objectives, Activities and Evaluation 2017-18

Strategic Objectives	2017-2018 Activities	WAVE Team reporting	Settings Questionnaire	Other sources
1. WAVE effectively engaged with all education settings	Complete memos of agreement	Number and % settings with MOA completed	Settings' perception of level of engagement with WAVE	
	Contact non signed settings	Number and % non-engaged settings contacted		
	Develop and implement settings plans for all settings	Number and % settings with Settings Plan completed	Feedback from settings on most-valued WAVE support	
	Develop and implement tailored settings plans for priority settings	Description of prioritisation process and confirmation of "tailored" Setting Plans for all priority settings		
	Develop and implement engagement with selected priority informal education settings	Description of engagement and progress Number of informal education settings, narrative of progress and feedback from settings	Qualitative feedback from WAVE team	Other feedback from informal settings
	Implement WAVE Award based on whole of setting approach	Number of settings, narrative of progress and feedback from settings		
	Work with Kahui Ako (CoL) to support WAVE priorities and activities	Description of engagement with Kahui Ako/CoLs and its impact on work in settings.		
	Review Communication Plan by 30 June and implement revised plan	Description of communications activity and report against measures	Settings' satisfaction with WAVE communications	
2. WAVE effectively engaged with Tangata Whenua	Iwi representation on Steering Group	Steering Group membership report		
	Link with Māori organisations and individuals, including Aoraki School Cluster Facilitator, Arowhenua Whānau Services, , Te Runanga O Arowhenua, Te Runanga O Waihao, FLAVA committee.	Report to SCDHB Māori Health Advisory Committee		Description of hui and other feedback re WAVE's effectiveness at engaging with whānau and meeting Māori needs.
	Support engagement of settings with whānau		Settings' report of their success in supporting Māori students to engage in health initiatives. Settings' assessment of their own degree of engagement with wider whānau, marae and other iwi, and Māori health providers on health issues.	
3. Increasing opportunities and support in education settings for healthy choices by students, families and staff	Support and document changes in settings that promote wellbeing for students, staff and families, including the physical activity priorities of school travel plans, secondary school physical activity environments, and Ki o rahi promotion plus the nutrition priorities of nutrition professional development for teachers, and understanding and improving food environments, eg lunchbox initiatives, events and fundraisers-, water and milk only policies, healthy eating policies, and local retailer awareness. .	Summary description of settings initiatives	Settings' reports of activities to support healthy choices	

Strategic Objectives	2017-2018 Activities	WAVE Team reporting	Settings Questionnaire	Other sources
	Support multiple-setting initiatives (e.g. FLAVA, Jump Jam), with a focus on increased participation.	Describe activities and report individual evaluations of multiple-setting initiatives		Report details support provided to multiple setting initiatives.
4. Students, families and communities involved in and supported by WAVE	Encourage and support settings to engage with the wider community as part of sustainable WAVE activities and as a way of engaging families and whānau to influence children's wider environment, eg homes and workplaces.	Description of activities engaging wider community.	Settings' reports of degree of student, family and community involvement in health initiatives inside and outside the settings.	
	Support alignment of health messages across multiple agencies (eg education, primary and maternity care, oral health promotion, AWS etc)			
	Support and co-ordinate activities of other health and relevant external organisations in education settings, eg HPV programme, oral health promotion, Sunsmart).	Description of other health organisations working effectively with WAVE team in settings.		Report of questionnaires or other feedback from key external health organisations.
5. Teachers supported with appropriate professional development and resources	Promote WAVE Website, and Facebook page, making them the communication gateways to WAVE.	Description of WAVE website and Facebook improvements and usage data	Settings' satisfaction with WAVE website.	
	Increase use of WAVE resources.	Description of resources and usage data for resources		
	Update Professional Development plan for settings	Professional development plan developed and implemented	Settings' assessment of effectiveness of WAVE professional development % of teachers participating in PD for cultural development	Attendance rates and feedback from WAVE professional development
6. Robust evaluation of WAVE	Update WAVE Annual Plan and complete evaluation <sup>3</sup> .	Report on case studies completed		
	Summarise and report other indicators of children learning and being well			NZCYES report, any other relevant surveys or reports.
	Hold strategic review workshop with key stakeholders.			
7 An effective WAVE team (not a Strategic Objective, but included in reporting/evaluation)	Review and update WAVE documentation to ensure it remains relevant and reflects best practice	Description of documentation review and improvements made.		
	Review all settings plans to ensure a focus on a whole school approach, and on environmental changes to support healthy choices	Description of settings plans review process and findings.		
	Identify success factors for high-engagement settings		Report on success factors identified in case studies	
	Review WAVE team processes to ensure the team is operating effectively and	Description of review process and improvements made.		

<sup>3</sup> See Section D. Project Review

Strategic Objectives	2017-2018 Activities	WAVE Team reporting	Settings Questionnaire	Other sources
	efficiently and lessons from evaluation incorporated reflected in team's work.	Report on completeness of team's Healthscape use and plan updating.		
	Update Professional Development plan for WAVE Team, including working with Māori	Report on professional development undertaken by WAVE Team		
	Review working group to ensure effective	Report of working group review and recommendation to Steering Group		

## **B. Project Rationale**

### **4. History**

WAVE is based on the commitment of a number of organisations, including South Canterbury District Health Board (SCDHB), Community and Public Health (CPH), Ministry of Education, Sport South Canterbury (now known as Sport Canterbury) and Cancer Society, to creating environments that support healthy lifestyles for children and young people. In 2005, SCDHB and CPH jointly developed a proposal for building on work already being undertaken in this field, and both organisations have committed health promotion resources to the project.

A Steering Group (comprising the above organisations) and Working Group, comprising of a wide range of organisations that work in Education settings, including representatives from the Principals Association, were formed in July 2006. The Fruit in Schools scheme, which commenced in 2006, was incorporated into WAVE, as was a subsequent SCDHB initiative, the School Fruit Scheme. The tasks of the Working Group are captured in this Annual Plan, which is informed by the Strategic Plan developed and reviewed annually by the Steering Group. The vision, principles and objectives of the 2015-20 Strategic Plan are reflected in this Annual Plan.

WAVE completed a 5 year evaluation in 2011 (Community and Public Health 2011) and follow-up evaluations in 2013, 2015 and 2017, plus the Tertiary sector evaluation in 2014. Ongoing evaluation is described in Sections 2-5 and 15 of this Annual Plan.

The Ministry of Health's 2012 review of Health Promoting Schools has been reflected in the ongoing work of WAVE, including reporting on high-priority settings as required by the Ministry, and participating in HPS training and workshops.

Since 2012 the biennial WAVE report has been accompanied by a report on an agreed set of child and youth health indicators for South Canterbury – this process is under review given that the NZ Child and Youth Epidemiology Service provide reports for each DHB.

While WAVE works with all education settings, a process of prioritisation is used to ensure the input from the WAVE team is focused on high priority settings. This is based on demographic profile including decile rating for schools, transient population, isolation, and the proportion of Māori and Pacific students. All high priority settings have tailored plans.

### **5. Research**

The background rationale and research to this project are set out in the document "South Canterbury Child and Youth Health Promotion – a Proposal", produced by CPH and SCDHB in May 2006 and updated in 2013. Background reports have also been completed on development of child and youth health indicators (2012, 2014), and on programmes for improving resilience and preventing suicide in education settings (2013). A review of health promotion literature was undertaken as part of WAVE's development in 2006, and was updated in 2014.

## 6. National, Regional and DHB plans

WAVE has been identified as a “flagship” project by SCDHB, and is referenced in its Annual Plan.

The following Ministry of Health strategies inform the project:

- The New Zealand Health Strategy (2016)  
The NZHS central statement is “all New Zealanders, live well, stay well, and get well”. WAVE supports all South Canterbury children and young people to live well and stay well.
- He Korowai Oranga – the Māori Health Strategy Updated (2014)
- Child Health Strategy (1998)
- Youth Health: A Guide to Action (2002)
- Cancer Control Strategy (2003)
- The New Zealand Disability Strategy (2001)

WAVE supports the Ministry of Health 2017/18 “Raising Healthy Kids” priorities, and the South Canterbury System Level Measure priorities of oral health, smokefree households, and an integrated approach to child health.

The New Zealand Curriculum and Te Whariki, as well as Cognition’s HPS Toolkit are also key reference documents for WAVE.

## 7. SCDHB’s Public Health Annual Plan

Work described in this plan comprises the major focus of health promotion work for CPH in South Canterbury.

## C. Linkages and Resources

### 8. Linkages

ORGANISATION	OUTCOMES SOUGHT	PERSON RESPONSIBLE
Media	Community are well informed about WAVE and receive consistent messages on health issues	Team Leader
Steering Group	WAVE implementation and reporting complies with Steering Group requirements	Team Leader
WG member organisations	WAVE implementation and reporting complies with requirements and expectations of member organisations	Organisations’ representatives on Working Group
Education settings	Settings are well-informed about WAVE, supported by it, and able to influence its direction	Team Leader, directly and via WAVE team
Kahui Ako (Communities of Learning)	Effective engagement with new governance arrangements for settings, so that health remains a priority.	Team Leader



<b>ORGANISATION</b>	<b>OUTCOMES SOUGHT</b>	<b>PERSON RESPONSIBLE</b>
Other settings, organisations and groups	Other settings, organisations and groups feel well-informed about WAVE, supported by it, and able to influence its direction. Wider health and education sector are informed about WAVE and have opportunity for participation	Team Leader, directly and via WG members and WAVE team
Community	Community are well informed about WAVE and receive consistent messages on health issues  Community is supported to extend WAVE messages and approaches into other settings (homes, workplaces etc)	Team Leader, directly and via WG members

## 9. Resources

See front page for staff commitments.

## 10. Operational Budget

### BUDGET (1 July 2017-30 June 2018)

#### ANTICIPATED INCOME

CPH Project Funding	20,000
SCDHB Project Funding	20,000
SCDHB Resources	1,000
Evaluation support	<u>1,643</u>
	<b><u>42,643</u></b>

#### ANTICIPATED EXPENDITURE

##### Resources

Purchase new resources	1,500
Rental and Power (43 Woollcombe St)	7,800
Repairs, maintenance	<u>850</u>
	10,150

##### Communication

Newsletters	2,125
Promotional material	<u>250</u>
	2,375

##### Admin and Promotion

General Admin	250
Iwi representation	<u>600</u>
	850

##### Professional Development

(This includes all workshops, forums and PD)

\*12,275 12,275

<b>Action Plan Support</b>	*15,000	
<b>Facilitators Settings Support</b>	350	15,350
<b>Evaluation support</b>		1,643
		<b><u>42,643</u></b>

\*The final budget balance between PD and Settings  
Support will be determined after consultation with settings

## **D. Project Review**

### **11. Evaluation**

Evaluation is overseen by the WAVE Evaluation Group. As of February 2017, Evaluation Group members are:

Daniel Williams	Medical Officer of Health
Annabel Begg	Public Health Specialist
Neil Brosnahan	Manager
Rose Orr	Team Leader South Canterbury CPH
Suzy Waaka	Māori Health Promoter
Janet Quigley	WAVE Facilitator
Kristi Calder	Public Health Analyst
Rachael Dixon	formerly UC Education Plus Co-ordinator/Facilitator

Ongoing evaluation of WAVE will assess progress against the objectives in the WAVE Strategic and Annual Plans, using mixed methods design. Mixed methods research is defined as the combination of quantitative and qualitative approaches that provide a better understanding of research problems than either approach alone (Creswell and Plano Clark 2007; Pommier, Guevel et al. 2010).

WAVE evaluation will include ongoing reporting by the WAVE Team (including Sport Canterbury and Cancer Society members), information from a settings questionnaire, and additional sources such as case studies, hui, and reports on existing health and education indicators (reported in alternate years). The Evaluation Group will develop, document, oversee and report on the questionnaire and additional information sources, while the Team Leader will be responsible for the WAVE Team's gathering of data through the questionnaire and other sources.

### **12. Reports**

Tri-annual reports, including an end-of-year report will be submitted to the Steering Group by the Team Leader.

## E. References

Community and Public Health (2011). WAVE - Final report of impact and process evaluations 2007-2011. Christchurch, Canterbury District Health Board.

Community and Public Health (2012). Background to the South Canterbury Child and Youth Health and Wellbeing Indicators. Christchurch, Canterbury District Health Board.

Community and Public Health (2013). Child and Youth Health Promotion Update of the evidence since 2006. Christchurch, Canterbury District Health Board.

Community and Public Health (2015). WAVE Evaluation Report 2015. Christchurch, Canterbury District Health Board.

Community and Public Health (2015). South Canterbury Child and Youth Health and Wellbeing Indicators 2015. Christchurch, Canterbury District Health Board.

Creswell, J. and V. Plano Clark (2007). Designing and conducting mixed methods research. Thousand Oaks, Sage Publications.

Li, J., E. Mattes, et al. (2009). "Social Determinants of child health and well-being." Health Sociology Review 18: 3-11.

Pommier, J., M. Guevel, et al. (2010). "Evaluation of health promotion in schools: a realistic evaluation approach using mixed methods." BMC Public Health 10(43).

St Leger, L., L. Kolbe, et al. (2007). "School Health Promotion: achievements, Challenges and Priorities." Global perspectives on health promotion effectiveness: 107-124.