

Evaluation of the WAVE programme 2014



Canterbury
District Health Board
Te Pori Hauora o Waitaha

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February 2015

Executive summary

This second stage of evaluation of WAVE was designed to assess progress across the three spheres of health promoting schools:

1. The physical and social environment
2. Curriculum, teaching and learning
3. Partnerships and services.

Questionnaires were administered during term 4, 2012 and terms 3 and 4, 2014. Qualitative interviews took place in December 2014 and February 2015.

The evaluation objectives were:

1. To assess engagement of WAVE with education settings in South Canterbury (at education setting, community, family and student level)
2. To document and assess the impact of WAVE health promotion initiatives in education settings
3. To identify strategies that resulted in education settings (with particular emphasis on low decile settings with higher proportions of Māori students) having a high level of involvement in WAVE
4. To determine the level of support for settings to improve students' health related knowledge.

Seven years of implementation of WAVE has resulted in robust partnerships between health and education sectors in South Canterbury and strong facilitator relationships with settings. There is now almost full engagement with settings in South Canterbury and evaluation results indicate significant changes in practice. Primary schools' overall level of satisfaction with WAVE had increased significantly in 2014 when compared with 2012. There were other statistically significant improvements between comparing 2012 and 2014, for example there was a significant improvement in the percentage of primary school staff that had completed professional development for cultural development in the previous 12 months. When comparing the overall initiatives that settings reported had made the most difference to their students' health and wellbeing between 2012 and 2014, there was greater focus across all settings on cultural initiatives, and greater variety of cultural initiatives in 2014.

Settings reported that there has been a shift in the approach of WAVE between 2012 and 2014, with facilitators now approaching asking them how they would like to work with WAVE, rather than the feeling that initiatives were imposed on them. Key success factors for a strong facilitator relationship with settings were identified as the facilitator working alongside settings, maintaining a balance between being in regular contact and understanding the busy nature of settings, and the facilitator having a comprehensive understanding of the setting type they were working in.

There was evidence of increasing partnerships between settings and their community. Settings provided examples of how WAVE has enabled them to provide support to families. Examples included supporting settings to provide cooking classes for parents, which was seen to be *"hugely beneficial to our parents, not just in terms of developing some cooking skills but also for the social interaction..."*

The most important ways that WAVE has supported settings continues to be facilitator relationships and support, WAVE resources and funding, provision of professional development and WAVE communication with settings. Identified ways for increasing engagement with low engagement settings included promoting the role of WAVE in secondary schools and further consultation on how settings would like to work with WAVE.

Settings continue to have an enthusiasm for professional development to be provided by WAVE and continue to see a role for WAVE in providing a link between education and iwi, which they would like to see strengthened. Settings continue to want more resources available to borrow and improved quality of resources. Settings reported some frustration with the WAVE website. Although there now appears to be a good understanding of what WAVE is, there is room for further promotion of WAVE and the resources that WAVE has available, possibly ensuring there is a WAVE presence (and visibility) at interschool sports days and similar events.

The following recommendations are made on the basis of the evaluation findings:

- That WAVE continue to work alongside settings
- That WAVE continues to promote its role, especially in terms of WAVE working with secondary schools (including examples)
- That WAVE further defines its role with regard to professional development provision for settings
- That WAVE considers how it could provide or support provision of follow up professional development on cultural development and other professional development provision
- That WAVE review the WAVE website, including ensuring that the online booking system works effectively
- That WAVE updates the evaluation plan, taking into consideration whether evaluation undertaken by Cognition can be included to avoid duplication.

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1 Background

Schools are key settings for health promotion with contribution of health promotion to the health of students being increasingly recognised (St Leger, Kolbe et al. 2007, Li, Mattes et al. 2009). However, the development of suitable approaches for evaluating health promotion in schools is still a major topic of discussion (St Leger, Kolbe et al. 2007).

WAVE¹ adapts the Health Promoting Schools Framework with a strong focus on intersectoral collaboration. The vision of WAVE is “Supporting our children and young people to learn well and be well”.

WAVE was initiated in 2006 by South Canterbury DHB (SCDHB) and Community & Public Health (CPH), the public health unit providing public health services for Canterbury, South Canterbury and West Coast DHBs. In July 2012, 94% of education settings in the South Canterbury DHB region were participating in WAVE. This included 100% of tertiary education providers, 86% of early childhood education centres (ECEs), 95% of primary schools and 100% of secondary schools. As of February 2015 all settings, with the exception of one primary school were participating in WAVE.

The vertical structure of WAVE enables Health Promotion across all four ‘levels’ of education in the district (ECE, Primary, Secondary and Tertiary). The objectives of WAVE as stated in the Strategic Plan 2012-17 are:

1. WAVE effectively engaged with all education settings
2. WAVE effectively engaged with Tangata Whenua
3. Increasing opportunities and support in education settings for healthy choices by students, families and staff
4. Students, families and communities involved in WAVE
5. Teachers supported with appropriate professional development and resources
6. Robust evaluation of WAVE.

Key issues and recommendations from the WAVE evaluation, 2012

Almost all settings reported that they were engaged with WAVE, with about a third of ECE’s and primary schools reporting that they were very engaged. The least engaged settings could see how they could be highly engaged with WAVE. They reported that they saw in the future much more engagement with WAVE, for example one school suggested WAVE taking the lead in promoting student leaders across South Canterbury. The less engaged settings reported that they wanted to work in partnership with WAVE. However, they wanted to be asked how WAVE can work with them, rather than feeling that initiatives were imposed on them. WAVE’s partnership with education settings was a particular success story, the recommendations that resulted from this evaluation aimed to build on that strength. In some low decile settings, partnerships with WAVE demonstrated how health initiatives were pivotal in changing the school culture, to a culture of learning.

¹Wellbeing and Vitality in Education

WAVE working in partnership with settings and the networking provided by WAVE were both reported as working well in 2012. This role was identified as one that WAVE could expand on in consultation with settings. In particular WAVE's role in enabling settings to work with Māori families and local iwi was valued. The professional development and resources that are provided by WAVE were valued by settings and identified as a strength. There was also opportunity to develop these further, especially in the area of Māori health. The recommendations from the 2012 evaluation included that WAVE consult low engagement schools on issues they would like to work in partnership with WAVE on; that WAVE make more professional development available, particularly on Māori health and/or cultural development; that WAVE build on the success of providing networking opportunities for settings; that WAVE review their communication plan to promote WAVE; including updating the WAVE image; and that WAVE consider ways of making the success of WAVE with a setting less dependent on an individual facilitator.

Evaluation of WAVE in tertiary settings, 2014

An evaluation of WAVE tertiary settings was completed mid-2014. This evaluation found that overall tertiary settings in South Canterbury were engaged with WAVE and recognised the support that WAVE provides. Tertiary settings identified that previously there had been a gap in the tertiary settings network which had been filled by WAVE. This was something that was particularly appreciated due to what tertiary setting staff perceived as the increasing workload and lack of time for those working in the sector. The WAVE facilitator was seen by settings as the 'link' between not only the health and tertiary education sectors but also between the tertiary settings themselves. WAVE facilitated access to appropriate professional development, resources and research for tertiary education providers and worked in partnership with settings to improve student health. The evaluation concluded that WAVE could further enhance their work by being clear about what WAVE can and cannot do in partnership with the tertiary education sector in South Canterbury. WAVE has worked successfully with the tertiary sector in the area of mental wellbeing. Other areas in which the tertiary sector would like further support and information include drug and alcohol misuse and sexual health. These issues are of particular concern to the tertiary age-group of students, often living away from home for the first time, exploring and experimenting with less parental influence. The next evaluation report will include all education sectors.

2. Evaluation methodology

To monitor the success of WAVE 2012-17 and inform future planning, the Community and Public Health (CPH) Information team was asked to develop an evaluation, with direction from the WAVE Evaluation Group. WAVE evaluation focuses on sustained changes achieved in education settings across the three spheres or domains of curriculum, environment, partnerships and school policies. The aim was to assess change at the level of the whole-school environment and culture that supported healthy choices. An assessment of the development and implementation of settings' policies and practices (such as food or nutrition policies, availability and uptake of physical activity choices, and smoking cessation support) can provide a clear indication of changes in the pupils' environment which will support healthy choices (Pommier, Guevel et al. 2010). A mixed method approach was chosen as the most useful for the purposes of both assessing change over time (a quantitative questionnaire) and investigating how the process of WAVE's implementation was working. 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).

The objectives of the evaluation focus on determining the ongoing value of WAVE in South Canterbury, the difference WAVE is making, and what is and is not working well in WAVE.

The evaluation objectives were:

- 1 To assess engagement of WAVE with education settings in South Canterbury (at education setting, community, family and student level)
- 2 To document and assess the impact of WAVE health promotion initiatives in education settings
- 3 To identify strategies that resulted in education settings (with particular emphasis on low decile settings with higher proportions of Māori students) having a high level of involvement in WAVE
- 4 To determine the level of support for settings to improve students' health related knowledge.

Target population

The target population for WAVE is South Canterbury students, families, educators and communities.

Data collection

Quantitative data

A questionnaire was developed and piloted for ECEs, Primary and Secondary Schools combined (appendix 1). The questionnaire was developed following the recommendation from the WAVE Evaluation 2007-2011 that future evaluations have one simple questionnaire with a small number of key quantitative and qualitative questions. This baseline questionnaire was first administered in term 4, 2012, with follow up data collected in terms 3 and 4, 2014. The questionnaire was administered by each setting's WAVE facilitator. To ensure validity and comparability the questions were administered in a standard way. Only those settings that completed both surveys were included in the analysis. McNemar's test was used for comparison of dichotomous variables between the 2012 and 2014 survey. Wilcoxon signed-rank test was used to compare changes of ordinal variable between the

2012 and 2014 survey. The SPSS version 17.0 statistical package (SPSS Inc. Chicago, IL, USA) was used for statistical analyses.

Qualitative data

Facilitator focus group and interviews with settings

Qualitative data was collected through a focus group from the four WAVE facilitators who work with ECEs, primary schools and secondary schools. This was followed up with individual semi-structured interviews with each of the four facilitators. The focus group and semi-structured interviews took place on 11 December 2014. The focus group and interviews followed general guidance on the areas for discussion suggested as part of the evaluation objectives but were also open to any other comments from participants. The focus group and all interviews were recorded and notes were also taken. Recordings were downloaded and reviewed in full and a summary, with relevant verbatim excerpts, was made of the focus group and each interview. Notes were used to verify and supplement the data and were particularly useful in capturing extra comment made by interviewees before or after the interview.

Qualitative data were collected from settings through semi-structured interviews with either the head teacher (in ECEs) or the school principal. For each setting type, at least one high engagement and at least one low engagement settings was included. Levels of engagement were identified from the quantitative questionnaire. Qualitative interviews with education settings were completed between 2nd February and 11th February 2015.

Interviews were completed with the head teacher or principal at the following settings:

Geraldine Preschool
Waimate Kindergarten
Timaru South Primary School
Fairlie Primary School
Highfield School
St Andrew's School
Waimate High School
Roncalli College

The interviews were all conducted over the telephone. They followed general guidance on the areas for discussion suggested as part of the evaluation objectives but were also open to any other comments. All interviews were recorded and notes were also taken. Recordings were downloaded and reviewed in full and a summary, with relevant verbatim excerpts, was made of each interview.

3. Quantitative Results

3.1 Physical and social environment

Settings' policies or guidelines

P values are presented in the tables, with a value of ≤ 0.05 indicating a statistically significant difference between 2012 and 2014. The small number of significant differences are noted in the text, but differences described are otherwise not statistically significant. P values were not calculated for secondary schools due to the low number of secondary schools.

Nutrition policies or guidelines

The percentage of settings that had healthy lunchbox policies or guidelines remained consistent between 2012 and 2014 (Table 1). Over seventy percent of ECEs had healthy lunchboxes policies or guidelines at their setting (71% in both 2012 and 2014), compared with 62% of primary schools in 2014 (66% in 2012) and 14% of secondary schools in both 2012 and 2014.

The percentage of ECEs that had policies and guidelines on healthy food for events organised by their setting remained consistent for both ECEs and primary schools between 2012 and 2014. Over twenty percent of ECE settings had these guidelines at both timepoints (21% in 2012, 29% in 2014), as did over sixty percent of primary schools (66% in 2012 and 62% in 2014). There was an increase in the proportion of secondary schools with healthy food guidelines for events organised by settings, from 29% in 2012 to 43% in 2014.

There was an increase in the percentage of settings that had healthy food guidelines for food for sale at their setting, for all settings between 2012 and 2014. Relatively low percentages of ECEs had healthy food guidelines for food for sale at settings. This increased from 7% in 2012 to 15% in 2014. Over a third of primary schools had this guideline (35% in 2012 compared with 41% in 2014). There was an increase in the percentage of secondary schools with healthy food guidelines for food for sale at their settings, from 43% 2012 to 71% in 2014.

Table 1. Percentage of settings that have policies or guidelines addressing nutrition-related topics

	ECEs (n=28)			Primary Schools (n=29)			Secondary Schools (n=7)	
	2012 (%)	2014 (%)	p- value	2012 (%)	2014 (%)	p- value	2012 n(%)	2014 n(%)
Healthy lunchboxes	71.4	71.4	1.00	65.5	62.1	1.00	1(14.3)	1(14.3)
Healthy food guidelines for events organised by setting	21.4	28.6	0.73	65.5	62.1	1.00	2(28.6)	3(42.9)
Healthy food guidelines for food for sale at setting	7.1	14.8	0.63	34.5	41.4	0.75	3(42.9)	5(71.4)

Smokefree policies

Approximately half of ECEs' (50% in 2012 compared with 54% in 2014) Smokefree policies covered outside-setting boundaries (for example smoking at the setting's gate) (Table 2). Over half of primary schools in both 2012 and 2014 had Smokefree policies that covered outside-setting boundaries (55% in 2012 and 59% in 2014). The percentage of secondary schools with this guideline decreased from 71% in 2012 to 57% in 2014

There was a statistically significant increase in ECE settings with a Smokefree policy that covered off-site events (21% in 2012 compared with 57% in 2014). Over two thirds of primary schools had such a policy (76% in 2012 compared with 69% in 2014). The percentage of secondary schools that had this policy remained consistent in both 2012 and 2014 (71%).

Table 2. Smokefree policies at settings

	ECEs (n=28)			Primary Schools (n=29)			Secondary Schools (n=7)	
	2012 (%)	2014 (%)	p- value	2012 (%)	2014 (%)	p- value	2012 n(%)	2014 n(%)
Policy covers outside-setting boundaries	50.0	53.6	1.00	55.2	58.6	1.00	5(71.4)	4(57.1)
Policy covers off-site events	21.4	57.1	0.006	75.9	69.0	0.79	5(71.4)	5(71.4)

Other written policies or guidelines

Settings were asked if they had policies or guidelines on bullying, Sunsmart, physical activity and alcohol and other drugs (Table 3). The percentage of ECE settings with written policies on bullying increased from 68% in 2012 to 85% in 2014. The percentage of primary schools with written policies on bullying increased from 90% in 2012 to 100% in 2014. All secondary schools had written policies on bullying in both 2012 and 2014.

All ECE settings and primary schools had Sunsmart written policies in both 2012 and 2014. The percentage of secondary schools with Sunsmart written policies increased from 14% in 2012 to 43% in 2014.

The percentage of ECEs with written policies on increasing physical activity decreased from 46% in 2012 to 29% in 2014. The percentage of primary schools with these policies increased from 67% in 2012 to 90% in 2014. The percentage of secondary schools with written policies on increasing physical activity increased from 57% in 2012 to 86% in 2014.

Over four fifths of ECE settings had written policies on alcohol and other drugs in both 2012 and 2014 (86% in 2012 and 89% in 2014). The percentage of primary schools with these written policies increased slightly from 83% in 2012 to 89% in 2014. The percentage of secondary schools with written policies of alcohol and other drugs decreased from 100% in 2012 to 86% in 2014.

Table 3. Settings' other written policies or guidelines:

	ECEs (n=27)			Primary Schools (n=29)			Secondary Schools (n=7)	
	2012 (%)	2014 (%)	p- value	2012 (%)	2014 (%)	p- value	2012 n(%)	2014 n(%)
Bullying	67.9	84.6	0.34	89.7	100.0	0.25	7(100.0)	7(100.0)
Sunsmart	100.0	100.0	NA	100.0	100.0	NA	1(14.3)	3(42.9)
Increasing physical activity	46.4	29.2	0.13	66.7	89.7	0.11	4(57.1)	6(85.7)
Alcohol and other drugs	85.7	88.9	1.00	82.8	89.3	0.63	7(100.0)	6(85.7)

How effective are written policies and guidelines

Settings reported on the effectiveness of policies and guidelines in influencing their physical and social environment (Table 4).

The percentage of ECEs that reported their policies or guidelines influenced their physical or social environment 'effectively' or 'very effectively' in the area of nutrition increased from 73% in 2012 to 84% in 2014. The percentage of primary schools that reported their policies or guidelines influenced their physical or social environment 'effectively' or 'very effectively' in the area of nutrition decreased slightly from 85% in 2012 to 78% in 2014. The percentage also decreased for secondary schools from 67% in 2012 to 33% in 2014.

The percentage of ECEs that reported their policies or guidelines influenced their physical and social environment 'effectively' or 'very effectively' in the area of Smokefree increased from 90% in 2012 to 100% in 2014. The percentage of primary schools that reported their policies or guidelines influenced their physical or social environment 'effectively' or 'very effectively' increased slightly from 97% in 2012 to 100% in 2014. The percentage of secondary schools decreased from 100% in 2012 to 86% in 2014.

The percentage of ECEs that reported their policies or guidelines influenced their physical and social environment 'effectively' or 'very effectively' in the area of bullying increased from 71% in 2012 to 87% in 2014. The percentage of primary schools that reported their policies or guidelines influenced their physical and social environment 'effectively' or 'very effectively' in the area of bullying remained high in 2014 (100% in 2012 and 97% in 2014). The percentage of secondary schools that reported their policies or guidelines influenced their physical and social environment 'effectively' or 'very effectively' in the area of bullying increased from 86% in 2012 to 100% in 2014.

In the area of Sunsmart, the percentage of ECEs that reported their policies or guidelines influenced their physical and social environment 'effectively' or 'very effectively' remained high in 2014 (93% in 2012 compared with 96% in 2014). All primary schools in both 2012 and 2014 reported that their policies or guidelines were 'effective' or 'very effective' in the area of Sunsmart. The percentage of secondary schools that reported that their policies were 'effective' or 'very effective' increased from 20% in 2012 to 60% in 2014.

In the area of physical activity, the percentage of ECEs that reported their policies or guidelines influenced their physical and social environment 'effectively' or 'very effectively'

was 75% in 2012 and 82% in 2014. For primary schools there was an increase from 96% in 2012 to 100% in 2014. In secondary schools the percentage of settings reporting that the physical activity policy or guidelines were effective or very effective increased from 86% in 2012 to 100% in 2014.

All settings reported 'effective' or 'very effective' policies and guidelines in the area of alcohol and other drugs in 2014 (this had increased from 96% for ECEs, 96% for primary schools, 86% for secondary schools in 2012).

Table 4. How effective policies or guidelines are at influencing your setting's physical or social environment

	ECEs (n=28)			Primary Schools (n=29)			Secondary Schools (n=6-7)	
	2012 (%*)	2014 (%*)	p- value	2012 (%*)	2014 (%*)	p- value	2012 n(%*)	2014 n(%*)
Nutrition	73.1	84.0	1.00	85.2	77.8	1.00	4(66.7)	2(33.3)
Smokefree	89.3	100.0	0.25	96.6	100.0	1.00	6(100.0)	5(83.3)
Bullying	71.4	87.0	0.69	100.0	96.6	1.00	7(100.0)	6(85.7)
Sunsmart	92.9	96.4	1.00	100.0	100.0	NA	1(20.0)	3(60.0)
Physical activity	75.0	81.8	1.00	95.7	100.0	1.00	5(71.4)	7(100.0)
Alcohol and other drugs	96.0	100.0	1.00	96.0	100.0	1.00	6(85.7)	7(100.0)

*Percentage of settings that reported their policies or guidelines influenced their physical or social environment 'effectively'/'very effectively'

Barriers to policies and guidelines

Identified barriers for settings to having written guidelines or policies included:

- That settings are often part of a wider organisation, for example, as a playcentre or a school associated with a particular religion. A number of settings commented that "We don't have control of policies or procedures".
- The perception that written policies and guidelines are not needed. For example, "bullying is not a problem so no need for policy" or "we have verbal guidelines".
- A perceived lack of time available for writing policies and guidelines.
- High rate of staff turnover.
- Some settings commented that there were no barriers to writing policies and guidelines.

Initiatives that have supported settings healthy choices in the last 12 months

Settings reported in both 2012 and 2014 on the initiatives that had supported healthy choices in the last 12 months (Table 5). Table 5 shows that, for example, edible gardens, Matariki celebrations, bi-cultural programmes, adequate shade, promotion of wearing sunscreen and promoting physical activity outside of the classroom are initiatives that are supporting healthy choices across all settings.

Table 5. Initiatives that have supported healthy choices at settings in the previous 12 months #

	Initiative	Setting	Has initiative 2012 (%)*	Has initiative 2014 (%)*
Nutrition	Breakfast Club	ECEs	4	5
		Primary	19	17
		Secondary	50	50
	Edible garden	ECEs	100	87
		Primary	87	86
		Secondary	38	50
	Canteen or food services that support healthy choices	ECEs	11	22
		Primary	52	54
		Secondary	50	50
Cultural development	Kapa Haka	ECEs	36	29
		Primary	23	29
		Secondary	0	13
	Matariki celebrations	ECEs	25	18
		Primary	58	60
		Secondary	75	88
	Bi-cultural programmes	ECEs	93	92
		Primary	62	77
		Secondary	72	50
Sunsmart	Adequate shade	ECEs	89	90
		Primary	90	71
		Secondary	88	75
	Promoting wearing sunscreen	ECEs	89	85
		Primary	90	97
		Secondary	88	75
	Promoting wearing sunhats	ECEs	100	95
		Primary	94	97
		Secondary	75	75
Increasing physical activity	Walking buses	ECEs	96	100
		Primary	100	100
		Secondary	25	13
	Other promotion of active transport	ECEs	11	8
		Primary	10	14
		Secondary	0	0
	Promoting physical activity outside of the classroom	ECEs	36	14
		Primary	39	43
		Secondary	13	38
	Jump Jam	ECEs	82	80
		Primary	90	94
		Secondary	87	75
		ECEs	18	5

	Initiative	Setting	Has initiative 2012 (%)*	Has initiative 2014 (%)*
		Primary	81	80
		Secondary	13	38
Other	Peer mediation	ECEs	21	3
		Primary	39	40
		Secondary	50	63
	Tooth brushing programme	ECEs	36	26
		Primary	16	26
		Secondary	0	0
	Alcohol accreditation programme	ECEs	0	0
		Primary	3	0
		Secondary	25	38
	Smokefree challenge	ECEs	4	3
		Primary	3	3
		Secondary	13	38
	Fundraising events that support healthy choices	ECEs	29	33
		Primary	58	74
		Secondary	38	38

* Percent within setting type

All settings were included in this analysis, not just the settings that completed pre and post questionnaires.

Effectiveness of settings at implementing a “whole setting”² approach to health issues

In 2014, as in 2012, over four fifths of ECEs reported that they were ‘effective’ or ‘very effective’ at implementing a whole setting approach to health issues (Table 6) (93% in 2012 compared with 86% in 2014). Over ninety percent of primary schools reported that they were ‘effective’ or ‘very effective’ at implementing a whole setting approach to health issues at both timepoints (93% in both 2012 and 2014). In 2012, over forty percent (43%) of secondary schools reported that they were ‘effective’ or ‘very effective’ at implementing the whole setting approach, this remained at 43% in 2014.

Table 6. Effectiveness of settings at implementing a “whole setting” approach to health issues

	ECEs (n=28)			Primary Schools (n=28)			Secondary Schools (n=7)	
	2012 (%)	2014 (%)	p- value	2012 (%)	2014 (%)	p- value	2012 n(%)	2014 n(%)
Not at all effective	0.0	0.0	0.39	0.0	0.0	0.61	1(14.3)	0(0.0)
Slightly effective	7.1	14.3		7.1	6.9		3(42.9)	4(57.1)
Effective	53.6	57.1		64.3	69.0		2(28.6)	3(42.9)
Very effective	39.3	28.6		28.6	24.1		1(14.3)	0(0.0)

² Health is created and lived by people within the settings of their everyday life; where they learn, work, play, and love." The Ottawa Charter (1986)

Comments on how effective settings were at implementing a whole setting approach to health issues included:

A number of ECEs reported that they believed that they had a whole setting approach to health issues, for example *“we encourage everyone to be involved, we do this because we have a great relationship with our whānau”*.

Some ECEs identified challenges to implementing a whole setting approach, for example, *“lack of parental support”* and *“keeping enthusiasm is dependent on if individuals come on board”*.

No comments were received from primary or secondary schools about implementing a whole setting approach to health issues.

Effectiveness of staff role modelling healthy choices

In 2014, all ECE settings reported that their staff were ‘effective’ or ‘very effective’ at role modelling healthy choices, which is a small increase from 93% in 2012 (Table 7). In both 2012 and 2014 97% of primary schools believed that their staff were ‘effectively’ or ‘very effectively’ role modelling healthy choices. In 2014, 86% of secondary schools reported that their staff were ‘effective’ or ‘very effective’ at role modelling health choices, compared with 72% in 2012.

Table 7. How effectively staff role model healthy choices.

	ECEs (n=28)			Primary Schools (n=29)			Secondary Schools (n=7)	
	2012 (%)	2014 (%)	p- value	2012 (%)	2014 (%)	p- value	2012 n(%)	2014 n(%)
Not at all effectively	0.0	0.0	0.30	0.0	0.0	0.42	0(0.0)	0(0.0)
Slightly effectively	7.1	0.0		3.4	3.4		2(28.6)	1(14.3)
Effectively	28.6	57.1		55.2	69.0		3(42.9)	4(57.1)
Very effectively	64.3	42.9		41.4	27.6		2(28.6)	2(28.6)

A number of ECEs reported that their staff role model healthy choices through conversations with children and whānau. This included, for example, sitting with children and making healthy food choices. One setting commented, *“We walk the talk”* and another commented *“We support each other to make healthy choices”*.

No comments were received from primary or secondary schools on how effective settings’ staff were at role modelling healthy choices.

How well settings support Māori students to engage in health initiatives

In 2014, all ECE settings reported that they supported Māori students to engage in health initiatives ‘well’ or ‘very well’ (compared to 96% in 2012). In 2014 84% of primary schools reported that they supported Māori students to engage in health initiatives ‘well’ or ‘very well’, compared to 78% in 2012. In 2014, 43% of secondary schools reported that they

supported Māori students 'well' or 'very well' to engage in health initiatives compared with 57% in 2012.

Table 8. How well does your setting support Māori students to engage in health initiatives?

	ECEs (n=27)			Primary Schools (n=26)			Secondary Schools (n=7)	
	2012 (%)	2014 (%)	p- value	2012 (%)	2014 (%)	p- value	2012 n(%)	2014 n(%)
Not at all well	0.0	0.0	0.51	3.7	3.7	0.48	1(14.3)	0(0.0)
Slightly well	3.7	0.0		18.5	11.1		2(28.6)	4(57.1)
Well	40.7	57.1		37.0	33.3		2(28.6)	2(28.6)
Very well	55.6	42.9		40.7	51.9		2(28.6)	1(14.3)

As in 2012, a number of ECE settings commented that they *“do this well for all families”*, however in 2014 about an equal number of ECE settings commented that they acknowledged Māori students specifically and prioritised supporting Māori students to engage in health initiatives. Examples of how this was done included *“encompass turangawaewae”*, *“we have a bicultural officer”*, *“we interview whānau about their needs”*.

Three initiatives that settings think have made the most difference to their students' health and wellbeing in the last 12 months

When ECE settings were asked for the three initiatives that made the most difference to their students' health and wellbeing in the last 12 months a wide variety of initiatives were identified. The top three initiatives were: healthy eating (including edible gardens), promoting physical activity and sun safety. This finding was the same as in 2012. Examples provided of nutrition initiatives included: provision of fruit platters for children, reviewing setting's menu, updating healthy eating folder, WAVE poster, water only at setting. Examples provided of promoting physical activity included, for example: outdoor environment activities, updating outdoor equipment, bike day celebrations. Examples provided of sun safety initiatives included: Sunsmart, 'Undercover Cody', purchasing spare sunhats, sunscreen at reception and purchase of shade trees.

When primary settings were asked for the three initiatives that made the most difference to their students' health and wellbeing in the last 12 months, a wide variety of initiatives were identified. The top three initiatives were: nutrition-related initiatives (including edible gardens), physical activity initiatives and cultural development initiatives. Examples provided of nutrition-related initiatives included: edible gardens, cooking programme with chefs (based on vegetables), daily “brain food”, newsletter items on lunchboxes, healthy lunch days, review of food sold at canteen, breakfast club, parent cooking schools programme, water only policy. Examples provided of physical activity initiatives included, for example: Jump Jam, Physical Activity Leadership Skills (PALS), Kiwisport, sports initiatives (including sports clusters) and active transport. Examples provided of cultural initiatives included, for example: cultural inclusiveness, whānau involvement and support, Kapa Haka, and bi-cultural development.

Secondary settings reported on the three initiatives that made the most difference to their students' health and wellbeing in the last 12 months. The top three initiatives overall were: cultural initiatives, nutrition initiatives, and mental wellbeing initiatives. Examples of

cultural initiatives included: Kapa Haka, international day to promote cultural inclusiveness, whānau consultation, rural cluster Ki o Rahi (Māori traditional games). Examples of nutrition initiatives included: healthy lunchbox competition, food technology, review of food sold at canteen. Examples of mental wellbeing initiatives included: peer support, relationship development plan, self-review on social and emotional intelligence, PB46 (police talk to seniors going to the school ball).

When comparing 2012 and 2014 the overall initiatives that settings reported having made the most difference to their students' health and wellbeing in the last 12 months, there was greater focus across all settings on cultural initiatives, and a greater variety of cultural initiatives.

Success factors and barriers for improving students' health and wellbeing in the last 12 months

Partnerships with, for example, students, staff, families, the wider community and WAVE were recognised as important success factors for student health and wellbeing across all settings.

Barriers across settings to improving students' health and wellbeing included lack of parent and/or staff knowledge and cost (for example providing healthy food at ECE or funding health initiatives at all settings).

3.2 Curriculum, teaching and learning

Professional development (PD) in previous 12 months

Table 9 shows the percentage of staff at each setting that had had professional development on the topics of sexual health, Smokefree, mental wellbeing, Sunsmart, nutrition, physical activity and alcohol and drugs in the previous 12 months.

The percentage of staff at ECE settings that had had professional development on sexual health had decreased from 18% in 2012 to 4% in 2014. At primary schools the percentage had decreased from 25% in 2012 to 8% in 2014. The percentage of staff at secondary schools that had had professional development on sexual health had also decreased from 71% in 2012 to 57% in 2014.

The percentage of staff at ECE settings that had had professional development on Smokefree had decreased from 7% in 2012 to 0% in 2014. At primary schools the percentage had decreased from 21% in 2014 to 8% in 2012. The percentage of staff at secondary schools who had professional development on Smokefree had also decreased from 33% in 2012 to 0% in 2014.

The percentage of staff at ECE settings that had had professional development on mental wellbeing had decreased from 54% in 2012 to 30% in 2014. At primary schools the percentage had increased from 32% in 2014 to 46% in 2012. The percentage of staff in secondary schools who had professional development on mental wellbeing had remained the same, at 71% for both 2012 and 2014.

The percentage of staff at ECE settings that had had professional development on Sunsmart had increased from 0% in 2012 to 7% in 2014. At primary schools the percentage had

remained consistent at 21% in 2014 and 20% in 2012. No staff in secondary schools had had professional development on Sunsmart in either 2012 or 2014.

The percentage of staff at ECE settings that had had professional development on nutrition had increased from 21% in 2012 to 32% in 2014. At primary schools the percentage had decreased from 21% in 2012 to 14% in 2014. The percentage of staff in secondary schools who had had professional development on nutrition had decreased from 40% in 2012 to 20% in 2014.

The percentage of staff at ECE settings that had had professional development on physical activity had decreased significantly from 50% in 2012 to 11% in 2014. At primary schools the percentage had decreased from 89% in 2012 to 79% in 2014. The percentage of staff in secondary schools that had had professional development on physical activity had increased from 71% in 2012 to 86% in 2014.

The percentage of staff at ECE settings that had had professional development on alcohol and drugs had decreased from 11% in 2012 to 0% in 2014. At primary schools the percentage had decreased from 11% in 2012 to 4% in 2014. The percentage of staff in secondary schools who had professional development on alcohol and other drugs had decreased from 86% in 2012 to 43% in 2014.

Table 9. Have any of your staff had professional development on the following topics in the last 12 months?

	ECEs (n=27)			Primary Schools (n=28)			Secondary Schools (n=5-7)	
	2012 (%)	2014 (%)	p- value	2012 (%)	2014 (%)	p- value	2012 n(%)	2014 n(%)
Sexual health	17.9	3.7	0.13	25.0	8.3	0.18	5(71.4)	4(57.1)
Smokefree	7.1	0.0	0.5	21.4	8.0	0.13	2(33.3)	0(0.0)
Mental wellbeing	53.6	29.6	0.18	32.1	46.2	0.63	5(71.4)	5(71.4)
Sunsmart	0.0	7.4	0.5	21.4	20.0	1.0	0(0.0)	0(0.0)
Nutrition	21.4	32.1	0.61	21.4	13.8	1.0	2(40.0)	1(20.0)
Physical activity	50.0	11.1	0.01	89.3	79.3	0.63	5(71.4)	6(85.7)
Alcohol and drugs	10.7	0.0	0.25	10.7	4.2	1.0	6(85.7)	3(42.9)

Barriers to staff participating in professional development

Settings were asked what barriers their staff had to participating in professional development on the above health topics (sexual health, Smokefree, mental wellbeing, Sunsmart, nutrition, physical activity, alcohol and drugs).

Across all settings limited staff time and the cost of both relief staff and the professional development courses were reported as the major barriers to professional development in health-related topics. When comparing the results with 2012, it appears that awareness and availability of professional development was less of a barrier in 2014 when compared with 2012, across all setting types.

Percentage of staff that had had professional development for cultural development

Table 10 shows the percentage of staff at each setting that had had professional development for cultural development in the previous 12 months, in 2012 and 2014.

In 2014, over a third of ECEs reported that 76-100% of their staff had had professional development in the previous 12 months. Almost a fifth of ECEs reported that 51-75% of their staff had had professional development for cultural development (18%).

Primary schools had a statistically significant increase in professional development for cultural development between 2012 and 2014, with over sixty percent of primary schools reporting that 76-100% of their staff had had cultural development professional development in the previous 12 months (61%) in 2014. This was an increase from 28% of primary schools in 2012 ($p=0.05$).

Secondary schools had a decrease in the percentage of staff that had participated in professional development for cultural development. Almost a third of secondary schools (29%) reported that 76-100% of staff had completed cultural development PD in the previous 12 months in 2014, this is a reduction from over seventy percent (71%) of secondary schools in 2012.

Table 10. Percentage of staff that had had professional development for cultural development in the previous 12 months

	ECEs (n=27)			Primary Schools (n=26)			Secondary Schools (n=7)	
	2012 (%)	2014 (%)	p- value	2012 (%)	2014 (%)	p- value	2012 n(%)	2014 n(%)
0-25%	35.7	28.6	0.45	37.9	21.4	0.05	2(28.6)	3(42.9)
26-50%	10.7	10.7		13.8	3.6		0(0.0)	1(14.3)
51-75%	7.1	17.9		20.7	14.3		0(0.0)	1(14.3)
76-100%	46.4	42.9		27.6	60.7		5(71.4)	2(28.6)

Barriers to settings' staff participating in professional development on cultural development

Settings were asked what barriers their staff had to participating in professional development on cultural development. There appears to have been a change since 2012 in attitudes with regard to the need for professional development on cultural development. Most comments supported the need for this professional development and no settings commented that it was not needed, as was the case in 2012.

How effective professional development has been in enhancing staff's delivery of Health Education in the curriculum

Table 11 shows that in 2014 over half (58%) of ECEs report that professional development has been 'effective' or 'very effective' at enhancing staff's delivery of health education in the curriculum. This compares to 48% in 2012.

Table 11. How effective professional development has been in enhancing staff's delivery of Health Education in the curriculum

	ECEs (n=25)			Primary Schools (n=28)			Secondary Schools (n=6)	
	2012 (%)	2014 (%)	p-value	2012 (%)	2014 (%)	p-value	2012 (%)	2014 (%)
Not at all effective	7.4	19.2	1.0	10.7	3.4	0.82	2(33.3)	0(0.0)
Slightly effective	44.4	23.1		10.7	20.7		1(16.7)	3(50.0)
Effective	29.6	34.6		50.0	62.1		3(50.0)	2(33.3)
Very effective	18.5	23.1		28.6	13.8		0(0.0)	1(16.7)

Table 12. Examples of how effective professional development has been in the last 12 months in enhancing staff's delivery of health education in the curriculum

What has worked well (in order of importance)	What hasn't worked well
<p><u>ECEs</u></p> <ul style="list-style-type: none"> • WAVE bicultural workshop across all settings • WAVE PD, edible gardens workshop • WAVE resources, including the WAVE facilitator • Pacifica • Sneeze safe • Maru the Moa • <p><u>Primary</u></p> <ul style="list-style-type: none"> • WAVE bicultural workshop across all settings • PB4L (Police) • WAVE PD overall • WAVE gardening PD • Sport Canterbury • Sports start • Life Education <p><u>Secondary</u></p> <ul style="list-style-type: none"> • WAVE traditional Māori games PD • Friends programme • Networking • Mental wellbeing • Incredible years • Keeping ourselves safe • Brain wave • PENZ 	<p><u>ECEs</u></p> <ul style="list-style-type: none"> • No comments <p><u>Primary</u></p> <ul style="list-style-type: none"> • Would have liked follow up to WAVE bicultural workshop • Would like PD promoted more and more PD available <p><u>Secondary</u></p> <ul style="list-style-type: none"> • No comments

A change was identified from 2012, with settings being more positive about professional development in 2014, (with few comments on what hasn't worked). In addition, it is clear that WAVE has made a positive impact on professional development, especially in the area of cultural development, since 2012.

Effectiveness of settings in delivering health education in the curriculum

Table 13 shows that in 2014 over four fifths of ECEs (82%) and primary schools (87%) reported that they were 'effective' or 'very effective' at delivering health education in the curriculum. Just below three quarters of secondary schools reported that they were 'effective' or 'very effective' at delivering health education (72%).

Table 13. Effectiveness of settings in delivering health education in the curriculum, in the previous 12 months

	ECE (n=27)			Primary Schools (n=28)			Secondary Schools (n=7)	
	2012 (%)	2014 (%)	p- value	2012 (%)	2014 (%)	p- value	2012 n(%)	2014 n(%)
Not at all effective	0.0	3.7	0.51	0.0	3.6	0.15	0(0.0)	0(0.0)
Slightly effective	7.1	14.8		3.4	3.6		2(28.6)	2(28.6)
Effective	57.1	55.6		41.4	57.1		3(42.9)	3(42.9)
Very effective	35.7	25.9		55.2	35.7		2(28.6)	2(28.6)

Examples of what has worked well (in delivering health education in the curriculum, in the past 12 months)

ECEs reported the following examples of what had worked well in delivering health education in the curriculum, in the past 12 months (in order of frequency, with the most frequent first):

- Encouraging children to make healthy food choices
- Edible gardens
- Encouraging children to be involved in physical activity
- Good partnerships with families (including, for example, parent education on lunch box ideas)
- Increased knowledge of Māori culture
- WAVE resources
- Sneeze safe
- Enviro-school practices
- Mental and emotional wellbeing

Primary settings reported the following examples of what had worked well in delivering health education in the curriculum, in the past 12 months (in order of frequency, with the most frequent first):

- Edible gardens
- Life education
- Sunsmart
- WAVE cultural development PD
- Keeping ourselves safe

- Sports
- Parent and community cooking classes
- WAVE (in general)
- Healthy communities
- Healthy eating
- Road safety (Police)
- Puberty talks (year 7 and year 8)
- Social skills
- PB4L
- Goal setting
- Sneezesafe
- Cooking – technology
- Gorgeous girls programme.

Secondary settings reported the following examples of what has worked well in delivering health education in the curriculum, in the past 12 months (in order of frequency, with the most frequent first):

- Health classes
- Sexuality education (from Public Health Nurse)
- Wellness week
- Social responsibility (year 12)
- Traditional Māori games
- Student voice team
- Community meeting regarding health
- Cross curricular activities
- Outside of school support.

3.3 Partnerships and Services

Table 14 shows the involvement of others in designing and/or delivering wellbeing initiatives in settings. There were no statistically significant changes between 2012 and 2014, although the lower involvement of non-government organisations (NGOs) in 2014 compared to 2012 was of borderline significance ($p=0.06$).

Table 14 Involvement of others in designing and/or delivering wellbeing initiatives in settings

	ECEs (n=28)			Primary Schools (n=29)			Secondary Schools (n=5-7)	
	2012 (%)	2014 (%)	p- value	2012 (%)	2014 (%)	p- value	2012 n(%)	2014 n(%)
Students								
Not at all involved	3.6	7.4	0.24	0.0	0.0	0.82	0(0.0)	0(0.0)
Slightly involved	7.1	22.2		17.2	27.6		0(0.0)	1(14.3)
Involved	39.3	37.0		48.3	37.9		6(85.7)	3(42.9)
Very involved	50.0	33.3		34.5	34.5		1(14.3)	3(42.9)
Family/ whānau								
Not at all involved	0.0	3.6	0.45	3.6	6.9	0.33	0(0.0)	0(0.0)
Slightly involved	25.0	35.7		32.1	34.5		5(71.4)	4(57.1)
Involved	57.1	35.7		35.7	51.7		2(28.6)	3(42.9)

	ECEs (n=28)			Primary Schools (n=29)			Secondary Schools (n=5-7)	
	2012 (%)	2014 (%)	p- value	2012 (%)	2014 (%)	p- value	2012 n(%)	2014 n(%)
Very involved	17.9	25.0		28.6	6.9		0(0.0)	0(0.0)
Iwi – Maata Waka								
Not at all involved	64.3	64.3	0.77	46.4	48.1	0.79	1(16.7)	3(50.0)
Slightly involved	21.4	21.4		28.6	18.5		2(33.3)	2(33.3)
Involved	14.3	14.3		21.4	33.3		2(33.3)	1(16.7)
Very involved	0.0	0.0		3.6	0.0		1(16.7)	0(0.0)
Māori groups								
Not at all involved	67.9	70.4	1.0	51.7	42.9	1.0	2(40.0)	3(60.0)
Slightly involved	17.9	25.9		39.3	20.7		1(20.0)	2(40.0)
Involved	14.3	3.7		10.7	24.1		2(40.0)	0(0.0)
Very involved	0.0	0.0		7.1	3.4		0(0.0)	0(0.0)
NGOs								
Not at all involved	25.0	57.1	0.06	6.9	0.0	0.63	0(0.0)	1(14.3)
Slightly involved	60.7	28.6		3.4	10.3		0(0.0)	0(0.0)
Involved	10.7	10.7		41.4	48.3		7(100.0)	5(71.4)
Very involved	3.6	3.6		48.3	41.4		0(0.0)	1(14.3)
WAVE team								
Not at all involved	10.7	3.6	0.82	13.8	3.4	1.0	0(0.0)	0(0.0)
Slightly involved	39.3	50.0		13.8	20.7		1(14.3)	1(14.3)
Involved	32.1	25.0		34.5	34.5		6(85.7)	6(85.7)
Very involved	17.9	21.4		37.9	41.4		0(0.0)	0(0.0)
Local businesses								
Not at all involved	42.9	53.6	1.0	24.1	13.8	0.38	2(28.6)	2(28.6)
Slightly involved	28.6	17.9		31.0	34.5		2(28.6)	4(57.1)
Involved	21.4	25.0		34.5	41.4		3(42.9)	0(0.0)
Very involved	7.1	3.6		10.3	10.3		0(0.0)	1(14.3)
Ministry of Education								
Not at all involved	21.4	18.5	0.45	44.4	20.7	0.38	2(33.3)	1(16.7)
Slightly involved	21.4	44.4		29.6	44.8		2(33.3)	0(0.0)
Involved	17.9	18.5		14.8	24.1		1(16.7)	3(50.0)
Very involved	39.3	18.5		11.1	10.3		1(16.7)	2(28.6)

Examples of ways that working with outside groups has enhanced settings' delivery of wellbeing initiatives

ECE settings:

WAVE

- Facilitator support, for example *"constant access to WAVE facilitator to call with the expertise and knowledge"* and *"WAVE have been great support when we have had issues or questions around well-being of our children"*
- Physical activity equipment
- Resources including resources that support healthy food initiatives
- Bi-cultural workshop
- Health information to support individual families
- Professional development.

Iwi/ Māori groups

- Working with Waihao Marae, for example, *"collecting bugs for cleaning whale bones... we have a bi-cultural approach"*.

Local Businesses

- New World donated bread for 'sandwich Fridays'
- Parents who own businesses helping with resources

Family/ whānau

- *"Parents volunteering to support us on excursions, bring their own talent to share with children"*
- Parents donated fillings for 'sandwich Fridays'
- Support from families for healthy food week; bike-a-thon; Healthy Eating; bark redistribution; gardening.

Ministry of Education

- Policy advice
- Planning and assessment ideas with ERO
- Professional development.

Local rest home

- For example, *"we have a very close relationship where we visit each other once a week. Residents grow seedlings for the kindergarten garden and we make morning tea for the residents. We have a potato growing competition between residents and children – growing a spud in a bucket. We have had shared BBQs with children, families and residents"*

NGOs

- Cancer society provides resources.

Primary and High school settings:

WAVE

- Facilitator support, for example, *"the 'as needed' on-hand support from [the WAVE facilitator] has helped hugely."*
- Provision of professional development
- Funding
- Resources
- Support for, for example, breakfast club and lunch programmes
- Support for, for example, weekly parents' cooking and gardening groups
- Supporting teachers with classroom curriculum ideas.

NGOs

- Sport South Canterbury has provided a sport coordinator to support rural sports clusters. This has enabled sport opportunities for students such as tennis coaching. Sport South Canterbury has also provided general support for Physical Education and sport. For example, running programmes in schools, Jump Jam.
- Sports clusters have increased students' ability to try new sports
- South Canterbury Primary Schools' Sports Association – support for Physical Education and sport
- Life education provision of health lessons
- Timaru museum provision of lessons at Marae visit
- Kiwi sport – students play sport
- KIWI Can – weekly sessions for students.

Iwi/ Māori groups

- Marae visit
- Waihao Marae, building relationships through, for example, taking part in Matariki and visiting the Te Ana centre.

Ministry of Education

- Positive Behaviour for Learning programme.

Police

- Road safety
- Police Challenge
- Police Keep Safe programme.

Public Health Nurses

- Sneezesafe

Local businesses

- Donations to gardening and community projects
- Donations of bread and vegetables for breakfast club and lunch programme.

Family/ whānau

- General support for the school
- PTA
- Support with, for example, cooking, sport.

Student Health Team

- For example, lobbied Board of Trustees to include sunhats as part of the school uniform
- Fundraised to buy physical activity equipment.

Settings' overall level of engagement with WAVE

In 2014, a quarter of ECEs (25%) reporting having 'little engagement' with WAVE, half of ECEs (50%) having 'some engagement' and a quarter (25%) reporting being 'very engaged' with WAVE.

Just over three percent of primary schools reported having 'no engagement' with WAVE in 2014, compared to 7% in 2012. Over half (52%) of primary schools reported being 'very engaged' with WAVE in 2014, which was an increase from 41% in 2012.

In 2014, no secondary schools reporting having 'no engagement' or 'little engagement' with WAVE. Over four fifths of secondary schools (86%) reported having 'some engagement' and over one tenth (14%) reported being 'very engaged' with WAVE.

Table 15. How settings rate their overall level of engagement with WAVE

	ECEs (n=28)			Primary Schools (n=29)			Secondary Schools (n=7)	
	2012 (%)	2014 (%)	p- value	2012 (%)	2014 (%)	p- value	2012 n(%)	2014 n(%)
No engagement	0.0	0.0	0.75	6.9	3.4	0.33	1(14.3)	0(0.0)
Little engagement	32.1	25.0		24.1	6.9		1(14.3)	0(0.0)
Some engagement	35.7	50.0		27.6	37.9		5(71.4)	6(85.7)
Very engaged	32.1	25.0		41.4	51.7		0(0.0)	1(14.3)

How settings rate their overall level of satisfaction with WAVE

Table 16 shows that in 2014 all settings were either 'satisfied' or 'very satisfied' with WAVE. Primary schools' overall level of satisfaction with WAVE had increased significantly in 2014 when compared with 2012.

Table 16. How settings rate their overall level of satisfaction with WAVE

	ECEs (n=28)			Primary Schools (n=27)			Secondary Schools (n=6)	
	2012 (%)	2014 (%)	p- value	2012 (%)	2014 (%)	p- value	2012 n(%)	2014 n(%)
Dissatisfied	0.0	0.0	1.0	0.0	0.0	0.04	0(0.0)	0(0.0)
A little dissatisfied	3.6	0.0		11.1	0.0		1(16.7)	0(0.0)
Satisfied	39.3	50.0		37.0	35.7		3(50.0)	2(33.3)
Very Satisfied	57.1	50.0		51.9	64.3		2(33.3)	4(66.7)

How settings rate their overall level of satisfaction with the WAVE website

Settings were asked to rate their overall level of satisfaction with the WAVE website. There was a low response rate to this question. Table 17 shows that in 2014 most settings responding to this question were 'satisfied' or 'very satisfied' with the WAVE website. However, over a third of ECEs were 'dissatisfied' or 'a little dissatisfied' with the website and almost one fifth of primary schools responding to this question were 'a little dissatisfied' with the website.

Table 17. How settings rate their overall level of satisfaction with the WAVE website

	ECEs (n=14)			Primary Schools (n=15)			Secondary School (n=4)	
	2012 (%)	2014 (%)	p- value	2012 (%)	2014 (%)	p- value	2012 n(%)	2014 n(%)
Dissatisfied	0.0	9.1	0.29	0.0	0.0	0.73	0(0.0)	0(0.0)
A little dissatisfied	6.7	27.3		10.5	18.2		1(25.0)	0(0.0)
Satisfied	66.7	45.5		73.7	45.5		2(50.0)	2(50.0)
Very Satisfied	26.7	18.2		15.8	36.4		1(25.0)	2(50.0)

How settings rate their overall level of satisfaction with WAVE communication

Table 18 shows that in 2014 all settings were either 'satisfied' or 'very satisfied' with WAVE communication. Primary schools' overall level of satisfaction with WAVE communication had increased significantly between 2012 and 2014.

Table 18. How settings rate their overall level of satisfaction with WAVE communication

	ECEs (n=27)			Primary Schools (n=27)			Secondary Schools (n=5)	
	2012 (%)	2014 (%)	p-value	2012 (%)	2014 (%)	p-value	2012 n(%)	2014 n(%)
Dissatisfied	0.0	0.0	0.29	0.0	0.0	0.04	0(0.0)	0(0.0)
A little dissatisfied	0.0	0.0		10.3	0.0		0(0.0)	0(0.0)
Satisfied	33.3	46.4		41.4	22.2		3(60.0)	2(40.0)
Very Satisfied	66.7	53.6		48.3	77.8		2(40.0)	3(60.0)

The most important ways WAVE has supported settings over the previous 12 months

ECE settings

ECE settings described the most important ways that WAVE had supported them over the previous 12 months, these included (in order of importance):

- Facilitator contact. This included: advice, answering questions, support, encouragement, inspiration and ideas for cultural development, information sharing, the facilitator being always available if needed, reviewing setting's menu, regular visits, building relationships. Comments received from ECE settings included *"Point of contact is extremely important"* and *"continued contact is important, especially exploring our cultural awareness"*.
- Resources available. This included the WAVE facilitator delivering the resources. Comments from settings included, *"we wouldn't be able to borrow if we had to pick up and bring back"*.
- Professional development
- Linking ECE settings. The WAVE facilitator provides a link between ECE settings and coordinates ECE cluster group meetings. Comments included *"we are keen for these to continue"*.
- Funding
- WAVE communication. WAVE communication, including newsletters and regular emails informs settings of events and workshops. For example, one ECE setting commented that the WAVE newsletters *"keeps us informed of what is going on in our community"*.

Primary and secondary schools

Primary and secondary schools described the most important ways that WAVE has supported them over the previous 12 months:

- Facilitator support. This included support with policy development, leadership programme, gardens, Sneezesafe, marae visit, parents' cooking class, nutrition focus, healthy lunchbox ideas, breakfast club, Waimate parents' hub, Sunsmart

accreditation, active transport, talking in assemblies about health and wellbeing, student health team, health and wellbeing surveys.

“WAVE is supporting our new Waimate Parents’ Hub which is located in our school and [our WAVE facilitator] is on the steering group, [our WAVE facilitator] is able to put a health and wellbeing lens over all initiatives run via the hub.” (Primary school)

“The WAVE facilitator plays an active role in ensuring that the student WAVE team remains active and is promoting healthy values and activities for the school communities.” (Primary school)

- School relationship with facilitator. The settings’ relationship with the WAVE facilitator was considered an important way that WAVE has supported settings. Comments from settings included:

“As a school we have huge amounts of respect [for our WAVE facilitator]. [Our WAVE facilitator] is very personable and the staff and students really like [our WAVE facilitator]. [The WAVE facilitators] support our school council and there is also a realistic expectation on what we want and can do with WAVE.” (Primary school)

“The relationship our school has, especially the Principal, with our WAVE facilitator is huge. She is there when we need her. [Our WAVE facilitator] goes out of her way to help us, but at the same time she isn’t forcing us to do things that we aren’t ready or willing to do. We feel totally supported.” (Primary school)

- Professional development. This included, cultural development. A number of settings reported that it was appreciated that there was no cost for WAVE professional development.
- Resources. This included resources on puberty, sex education, Sunsmart (including the shade tent), drugs and alcohol.
- Funding. For example, a new scooter track and parents’ cooking class
- Information and advice (including emails and WAVE newsletter).

Improvements settings would like to see in WAVE

ECE settings

ECE settings described what improvements they would like to see in WAVE, these included:

- Improvements to the WAVE website. Settings commented that the WAVE website was difficult to navigate and that the process for booking resources could be made clearer.

“This process [of booking resources through the WAVE website] is very frustrating – we don’t know if the order has gone through.” (Primary school)

- More professional development provided by WAVE. Ideas included a sexual health workshop for parents and educators, a hygiene programme (similar to Sneezesafe but ongoing and covering handwashing, cleaning and preventing the spread of disease). Also continuation of providing professional development across the education sector.

- Improved resources and more resources. Some settings reported that they would like to see equipment upgraded. Ideas settings had for more resources included resources on bullying and Pacifica resources.

Primary and secondary schools

- More support around Māori responsiveness. Examples given included assisting with finding appropriate Kapa Haka tutors.

“Support around cultural responsiveness from someone who understands our educational and decile setting as well as the needs of our children and whānau” (Primary school)

- More communication between WAVE and school communities.

“There needs to be more communication in regards to WAVE and school communities” (Primary school)

- More assistance with outside of school activities, such as, sports days.
- More promotion of WAVE, including promotion of WAVE resources.

A number of positive changes were identified when comparing responses from 2012 and 2014:

- In 2012 there were a number of settings who reported that they would like to better understand what WAVE is. In 2014 there were settings reported that they would like a better understanding of WAVE.
- In 2012 there were a number of comments from primary settings that they would like the transition between WAVE facilitators to be smoother. This was not reported as an issue in 2014.

Similarities between 2012 and 2014:

- Settings continue to have an enthusiasm for professional development to be provided by WAVE
- Settings continue to see a role for WAVE as providing a link between education and iwi, they would like to see this role strengthened
- Settings continue to want more resources available to borrow and improved quality of resources.

New issues identified in 2014:

- Settings reported frustration with the WAVE website, it is clear that this is an area for improvement
- Although there now appears to be a good understanding of what WAVE is, there is room for further promotion of WAVE and the resources available through WAVE, possibly ensuring there is a WAVE presence (and visibility) at interschool sports days and similar events
- For primary and high schools, there was a desire for more communication between WAVE and schools.

4. Qualitative results

4.1 Facilitator views

WAVE facilitators participated in a focus group to discuss their views of what has worked well with WAVE over the past two years and also any challenges. This focus group took place in December 2014.

Success factors

Partnerships with settings

Facilitators commented that relationships have strengthened with settings in the past two years. There was a consensus that relationships with settings take time. Facilitators discussed that the first step was gaining the trust of staff. When trust is gained a relationship is built between the facilitator and the setting's students and wider community. The facilitators believe that a strong relationship with settings is the most important success factor for WAVE. It was noted that in response to the 2012 evaluation recommendation "That WAVE consult low-engagement schools on issues they would like to work in partnership with WAVE on", that facilitators now approach settings asking them how they would like to work with WAVE. There was acknowledgement that this was key to more successful relationships between settings and WAVE. One facilitator commented that "we have to remember it's about what the school wants not what we want."

"So that now we've got that relationship [with the setting], we can have that two-way conversation where they say, this is what we want. We say, well this is who we are, this is what we can provide, where can we come together and have some meeting in the middle there? So it's not all about us, as it was right at the beginning, not all about them, but there's something in between." (WAVE facilitator)

One facilitator gave an example of how working with settings in a settings-led way works in practice.

"Well how the conversation works, was this principal said look we want to focus on rubbish. I said great, so we can work on the nutrition side of things with the packaging. [The principal said] No, so no, that wasn't the focus. They want to focus on rubbish, so all aspects of it, the rubbish around the school, the whole recycling, and so through the conversations they want to do a whole school approach with the recycling, the food scraps and the rubbish, so that's the first step. And then from there, that's where we can build on OK, so we're talking about, we might have 100 chip packets a day, so let's work on replacing those..." (WAVE facilitator)

Provision of support, especially in the area of Māori health

Facilitators believed that there has been increase in settings asking for support from WAVE in the last two years. Demand has increased in particular for support for settings to increase their ability to support their Māori students. A recommendation from the 2012 WAVE evaluation was "That WAVE make more professional development available, particularly on Māori health and/or cultural development". Since 2012 WAVE has provided professional development in the area of Māori health and cultural development. An outcome of this has been that more demand for this support has been generated.

"In the last two years there's been a huge shift in asking for support from WAVE, particularly around all things Māori, and talking about how they can actually move that forward within their own setting... the understanding that teachers have gained that there are different needs [for Māori students] and that equal and equitable mean different things." (WAVE facilitator)

Providing 'the link' between settings

Facilitators commented that there had been an increase in settings working together since 2012. WAVE has a role in linking settings.

"..and [the settings] coming together as groups. So working in small clusters, it's really taken off. I think from the last evaluation to this evaluation there's been quite a shift in perception." (WAVE facilitator)

Embedding of WAVE programme in South Canterbury

WAVE facilitators reported that the benefit of seven years of consistency in offering the WAVE programme in South Canterbury has meant that the knowledge by settings of the WAVE role has become widespread.

"I think the messages of what WAVE has to offer that are being articulated a lot more between teachers." (WAVE facilitator)

Facilitators reported an increase in requests for support from settings in the previous two years. Settings are seeing WAVE in action and are wanting to be part of WAVE. There was a feeling that WAVE has now become embedded in South Canterbury.

Challenges

Providing further support in the area of Māori health

Settings asking for support around Māori health was seen as positive by WAVE facilitators but also a challenge as facilitators were not sure WAVE had the capacity "to take them much further".

"I'm not sure that we've got the capacity to take them much further. And that's where they want to go. They desperately want help. Yeah, we just don't have the providers down here either. So the schools have got nowhere to go to so they're coming to us, and we don't have that resource available to us either." (WAVE facilitator)

"Well the local links, like we've got two maraes but of course there's nobody really working in there that... it's the lack of whether somebody will step up and actually help them, but we've got fifty schools all wanting to do something and wanting marae visits. You know it's really, really hard." (WAVE facilitator)

There were also differing views from WAVE facilitators as to whether this was the role of WAVE, as one facilitator said "We want our schools to take the next step themselves" whereas another facilitator thought it was WAVE's role to assist settings with further professional development.

"We want our schools to take the next step themselves and it's how, what have they done with the information from the PD and now what they want to do is kind of embed

some of that learning into the culture of their school, and how we help them do that.”
(WAVE facilitator)

WAVE facilitators reported that a number of primary schools have combined to employ a Māori support worker. There was a belief by facilitators that the schools that had not taken proactive action with regard to continuing their setting’s cultural development may be relying on external assistance in this area.

Cognition evaluation in schools

Facilitators reported that in the previous year, in addition to WAVE evaluation, they had been asked to complete Cognition Health Promoting Schools evaluations in 15 schools. This is a national based Health Promoting Schools’ initiative rather than the regional initiative provided by WAVE. Both Cognition and WAVE initiatives are based on the Health Promoting Schools model. The WAVE facilitators believed that completing the Cognition surveys with their schools it was having a negative effect on the relationship they had developed with their setting.

“I think that we’ve got a complication now that now we’re doing more [Cognition] Health Promoting Schools stuff, and ...’ and that is something in the last three or four months we’ve had some real debate [with schools] saying we’re doing this ‘cos we’ve got a relationship with you but this is not relevant.” (WAVE facilitator)

“And we’re asking a double whammy. I mean we ask for an hour at least, an hour and a half to do the evaluation. We were asking for, say two hours to do planning and evaluation, then we had to ask for another hour with the principal at this time of the year... they did it because we have that relationship with them.” (WAVE facilitator)

“I think my planning is suffering because I didn’t get that chance to go back in with the plan. I couldn’t ask for another hour, you know, and so we were caught short.” (WAVE facilitator)

Facilitators reported a level of discomfort in administering the Cognition questionnaires with their settings, they commented that there was no training to do this and that it was “pretty testing”.

“You spend all that time, lots of time to build a relationship, something like this that you know compromises it. It can just give it a bit of a downward, depending on the relationship.” (WAVE facilitator)

4.2 Settings’ perspectives

Qualitative interviews were completed with the head teacher or principal across education settings between 2nd February and 11th February 2015. A total of eight qualitative interviews with settings were completed. Levels of engagement with WAVE and setting type were considered in selecting which settings were to be interviewed. Settings have been identified by type (ECE, primary school or secondary) and whether they reported low or high engagement with WAVE in the quantitative questionnaire.

Effective partnership between WAVE facilitator and the setting

As in 2012, all interviewees discussed the importance of the role of the facilitator and their relationship with the setting to the success of WAVE. Key attributes of a successful WAVE facilitator were identified as:

- comprehensive understanding of the setting type they are working with
- delicate balance between being in regular contact and also understanding the busy nature of schools
- working alongside schools, and
- providing ideas, guidance, advice and support for settings.

Some interviewees commented that they were not fully engaged with WAVE until they had a WAVE facilitator that was the right 'fit' for their settings. Key reasons settings noted for their facilitators working well for their setting included a good understanding of the setting type, for example one ECE setting commented that a previous facilitator did not appear to be coming from an ECE perspective.

"...before [WAVE facilitator] came on board we had very little to do with WAVE, but our WAVE facilitator is early childhood orientated, so she was coming from our perspective, so she understood our perspective as well. I would say we have used WAVE now 500% more than we did with the previous facilitator, who was good but more geared for primary... I think if you have a good facilitator then people are going to want to use your resources and call on you for help.." (ECE – high engagement)

Another two settings commented that they appreciated their facilitator being in regular contact. The facilitator providing ideas for how the school can improve was perceived as motivating by these settings.

"We have always had a connection with WAVE but really it hasn't been until [our current WAVE facilitators] have taken over that we really have come on board... probably the reason for that is because they keep in regular contact, they will come and arrange a meeting every so often to just come in and talk about the school, they presented us surveys showing us areas we are doing well and areas they suggest some improvement, I think it is getting regular feedback from them.." (High School – high engagement)

"Our facilitator definitely makes a difference, he motivates us quite a bit and gives us ideas and encouragement and checks up on us.." (Primary School – high engagement)

Another setting believed that the success of their relationship with their WAVE facilitator was due to the facilitator working alongside their school and showing an understanding of the workload of schools. This setting commented that this had been an improvement from the past, when it had appeared that WAVE was less understanding of the workload of teachers.

"..we have a really good relationship with our coordinator. This success of it, to a large part is her understanding of schools and our commitments and where WAVE fits in and by that I mean she works with us and alongside the school and understands that there are times when we are really busy and she stays away. She knows how to approach us and understands our workload and understands where WAVE fits into the scheme of things. That has been really good because sometimes

in the past, it was like what WAVE was offering should be the number one priority for us because it was there number one priority.. ” (Primary School – high engagement)

A low engagement high school setting commented that *“teachers don’t have endless time to be attending meetings.. teachers are really busy so it has to be fairly manageable for teachers.”*

Reducing isolation of rural settings

Settings in South Canterbury are often in a rural setting, some distance from the WAVE office situated in Timaru. An example of how the relationship between settings and their WAVE facilitator is valued is, for example, the fact that the facilitators are prepared to travel to settings, taking resources or providing professional development. WAVE also links settings with each other and keeps settings informed of relevant professional development available.

“We are half an hour south of Timaru. It is not always easy with our work hours to get into Timaru to where the resource centre is. Our facilitator, when she does get out on the road, she is quite happy to drop off resources or meet with us at any time. That has been really fantastic.” (ECE – high engagement)

What is working well with WAVE

A number of settings commented on an improved relationship with WAVE over the last couple of years.

“I think WAVE have stepped it up in the last couple of years really. I think just the ongoing dialogue, the coming in from time to time and asking us what is happening in your school, what can we do..” (High school – high engagement)

“Our involvement with WAVE has probably grown in the last two to three years really from what it was.. it has been so well supported and it is something that the children can actually feel they are achieving” (Primary school – high engagement)

WAVE resources, including the WAVE facilitator

Settings commented on how useful the WAVE resources are for them. Settings commented that if they were not able to hire these resources they would not have access to them, as they would not be able to afford to buy this equipment.

“I just think they are marvellous otherwise we wouldn’t still be working with them, having that resource room where you can rent equipment from is just a good asset because not all kindergartens can afford to buy lots of things, so it’s a way of being able to share resources.” (ECE – high engagement)

“Run, Jump, Throw Kits, things like that as a school we can’t fund but to have it for four weeks, three weeks period it is great, they have a hand eye coordination resource that we use, to buy one for \$200 you wouldn’t use it enough, but to be able to go down to WAVE and get it, to book it and say we are going to focus on that this time is brilliant.” (Primary school – high engagement)

The information available from WAVE was considered appropriate to the needs of the settings’ students and families. An example provided by an ECE setting describes how their

WAVE facilitator will gather resources on a requested topic for settings and deliver them to the setting and explain the resources and how they can be used.

“They have the information we need for the children of today, for the families of today that are not aware of healthy eating habits, the physical needs of children, instead of sitting in front of a PlayStation or something, they are not aware of the physical activity children need to do just to stay healthy. So it has been great that we can just ring up [WAVE facilitator] and say hey we need help with this or that and then of course the Te Reo resource kit is fantastic.. [WAVE facilitator] is always there if we need help or support on any topic that comes under the WAVE umbrella. If we don’t need her we will just say we don’t need your help or support with this but have you got any resources that we could use then she will gather some resources and deliver them and tell us what they are and how they can be used.. very valuable help” (ECE – high engagement)

“WAVE is great, the support.. without WAVE we would be struggling really. You can go to a book but to be able to ring up and go to a person, to be provided with a whole lot of resources and support is so beneficial” (Primary school – high engagement)

Examples of how WAVE has worked with settings over the previous 12 months

Resources – Nutrition

Settings provided examples of how working with WAVE enables the setting to provide support to families to improve the diet that they provide for their children. Some unintended consequences of working with parents were also noted, such as social connections and provision of parenting advice.

“Well we were having lunchbox issues last year, so I did ring [WAVE facilitator] and said about the six or seven pre-packaged food that children get thrown into their lunchboxes, so she said we have the food pyramid, I hadn’t had the time to go online to have a look at what was available. So the food pyramid and some other resources associated with food... when they were available she brought them out to us and some flyers that we send home to families, so it is not just support for the children, we also get support to help the families and that is what we used a couple of times last year because there was a need for that.” (ECE – high engagement)

“We have done quite a bit around our gardens and cooking classes for parents in particular now we are a split-site school... The WAVE team have been heavily involved especially with the garden... it is not just a school garden but a community garden that the school is heavily involved with and so is WAVE and there have been cooking classes for parents at both sites, they have been hugely beneficial to our parents, not just in terms of developing some cooking skills but also for the social interaction and the support and the conversations as parents among the group are probably more beneficial than what they are learning in terms of the food.. Now we have parents who know what to do with a bag of rice or a packet of pasta. You don’t do things in isolation do you? So while they are busy preparing food there is talk about managing children, growing children, those sorts of things. So there is that informal mentoring as a parent that goes along with it, that is not something

that is planned but people like our WAVE facilitator certainly put their two bob's worth in terms of advice around getting children to bed, different stages of development those sort of things. Like I say the benefits are significantly more than just developing cooking skills." (Primary school – high engagement)

Professional development – nutrition

An example was provided by an ECE setting of how WAVE works with settings to provide professional development. This example demonstrates that by WAVE listening to the needs of settings they are enabling professional development to be completed that otherwise would have been too difficult for staff to attend.

"..there is also another healthy eating workshop coming up and [WAVE facilitator] notified us but it was at Pleasant Point, I said we would be happy to open up our place if there is enough interest from local early childhood centres. Our facilitator has taken that on board and she is going to do a workshop in Waimate so that we don't have to travel west of Timaru. It is a big help because I live south of Waimate, so if I had to travel from Pleasant Point all the way home which is another three quarters of an hour... you weigh it up and say well I am going to be home a bit late tonight, so probably I will skip this seminar. But putting it down here and she coordinates with us all and says okay what is a good time." (ECE – high engagement)

Cultural development

Examples of WAVE providing cultural development included supporting local Matariki celebrations, included providing funding, attending organising meetings, and being visible at the Matariki celebration.

"..We all use WAVE, we have a Matariki event here... WAVE came on board and it has gone from strength to strength because previously we went into FLAVA in Timaru but then of course you get the big expense of a bus and it is not always easy to fund that so having this local Matariki has been great and WAVE fully supported that and got behind that... WAVE does contribute to funding towards the cost of running it and they are there at the event promoting WAVE and what they are doing. They are visible." (ECE – high engagement)

Another example that was given was that WAVE facilitators coached students on how to play Ki o Rahi, a traditional Māori ball game.

"WAVE offered to come in and coach kids on how to play Ki o Rahi. Some of our feeder schools are doing Ki o Rahi and they play in the contributing schools but when they get to high school we weren't offering it. We honestly didn't know a lot about it, so they offered to come to the school and teach the kids how to play it and get them involved in a tournament which they have done so that is one of our bicultural initiatives. WAVE was quite helpful there. As you know one of the obligations of school is to embrace biculturalism because we have Māori and Pacifica. I think to be able to offer them Māori games for example is quite important to recognise the importance of it for them and for the rest of the kids as well." (High school - high engagement)

Active transport

One setting described how they have worked with WAVE to develop a transport plan. It was noted that the transport plan had resulted in an increase in students walking to school.

“The active transport, we had an issue with parking in our area, our streets are very narrow and through WAVE we came up with a transport plan of areas where people could park away from the school and walk to school, so we brought in a golden shoe for those classes who had the most improvement in students walking to school. And WAVE gave us prizes, so WAVE helped to develop that plan and implement it whole-school wide and in classes and actually getting the notes out to parents as well, using our back entrance to elevate the transport problem which was becoming a safety issue as well.. There are definitely more students walking to school, when classes get awarded a trophy the kids know within themselves, that little bit of a competitive streak comes through... it’s just making parents more aware.. walking, biking, scooting to school that they don’t need to be dropped off at the front gate” (Primary school – high engagement)

This setting believed that they would not have been able to develop the transport plan without WAVE.

“Oh we would struggle, you wouldn’t of been able to develop the transport plan, to go through the district council would have been impossible. WAVE liaised with them and to us.” (Primary school – high engagement)

Oral hygiene

One setting noted that WAVE had been a “significant part” of a “big push on oral hygiene”. Information on oral hygiene was provided to both students and parents.

“WAVE helped to organise the dental therapist to come and give a demonstration and talk about brushing teeth and also distributed a toothbrush and toothpaste to every student and spoke briefly to a group of parents who were attending our breakfasts.” (Primary school – high engagement)

Student health teams

A number of settings discussed the role of their student health teams in their schools. The name of student health teams varied across settings. Some settings call their student health teams, WAVE. The teams are student-led but supported by the WAVE facilitator.

“We call it WAVE.. the kids really like being part of it. We divide it into four, we have a gardening group, a scooter group until the scooter track is organised.. they meet individually and then two or three leaders of those meet as the WAVE group just to share what is happening amongst them all.. it is really student-led but it is supported as well by the WAVE facilitator.” (Primary school – high engagement)

“Our facilitator comes in at lunchtimes, then we have a WAVE meeting, him, me and the four WAVE members [student WAVE team]. He has a bit of a workshop with them, gets an idea of where they are at, what they want to commit, what they have been doing and gives them ideas of what to do around the school. They have been doing the sustainable garden, also they have been helping the caretaker, that has been quite a big role helping the caretaker around the school with maintenance and

recycling – that will be more of a focus this year as well – collecting and recycling at the end of the day.” (Primary school – high engagement)

“Yes, we call it our student council. The thing they primarily do is help on lunch days, now WAVE has also been heavily involved in those, our WAVE facilitator has been down there supporting students when we have done those. “(Primary school – high engagement)

Linking of WAVE with increased student learning

Some settings noted a link between their involvement with WAVE and increased student learning.

“...students become more focused, they are creative, problem solve, ‘hey look we are growing a plant what can we do with it’... “ (Primary school – high engagement)

School breakfasts

One setting discussed how WAVE assisted with school breakfasts. The settings also highlighted the wider benefits of the school breakfasts, such as social interactions and bringing more parents into the school.

“They have a breakfast every Thursday morning. And from the start of next term we will be doing it one morning a week here at the Timaru site... WAVE have been supporting us in terms of going through the processes with Sanitarium and Fonterra. Our WAVE facilitator has, for example, been down on site, she probably goes there three or four times a year, but is always down there at the Christmas one helping to prepare food, talk to the children, talking with parent... it is around the social interactions, a good start to the day, bringing more parents into our school, all of those benefits and they have been highlighted by our WAVE facilitator, so she has been quite persuasive in leading to the decision for us to say yes let’s do it at both sites.” (Primary school – high engagement)

How WAVE could increase its engagement with low engagement settings

Promoting the role of WAVE in secondary schools

One low engagement secondary school commented that they did not believe WAVE had a lot of involvement with secondary schools.

“Really, I mean this is a secondary school so I am very aware that WAVE doesn’t have a lot of involvement in secondary schools, it is largely primary school involvement, the secondary school situation is slightly different... there is a role I think but I guess it depends on the individual school in terms of what it could look like.” (Secondary school – low engagement)

All low engagement settings could see ways that their involvement with WAVE could increase

All low engagement settings interviewed could see a way that they could be more engaged with WAVE. One school commented that they could see a potential for WAVE to be more

involved with their setting, however that WAVE would need to understand the workload of their teachers.

“I have asked some teachers what could our involvement be and they have identified that some of our staff are looking at doing not a community garden but through their learning advisory involving the students in growing vegetables and doing stuff with them and perhaps there is some resource support there. That could be a possibility that is something that has been raised with me at the beginning of this year.” (High school – low engagement)

One low engagement setting commented that they would like to know how to increase their links with WAVE.

“I would like to be more aware of how and where and what WAVE could look like. I certainly see when the newsletter comes through that there are lots of things happening but I am just not aware of other ways that we could be further developing our links [with WAVE].” (Primary school – low engagement)

Another setting had identified ways that their setting could be more engaged with WAVE from the WAVE newsletter.

“Certainly the newsletter keeps us up to speed with what is going on. Certainly the Smokefree and bikewise are quite interesting. They are probably areas that we could develop and certainly probably I would love to see more connection with the healthy eating and [edible] gardens and so on and to strengthen those would be good.” (Primary school – low engagement)

5. Conclusion

Seven years of implementation of WAVE has resulted in robust partnerships between health and education sectors in South Canterbury and strong facilitator relationships with settings. There is now almost full engagement with settings in South Canterbury and evaluation results indicate significant changes in practice. Primary schools' overall level of satisfaction with WAVE had increased significantly in 2014 when compared with 2012. There were other statistically significant improvements between comparing 2012 and 2014, for example there was a significant improvement in the percentage of primary school staff that had completed professional development for cultural development in the previous 12 months. When comparing the overall initiatives that settings reported had made the most difference to their students' health and wellbeing between 2012 and 2014, there was greater focus across all settings on cultural initiatives, and greater variety of cultural initiatives in 2014.

Key success factors for a strong facilitator relationship with settings were identified as the facilitator working alongside settings, maintaining a balance between being in regular contact and understanding the busy nature of settings, and the facilitator having a comprehensive understanding of the setting type they were working in. There was evidence of increasing partnerships between settings and their community. Settings provided examples of how WAVE has enabled them to provide support to families. Examples included supporting settings to provide cooking classes for parents.

The most important ways that WAVE has supported settings continues to be facilitator relationships and support, WAVE resources and funding, provision of professional development and WAVE communication with settings. Identified ways for increasing engagement with low engagement settings included promoting the role of WAVE in secondary schools and further consultation on how settings would like to work with WAVE.

The following recommendations are made on the basis of the evaluation findings:

- That WAVE continue to work alongside settings
- That WAVE continues to promote its role, especially in terms of WAVE working with secondary schools (including examples)
- That WAVE further defines its role with regard to professional development provision for settings
- That WAVE considers how it could provide or support provision of follow up professional development on cultural development and other professional development provision
- That WAVE review the WAVE website, including ensuring that the online booking system works effectively
- That WAVE updates the evaluation plan, taking into consideration whether evaluation undertaken by Cognition can be included to avoid duplication.

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Facilitator to fill out this page prior to the interview – and confirm with setting

Name of setting : _____

Decile of setting _____

Percent of students
that identify as Māori _____

Percent of students
that identify as Pacific _____

Setting rural or urban _____

Has this setting received WAVE funding in the last 12 months?

☐ Yes ☐ No

If yes, please indicate what funding was for:

☐ Cultural Initiatives

☐ Health Planning

☐ Nutrition

☐ Breastfeeding

☐ Sexual Health

☐ Smokefree

☐ Sunsmart

☐ Oral Health

☐ Mental Wellbeing

☐ Alcohol and drugs

☐ Physical activity (including sport and travel planning)

WAVE

Evaluation Questionnaire

Date completed _____

Name of WAVE facilitator: _____

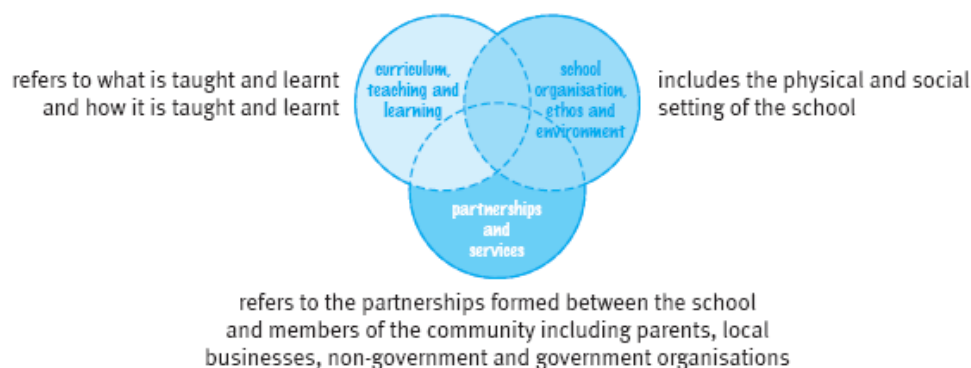
Name and role of person(s)
completing questionnaire: _____

Thank you for taking the time to complete this questionnaire. The information from this questionnaire helps us to make sure that WAVE is making a real difference for our children and young people. It will also be useful for development of your next WAVE Action Plan.

The questionnaire is designed to assess progress in the three spheres of the health promoting schools framework, and to capture your feedback about the support you receive from WAVE.

the health promoting schools framework

The *health promoting schools* framework highlights three interacting components of a school. The framework is a useful guide to help plan what happens in your school in a comprehensive and holistic way.



1. Physical and social environment

1.1 Please tick if you have policies or guidelines addressing the following nutrition-related topics at your setting:

☐ Healthy lunchboxes

☐ Healthy food guidelines for events organised by your setting

☐ Healthy food guidelines for food for sale at your setting

☐ Other _____

1.2 Please tick if your Smokefree policy covers:

☐ Smokefree policy for outside school boundaries (for example smoking at the school gate)

☐ Smokefree policy for off-site events

☐ Other _____

Does your setting have written policies or guidelines on?

1.3 Bullying ☐ Yes ☐ No

1.4 Sunsmart ☐ Yes ☐ No

1.5 Increasing physical activity ☐ Yes ☐ No

1.6 Alcohol and other drugs ☐ Yes ☐ No

1.7 How effectively do your policies or guidelines influence your setting's physical or social environment? Please tick the appropriate column for each issue:

		Not at all effective	Slightly effective	Effective	Very effective
1.7.1	Nutrition				
1.7.2	Smokefree				
1.7.3	Bullying				
1.7.4	Sunsmart				
1.7.5	Physical activity				
1.7.6	Alcohol and other drugs				

1.8 What are the barriers to your setting having written policies or guidelines on the topics listed above?

1.9 What other aspects of your setting's physical and social environment support healthy choices? Please tick the initiatives that have supported healthy choices at your setting in the last 12 months:

Nutrition

- ☐ Breakfast club
- ☐ Edible garden
- ☐ Canteen or food service that supports healthy choices
- ☐ Fruit and Vegetable supply initiative

Cultural Development

- ☐ Kapa Haka
- ☐ Matariki celebrations
- ☐ Bi-cultural Programmes

Sunsmart

- ☐ Adequate shade
- ☐ Promoting wearing sunscreen
- ☐ Promoting wearing sunhats

Increasing physical activity

- ☐ Walking Buses
- ☐ Other promotion of active transport (other than walking buses)
- ☐ Promoting physical activity outside the classroom
- ☐ Jump Jam
- ☐ PALS (Physical Activity Leadership Skills)

Other

- ☐ Peer Mediation
- ☐ Tooth brushing programmes

- ☐ Alcohol accreditation programme
- ☐ Smokefree challenge
- ☐ Fund raising events that support healthy choices
- ☐ Other

1.10 How effective is your setting at implementing a “whole setting” approach to health issues?

- ☐ not at all effective
- ☐ slightly effective
- ☐ effective
- ☐ very effective

Comment _____

1.11 How effectively do your staff role model healthy choices?

- ☐ not at all effective
- ☐ slightly effective
- ☐ effective
- ☐ very effective

Comment _____

1.12 How well does your setting support Māori students to engage in health initiatives?

- ☐ not at all well
- ☐ slightly well
- ☐ well
- ☐ very well

Comment _____

1.13 Please list the three initiatives that you think have made the most difference to your students wellbeing health in the last 12 months?

1.14 Please comment on any success factors or barriers to improving your students' wellbeing in the last 12 months?

2. Curriculum, teaching and learning

Have any of your staff had professional development (from any provider) on the following topics in the last 12 months?

2.1 Sexual Health ☐ Yes ☐ No

2.2 Smokefree ☐ Yes ☐ No

2.3 Mental wellbeing ☐ Yes ☐ No

2.4 Sunsmart ☐ Yes ☐ No

2.5 Nutrition ☐ Yes ☐ No

2.6 Physical activity ☐ Yes ☐ No

2.7 Alcohol and drugs ☐ Yes ☐ No

2.8 What are barriers to your staff participating in professional development on the above health topics?

2.9 What percentage of your staff have had professional development for Cultural Development in the previous 12 months?

☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

2.10 What are barriers to your staff participating in professional development on Cultural Development?

2.11 In general, how effective has professional development been in the last 12 months in enhancing your staff's delivery of Health Education in the curriculum?

☐ not at all effective

☐ slightly effective

☐ effective

☐ very effective

2.12 Please give examples (including what professional development has worked well and what hasn't)

2.13 How effective has your setting been in delivering Health Education in the curriculum, in the past 12 months?

☐ not at all effective

☐ slightly effective

☐ effective

☐ very effective

2.14 Please give examples of what has worked well

3. Partnership and Services

How involved have the following groups been in designing and/or delivering wellbeing initiatives in your setting?

3.1 Students

☐ not at all involved

☐ slightly involved

☐ Involved

☐ very involved

3.2 Family/ whānau

☐ not at all involved

☐ slightly involved

☐ Involved

☐ very involved

3.3 Iwi – Maata Waka

☐ not at all involved

☐ slightly involved

☐ Involved

☐ very involved

3.4 Māori groups such as Arowhenua Whānau Services, Te Aitarakihi, Te whare mahana

☐ not at all involved

☐ slightly involved

☐ Involved

☐ very involved

3.5 NGO's, for example, Sport Canterbury, Cancer Society, Heart Foundation

☐ not at all involved

☐ slightly involved

☐ Involved

☐ very involved

3.6 WAVE team

☐ not at all involved

☐ slightly involved

☐ Involved

☐ very involved

3.7 Local businesses

☐ not at all involved

☐ slightly involved

☐ Involved

☐ very involved

3.8 Ministry of Education

☐ not at all involved

☐ slightly involved

☐ Involved

☐ very involved

3.9 Please give examples of ways that working with these groups has enhanced your delivery of wellbeing initiatives?

4. Engagement with WAVE

4.1 How would you rate your setting's overall level of engagement with WAVE?

☐ No engagement ☐ Little engagement ☐ Some engagement

☐ Very engaged

4.2 How would you rate your setting's overall level of satisfaction with WAVE?

☐ Dissatisfied ☐ A little Satisfied ☐ Satisfied ☐ Very Satisfied

4.3 How would you rate your setting's overall level of satisfaction with the WAVE website?

☐ Dissatisfied ☐ A little Satisfied ☐ Satisfied ☐ Very Satisfied

4.4 How would you rate your setting's overall level of satisfaction with WAVE communication with you?

☐ Dissatisfied ☐ A little Satisfied ☐ Satisfied ☐ Very Satisfied

4.5 What have been the most important ways WAVE has supported your setting over the last 12 months?

4.6 In general, what improvements would you like to see in WAVE?

Thank you very much for your time in completing this survey, it is appreciated.