

# Evaluation of the WAVE project in Tertiary Education Settings in South Canterbury



**Canterbury**

District Health Board

Te Poari Hauora o Waitaha

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## Executive Summary

### Background:

WAVE<sup>1</sup> is an education setting based health promotion initiative. WAVE was initiated in 2006 by South Canterbury DHB (SCDHB) and Community & Public Health (CPH). As of June 2014 98% of early childhood education centres (ECECs), 98% of primary schools, 100% of secondary schools and 100% of tertiary education providers in the South Canterbury DHB were participating in WAVE. WAVE adapted the Health Promoting Schools Framework including a strong focus on intersectoral collaboration. The vision of WAVE is “Supporting our children and young people to learn well and be well”.

### Methods:

The evaluation of the WAVE project was designed to assess progress across the three spheres of health promoting schools. Questionnaires were administered during term 4, 2013. These captured baseline data, although general themes from previous evaluations continue. Follow up data will be collected term in 3, 2014.

The evaluation objectives included assessing engagement of WAVE with tertiary settings in South Canterbury and documenting and assessing the impact of the WAVE health promotion initiative in education settings. This evaluation focused on what WAVE has been doing well in tertiary education settings and discusses ways in which WAVE can build on these successes. Separating out the evaluation of the tertiary settings from the ECE, Primary and High School evaluations has enabled the specific needs of the tertiary sector to be seen more clearly.

### Results:

Overall tertiary settings in South Canterbury were engaged with WAVE and recognised the support that WAVE provides. As one setting commented: *“We consider ourselves so lucky to have an organisation like WAVE in our area – I know when we go to other colleges they are very very jealous of our WAVE concept here – that there are people that we can call on for different things and offer training.”*

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. This was widely appreciated by settings.

WAVE facilitated access to appropriate professional development, resources and research for tertiary education providers and worked in partnership with settings to improve student health. An example of this was in the area of mental health including, wellbeing and youth suicide prevention. One setting commented: *“So one of the things that we have worked very well with WAVE was the postvention suicide stuff. I can hold that up I think as some really good practice that was going on and we did I believe keep a lot of young people safe at that quite difficult period.”*

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<sup>1</sup>Well-being and Vitality in Education

**Conclusions:**

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.

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## 1. Background

The South Canterbury region has a population of around 55,000 people, with one of the oldest, most European and most rural populations in New Zealand. South Canterbury includes the town of Timaru, with a population of around 27,000. The district has 37 early childhood education centres (ECECs), 40 primary schools, ten secondary schools, and 7 tertiary/alternative education settings, including one Polytechnic.

WAVE is an education setting based health promotion initiative. WAVE was initiated in 2006 by SCDHB and CPH, the public health unit providing public health services for Canterbury, South Canterbury and West Coast DHBs. As of June 2014 98% of ECECs, 98% of primary schools, 100% of secondary schools and 100% of tertiary education providers in the South Canterbury DHB were participating in WAVE.

WAVE adapted the Health Promoting Schools Framework including a strong focus on intersectoral collaboration. The vision of WAVE is “Supporting our children and young people to learn well and be well”. While the original literature review for the project supported the HPS approach (Begg and Hamilton 2006), if anything the evidence has strengthened since that time. There is strong evidence that health promotion in schools can improve children’s health and wellbeing (Stewart-Brown 2006). Healthy students learn better; the core business of a school is maximising learning outcomes, and schools that promote health make a major contribution to schools achieving their educational and social goals (IUHPE 2000). Educational environments are favourable and practical settings for health promotion interventions as there are professional educators (teachers) already in place, and almost all children attend school, so programmes assist equity as they reach across all socio-economic groups to promote healthy behaviours (Booth and Samdal 1997).

The vertical structure of WAVE enables Health Promotion across all four ‘levels’ of education in the district (ECEC, 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 identified by WAVE evaluation 2006-11**

WAVE completed a 5 year evaluation in 2011 (Community and Public Health 2011). The aim of the 2006-11 evaluation was:

“A focus on sustainable changes achieved in the school and ECEC environment. An assessment of the development and implementation of a school’s policy and practices... can

provide a clear indication of changes in the pupils' environment which will support healthy choices.”

Recommendations from the 5-year evaluation included the following:

- that future evaluations have one simple questionnaire with a small number of key quantitative and qualitative questions
- that a specific separate questionnaire be developed for the tertiary setting, to better capture information from that setting level, and
- that the evaluation continue to monitor and address professional development needs in the area of addressing the needs of Māori students.

## 2. Evaluation Methodology

Researchers have highlighted the challenges involved in evaluating education-based health promotion programmes and how best to measure success (Booth and Samdal 1997, Inchley, Muldoon et al. 2006, Pommier, Guevel et al. 2010). Lee et al (2005) argue that change should be evaluated in the education setting as a whole, for example, the policies, the physical and social environment, and partnerships with families and community groups. Inchley et al (2006) argue that greater recognition needs to be made of the steps education settings make towards rethinking education settings practice and embracing the HPS concept. New Zealand research (Cushman and Clelland 2012) indicated a continuing lack of understanding of the HPS concept.

The approach to impact evaluation for WAVE was informed by the original Health Promoting Schools model, focusing 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 that supported healthy choices at the level of the whole-education setting environment and culture.

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. Qualitative data were generated during the phase of formal process evaluation. Several qualitative interviews provided a more in-depth picture of the tertiary settings relationship with WAVE. 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).

In keeping with the above, outcome evaluation for WAVE has focused on sustainable changes achieved in the education setting environment. An assessment of the development and implementation of setting's 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 students' environment which will support healthy choices.

To monitor the success of WAVE 2012-17 and to inform future planning the Community and Public Health (CPH) Information team was asked to develop a revised evaluation, with direction from the WAVE Evaluation Group. This evaluation focuses on sustainable changes achieved in the education settings in South Canterbury. 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 first evaluation report from this new approach provided the evaluation findings for early childhood education (ECE), primary schools and high schools (Calder 2013).

Previously the tertiary setting was evaluated together with the other settings. As noted above the 2006-2011 evaluation findings resulted in the recommendation that "a specific separate questionnaire be developed for the tertiary setting, to better capture information from that setting level". This report provides the findings of the tertiary settings, from the separate questionnaire developed for the tertiary setting.

Tertiary settings in South Canterbury include YMCA South and Mid Canterbury, Aoraki Alternative Education, Trade and Commerce, Aoraki Polytechnic which includes Aoraki Rural Training Centre and Timaru Fishing School.

#### Evaluation objectives

The evaluation objectives for WAVE are:

- 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 tertiary settings in South Canterbury. 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. The tertiary questionnaire has been adapted specifically for the sector (appendix 1). This baseline questionnaire was administered in term 4, 2013. Follow up data will be collected in term 3, 2014. Following piloting of the questionnaire, the questionnaire was administered by each settings' WAVE facilitator. To ensure validity and comparability the questions were administered in a standard way. The questionnaire data were entered by March 2014. The data were analysed using SPSS version 17.0.

##### **Qualitative data**

Three semi-structured interviews took place in June 2014. The interviews followed general guidance on the areas for discussion suggested as part of the evaluation objectives, but were also open to any other comments by participants. 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. Notes were used to verify and supplement the data and were particularly useful in capturing extra comments made by interviewees before or after the interview.



### 3 Quantitative Results

The findings from the tertiary settings questionnaires are divided in the three spheres of health promoting schools: physical and social environment, curriculum, teaching and learning, and partnerships and services.

#### 3.1 Physical and social environment

##### Settings Policies or guidelines

##### Nutrition policies or guidelines

Three out of seven tertiary settings had healthy food guidelines for food prepared as part of their teaching programme. No tertiary settings had guidelines around using food for rewards. No tertiary settings had healthy food guidelines for events organised by their setting. No tertiary setting had healthy food guidelines for food provided or for sale at their setting.

##### Smokefree policies

Two out of seven tertiary settings had a smokefree policy for outside boundaries. All tertiary settings had a smoking policy or guidelines for onsite (for example, a dedicated smoking area). Four out of seven tertiary settings had a smokefree policy for off-site events .

##### Other written policies or guidelines

Tertiary settings were asked if their setting has policies or guidelines on mental wellbeing, Sunsmart, physical activity and alcohol and other drugs (Table 1). All tertiary settings had policies and guidelines on Sunsmart and alcohol and other drugs. Six out of seven tertiary settings had policies or guidelines on physical activity and mental wellbeing

**Table 1 Does your setting have policies or guidelines on ..?**

	Tertiary settings % (n)
Mental Wellbeing	86 (6)
Sunsmart	100 (7)
Physical activity	86 (6)
Alcohol and other drugs	100 (7)

##### How effective are written policies and guidelines

Settings reported on the effectiveness of policies and guidelines to influence their physical and social environment (Table 2). All tertiary settings (who had the policy or guideline) reported that their policies and guideless were either 'slightly effective' or 'effective' or 'very effective' at influencing the settings physical and social environment.

**Table 2. How effectively policies and guidelines influence the setting’s physical and social environment\***

	Not at all effective % (n)	Slightly effective % (n)	Effective % (n)	Very effective % (n)
<b>Nutrition</b>	0	75 (3)	25 (1)	0
<b>Smokefree</b>	0	33 (2)	67 (4)	0
<b>Mental Wellbeing</b>	0	17 (1)	67 (4)	17 (1)
<b>Sunsmart</b>	0	43 (3)	29 (2)	29 (2)
<b>Physical activity</b>	0	0	100 (6)	0
<b>Alcohol and drugs</b>	0	14 (1)	43 (3)	43 (3)

\* of those settings that had the policy or guideline

### **Barriers to settings having written policies or guidelines**

#### Barriers to policies and guidelines

Barriers to policies and guidelines identified by tertiary settings included:

- two tertiary settings reported that there were no barriers to having written policies or guidelines on nutrition, smokefree, mental wellbeing, Sunsmart, physical activity, alcohol and other drugs
- two tertiary settings reported that their policy was directed by a “parent structure” that sets policy guidelines (for health-related issues)
- one setting reported that the Ministry of Education was a barrier, due to perceived limited support for policies or guidelines on nutrition, smokefree, mental wellbeing, Sunsmart, physical activity and alcohol and other drugs
- one setting identified lack of time as a barrier for having written policies or guidelines on the issues identified above
- one setting identified that the policies identified above were not always appropriate for an “adult setting”
- one setting commented that the policies were part of their setting culture “just not formalised in writing”.

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

Settings reported on the initiatives that have supported healthy choices in the last 12 months (Table 3). Table 3 shows that, for example, 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. In addition, examples of initiatives that have supported tertiary settings specifically in the last 12 months include art and/or music programmes, sexuality and/or relationship education and alcohol and/or drug harm education programmes.

**Table 3. What other aspects of your setting’s physical and social environment support healthy choices? Initiatives that have supported healthy choices at your setting in the last 12 months**

	<b>Initiative</b>	<b>Tertiary settings’ that has the initiative % (n)</b>
<b>Nutrition</b>	Teaching cooking on a budget	43 (3)
	Edible garden	14 (1)
	Canteen or food services that support healthy choices	14 (1)
	Fruit and vegetable supply initiative	14 (1)
<b>Cultural Development</b>	Kapa Haka	29 (2)
	Matariki celebrations	29 (2)
	Bi-cultural programmes	43 (3)
<b>Sunsmart</b>	Adequate shade	43 (3)
	Promoting wearing sunscreen	71 (5)
	Promoting wearing sunhats	14 (1)
<b>Increasing physical activity</b>	Other promotion of active transport	57 (4)
	Promoting physical activity outside of the classroom	100 (7)
<b>Other</b>	Peer mediation	29 (2)
	Promoting use of Mindful Practice	57 (4)
	Art and/or music programmes	71 (5)
	Resiliency building	43 (3)
	Sexuality and/or relationship education	71 (5)
	Alcohol and/or drug harm education programmes	71 (5)
	Staff wellbeing activities	86 (6)
	Fundraising events that support healthy choices	14 (1)

**Effectiveness of settings at implementing a “whole setting”<sup>2</sup> approach to health issues**

Five out of seven tertiary settings were ‘slightly effective’ or ‘effective’ at implementing a whole setting approach to health issues (Table 4). One setting commented that staff and students worked together as a team.

*“We work together as a team and with students to identify, plan and implement health issues in our setting..”*

Another setting commented that it was necessary to work together because of the size of the setting, stating *“It is very small here so it is not difficult for us to include everyone”*.

<sup>2</sup> 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)

**Table 4. How effective is your setting at implementing a “whole setting” approach to health issues?**

	Not at all effective % (n)	Slightly effective (%)	Effective (%)	Very effective (%)
<b>Tertiary settings</b>	29 (2)	43 (3)	29 (2)	0

**Effectiveness of staff role modeling healthy choices**

All settings were ‘slightly effective’, ‘effective’, or ‘very effective’ at role-modelling healthy choices. However two tertiary settings identified that the exception to their staff role-modelling healthy choices was in the area of smoking.

Comments from Tertiary settings

*“We need to address staff smoking, more than 50% of our staff smoke”*

*“In most areas except maybe smoking”*

**Table 5. How effectively do your staff role model healthy choices?**

	Not at all effective (%)	Slightly effective (%)	Effective (%)	Very effective (%)
<b>Tertiary settings</b>	0	43 (3)	43 (3)	14 (1)

**How well settings support Māori students to engage in health initiatives**

Six out of seven tertiary settings (85%) reported that they did ‘slightly well’ or ‘well’ at supporting Māori students to engage in health initiatives (Table 6). One setting commented *“..and getting better all the time”*. Another setting commented

*“High percent of Māori students at our setting – all are asked if they want support – the majority do not require/want anything specifically Māori.”*

No tertiary settings reported they did ‘very well’ at supporting Māori students to engage in health initiatives. This is an area of concern due to well documented disparity in health outcomes between Māori and non-Māori (Ministry of Health 2013) which indicates that Māori engagement in health initiatives is of particular importance.

**Table 6. How well does your setting support Māori students to engage in health initiatives?**

	Not at all well % (n)	Slightly well % (n)	Well % (n)	Very Well % (n)
<b>Tertiary settings</b>	14 (1)	14 (1)	71 (5)	0

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

When tertiary 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 was identified. The top three initiatives for tertiary settings were: professional development and support around suicide, promoting physical activity, and promoting drinking of water.

Examples provided of **nutrition initiatives** for tertiary settings included WAVE providing water bottles and promoting improved quality of lunches students bring. Examples provided of **mental wellbeing initiatives** for tertiary settings included professional development and support around suicide and peer support. Examples provided of **physical activity initiatives** for tertiary settings included WAVE support for physical activity programmes, structured physical activity including sport at lunchtime, increased variety, employing tutors to engage

students more fully in physical activity. **Cultural initiatives** identified by tertiary settings included Kapa Haka groups.

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

Success factors for improving students' health and wellbeing in the last 12 months included staff professional development provided by WAVE, better links with psychiatric services from the District Health Board, planning to implement a tuakana – teina teaching model and art.

Professional development provided by WAVE was identified as a success factor. Examples of professional development provided included Gatekeeper training, Neuroscience and the adolescent brain, mind health and flourishing environments. One setting commented:

*“We are adapting our teaching styles and now provide more opportunities for students to develop a range of abilities [neurologically] to help them learn and manage their behavior”*

Another success factor identified was better links between the tertiary sector and psychiatric services. One setting identified that a success for improving students' health and wellbeing is that they will be implementing the tuakana-teina teaching model. This is a buddy system, where an older or more expert 'tuakana' helps and guides a younger or less expert 'teina'. The tuakana–teina roles may be reversed at any time. Another setting identified that art was a success factor for improving students' health and wellbeing in the previous 12 months.

#### **Barriers to improving students' health and wellbeing in the last 12 months**

Barriers to improving students' health and wellbeing in the previous 12 months within tertiary settings were identified as:

##### Financial barriers

A number of financial barriers to improving students' health and wellbeing were identified by settings, these included:

- some students not fitting the criteria for a free flu injection anymore
- some students not being able to pay for condoms or prescriptions or other health needs
- a number of vulnerable youth at their settings with challenging living conditions.

##### High risk behaviors of some youth at tertiary settings

High risk behaviours of some students at tertiary settings were identified as a barrier to improving student health and wellbeing in the last 12 months, an example that was given was synthetic drug use.

### **3.2 Curriculum, teaching and learning**

#### **Professional development (PD) in previous 12 months**

The percentage of settings that had had staff complete professional development on the topics of sexual health, smokefree, mental wellbeing, Sunsmart, nutrition, physical activity and alcohol and drugs in the previous 12 months is presented in table 7

**Table 7. Staff at setting that have had professional development (from any provider) on the following topics in the last 12 months?**

Professional Development topic	Settings that had had staff complete PD % (n)
Sexual Health	29 (2)
Smokefree	43 (3)
Mental wellbeing	71 (5)
Nutrition	14 (1)
Physical activity	33 (2)
Alcohol and drugs	57 (4)

**Barriers to staff participating in professional development (from any provider) at tertiary settings**

The following barriers to staff participating in professional development were reported by tertiary settings:

- lack of funding
- lack of time
- lack of appropriate professional development opportunities, and
- lack of relief staff.

**Percentage of staff that have had professional development for cultural development in the previous 12 months**

Table 8 shows that five out of seven of tertiary settings had between 0 and 25% of staff have professional development for cultural development in the previous 12 months. Two out of seven tertiary settings had had between 76 and 100% of their staff complete such professional development in the previous 12 months.

**Table 8. The percentage of staff that has had professional development for cultural development in the previous 12 months**

	0-25% of staff % (n)	26-50% of staff % (n)	51-75% of staff % (n)	76-100% of staff % (n)
<b>Tertiary settings</b>	71 (5)	0	0	29 (2)

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

The following barriers were reported by tertiary settings to staff participating in professional development on cultural development:

- lack of funding
- lack of time
- lack of availability, and
- no professional development course available on cultural development that fits with tertiary settings.

**How effective professional development has been in enhancing delivery of health education in the curriculum**

All tertiary settings report (Table 9) that their professional development has been 'slightly effective', 'effective' or 'very effective' in enhancing staff delivery of health education in the curriculum.

**Table 9. How effective professional development has been in the previous 12 months in enhancing staff delivery of health education in the curriculum**

	Not at all effective % (n)	Slightly effective % (n)	Effective % (n)	Very effective % (n)
<b>Tertiary settings</b>	0	20 (1)	40 (2)	40 (2)

Tertiary settings gave examples of what professional development has worked well (Table 10). Examples included suicide prevention training and mindfulness and health and wellbeing training. When asked for examples of what has not worked well for professional development in tertiary settings, examples given included lack of funding, timing and lack of relevance of professional development provided.

**Table 10. Examples of Professional Development that has and hasn't worked well in the tertiary settings**

What has worked well	What hasn't worked well
<ul style="list-style-type: none"> <li>• WAVE gatekeeper training (suicide prevention training)</li> <li>• Mindfulness, health and wellbeing training</li> <li>• Adolescent brain training with Nathan Mikaere-Wallis</li> <li>• Cultural training</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of funding</li> <li>• Timing</li> <li>• Relevance</li> <li>• Settings would like more staff to attend gatekeeper training</li> </ul>

**Effectiveness of settings in delivering health education in the curriculum, in the past 12 months.**

Six out of seven tertiary settings (Table 11) reported that they were 'effective' or 'very effective' at delivering health education in the curriculum in the previous 12 months. One tertiary settings reported that they were 'not at all effective' at delivering health education in the curriculum in the previous 12 months.

**Table 11. How effective settings have been in delivering health education in the curriculum, in the past 12 months**

	Not at all effective % (n)	Slightly effective % (n)	Effective % (n)	Very effective % (n)
<b>Tertiary settings</b>	14 (1)	0	57 (4)	29 (2)

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

The examples given by tertiary settings of what has worked well in delivering health education in the curriculum (in the previous 12 months) included WAVE providing health education, Public Health Nurses providing health education, and tertiary settings incorporating health and wellbeing into curriculum based learning.

**3.3. Partnerships and Services**

Six out of seven tertiary settings reported (Table 12) that their students were 'slightly involved' or 'involved' in designing and/or delivering wellbeing initiatives. The WAVE team were at least 'slightly involved' in designing and/or delivering wellbeing initiatives in all tertiary settings.

**Table 12 How involved the following groups have been in designing and/or delivering wellbeing initiatives**

	Not at all involved % (n)	Slightly involved % (n)	Involved % (n)	Very involved % (n)
<b>Students</b>	14 (1)	71 (5)	14 (1)	0
<b>Family/whanau</b>	71 (5)	29 (2)	0	0
<b>Iwi</b>	57 (4)	29 (2)	14 (1)	0
<b>Maori provider</b>	43 (3)	57 (4)	0	0
<b>NGOs</b>	14 (1)	29 (2)	29 (2)	29 (2)
<b>WAVE team</b>	0	29 (2)	57 (4)	14 (1)
<b>Businesses</b>	29 (2)	71 (5)	0	0
<b>Other education providers</b>	0	71 (5)	14 (1)	14 (1)
<b>Government Sector</b>	14 (1)	29 (2)	14 (1)	43 (3)

**Examples of ways that working with outside groups had enhanced settings’ delivery of wellbeing initiatives**

Tertiary settings gave examples of ways that working with outside groups had enhanced their delivery of wellbeing initiatives. The two examples given were WAVE and the Public Health Nursing service. Tertiary settings identified that WAVE provided support, information and resources. The Public Health Nursing service was seen as crucial to the tertiary settings, with one setting commenting that they “*couldn’t survive without her [the school PHN]*”. Another setting commented that many students would not seek help without the PHN service.

**Settings’ overall level of engagement with WAVE**

Almost all (86%) tertiary settings reported that they had “some engagement” or that they were “very engaged” with WAVE (Table 13).

**Table 13. How would you rate your setting’s overall level of engagement with WAVE?**

	No engagement % (n)	Little engagement % (n)	Some engagement % (n)	Very engaged % (n)
<b>Tertiary settings</b>	0 (0)	14 (1)	43 (3)	43 (3)

**How settings rate their overall level of satisfaction with WAVE**

Five out of seven of tertiary settings were very satisfied with WAVE (Table 14). No tertiary settings reported being dissatisfied with WAVE.

**Table 14. How would you rate your setting’s overall level of satisfaction with WAVE?**

	Dissatisfied % (n)	A little satisfied % (n)	Satisfied % (n)	Very satisfied % (n)
<b>Tertiary settings</b>	0 (0)	14 (1)	14 (1)	71 (5)

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

Almost all (86%) settings reported never using the WAVE website. One setting (14%) had used the website, that setting reported being ‘a little satisfied’ with the WAVE website.

**How settings rate their overall level of satisfaction with WAVE communication**



All tertiary settings reported being 'satisfied' or 'very satisfied' with their overall level of satisfaction with WAVE communication with them.

**Table 15. How would you rate your setting's overall level of satisfaction with WAVE communication?**

	<b>Dissatisfied % (n)</b>	<b>A little satisfied % (n)</b>	<b>Satisfied % (n)</b>	<b>Very satisfied % (n)</b>
<b>Tertiary settings</b>	0 (0)	0 (0)	29 (2)	71 (5)

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

Tertiary settings were asked to comment on the most important ways WAVE had supported their setting over the previous 12 months. The most important ways identified included:

- **Networking** – WAVE facilitates the tertiary providers' network. An example of an outcome from this network has been the development of a critical incident management guideline document.
- **Resources and funding** – Health and wellbeing information and resources.
- **Professional development** – For example, suicide prevention professional development.
- **Health initiatives** – for example, sexual health education, the fruit scheme, smoking cessation and youth week art workshops.

**Improvements' tertiary settings would like to see in WAVE**

Tertiary settings were asked to comment on what improvements they would like to see in WAVE. Suggestions including providing nutrition information for class sessions and providing support around managing oral health and personal hygiene issues with students. Settings also commented that they would like WAVE to facilitate combined physical activities for students at tertiary settings in South Canterbury. In addition settings commented that they would like current WAVE support to continue.

## 4. Qualitative results

Qualitative interviews were conducted with the two most engaged settings and one of the least engaged settings. Interviews took place between the 12<sup>th</sup> of June and the 17<sup>th</sup> of June 2014. All interviews took place over the telephone.

### **What WAVE is doing well**

All three tertiary settings interviewed reported having an appreciation of WAVE, with one setting acknowledging that WAVE is specific to South Canterbury.

*“We consider ourselves so lucky to have an organisation like WAVE in our area – I know when we go to other colleges they are very very jealous of our WAVE concept here – that there are people that we can call on for different things and offer training. I think we are particularly lucky in that respect. I think WAVE is fantastic.”* (Setting 2)

Settings referred to the WAVE facilitator as the “link” across the tertiary sector. All settings reported that they valued the role that WAVE had linking the tertiary sector. This included informing settings of any relevant professional development or activities that are going on. As one setting noted “[WAVE facilitator] keeps us in the loop with any workshops or any activities that are ongoing.” Another setting commented:

*“For our setting anything that [WAVE facilitator] does is brilliant, because she is working across our sector, she provides the link, she has good knowledge of what is going on around here. I mean it is her knowledge that is really valuable.”* (Setting 1)

### **Tertiary sector network**

Over the previous twelve months WAVE has facilitated a tertiary sector network. All three settings interviewed reported that they appreciated this tertiary sector network. It was identified by interviewees that a network of key people in the tertiary sector was a gap that has now been filled. It was appreciated by settings that WAVE organised the network as this is something that their increasingly busy workloads don't allow time for.

*“[WAVE facilitator] pulled together a tertiary sector network. Bringing together the key players in the tertiary sector.. either working on specific documents (for example the critical incident document) and general networking at a level where there was a gap, so definitely that has been valuable bringing us together... It is around sharing information and looking at ways that we can do things collegially. I think it is more of a working group than a network.”* (Setting 1)

*“We got together as part of the tertiary sector network – we got together to try and come up with a critical incident management document, where sectors work together, we are in the throes of organising regular update meetings – so that we are not all little siloes – [WAVE facilitator] will facilitate that. Any form of networking like that is always helpful.”* (Setting 2)

*“WAVE organised the tertiary network. I think for some of us working in tertiary education, our workloads are getting higher and higher and higher and it is hard sometimes to put the time into organising those kinds of meetings.”* (Setting 3)

### **Access to professional development and resources**

Tertiary settings appreciated WAVE facilitating access for them to professional development and resources, including access to the WAVE resource centre. The WAVE facilitator regularly updates settings on resources that are available. In addition WAVE facilitates some of the professional development available to tertiary settings.

### **Access to support around suicide prevention**

All of the settings interviewed reported that WAVE provided useful support around suicide prevention. This support included providing research on youth suicide, linking the tertiary setting with QPR training (training in suicide prevention), as well as facilitating mindfulness training.

*“If we need any research [WAVE facilitator] is really good at accessing the research team at CPH, particularly around youth suicide and things like that. The youth suicide research from CPH helped me build a picture in a few different ways. One, as a manager of youth services and the other way around starting funding bids it gave me useful information and background for that.” (Setting 1)*

*“We accessed QPR training again (post suicide training) – she put us back in touch with them and teed that up, we had three places funded, we could put six new staff through the QPR training, the health board paid for three of those places and we paid for three. But it is always coupled with the positive side to it as well, the wellness, the wellbeing. QPR is an online training, so [WAVE facilitator] teed that up and talked us through it basically but she also facilitated the wellness, the mindfulness with the tutors at the beginning of the year, so they were putting in all that good stuff as well as fighting fire.” (Setting 2)*

*“So one of the things that we have worked very well with WAVE was the postvention suicide stuff. I can hold that up I think as some really good practice that was going on and we did I believe keep a lot of young people safe at that quite difficult period ... The QPR training that was offered was great.” (Setting 3)*

### **How WAVE could better engage with the tertiary sector**

Two ways that WAVE could engage with the tertiary sector were noted. Firstly, WAVE could provide tertiary settings with a clear outline of what they can (and cannot) provide for the sector. Secondly, WAVE can consider ways that they can further meet the specific needs of the tertiary sector, for example by providing health information on the issues that have been identified such as marijuana use, risks of excessive alcohol consumption and unplanned pregnancy.

### **Lack of clarity about what WAVE does (and doesn't do)**

As has been found in the evaluation of the ECE, primary and secondary school sectors, the tertiary settings also reports that they have found it difficult to understand what exactly WAVE does. This includes what funding opportunities are available to the tertiary sector. Both settings that indicated that lack of clarity about what WAVE does and does not do, note that there has been some improvement recently.

*“It took me a long time to understand what they did. But certainly now I am clear about who does what. Certainly they have always been able to deliver what I*

*needed them to deliver... There are probably some things that I could ask questions about funding opportunities. I think in the past boundaries have probably been a little bit blurred but it is clear now - if it is a health issue, a public health issue staying really clear about what WAVE does and what they don't do. That has got better as far as we are concerned." (Setting 2)*

*"It is really only recently that I have managed to get clarity around the kinds of things that WAVE and [Setting 3] can work on together. In the past it seemed very unclear. Recently the WAVE coordinator came and met with me and my colleagues and we are a little clearer now but before then it was very hard to get clarity... WAVE have now made it clear what they can and can't do, within that criteria it is very hard to find what we can do together." (Setting 3)*

### **Perception that WAVE could be more receptive to the specific issues of the tertiary sector**

One setting discussed that WAVE could work in ways more tailored to the tertiary sector.

This setting discussed issues that they believed were the issues specific to tertiary sector:

*"It seems that WAVE might be more geared to High Schools. I think that it is.. I wonder if the same processes are being used for tertiary education [as high schools] – are they appropriate? I don't think so. I am just looking back because I know I have the notes from that meeting [meeting with WAVE]. I did take a list with me of issues that we were having that we could really do with some help with – excessive use of marijuana, over use of caffeinated drinks leading to behavioural issues, after effects of excessive alcohol use, unexpected pregnancy. They [WAVE] might at least say oh yes well we can't help you with that but we can help you with that or we might have some information or we have a training package that might be useful but the list I read out - there was nothing. They seemed to be indicating – it was acknowledged that they were issues in all tertiary settings but there appeared to be nothing that they could do to help us with those." (Setting 3)*

## Summary of Key findings

### 1. Physical and social environment

#### Policies and guidelines

- All tertiary settings reported having policy or guidelines on:
  - Smoking policy for onsite (for example a dedicated smoking area).
  - Sunsmart.
  - Alcohol and other drugs.
- Six out of seven tertiary settings reported having policies or guidelines on increasing physical activity.
- Six out of seven tertiary settings reported having policies or guidelines on mental wellbeing.
- Five out of seven tertiary settings had a process to support staff and/or students wanting to quit smoking.
- Three out of seven tertiary settings reported having healthy food guidelines for food prepared as part of their teaching programme.

#### Effectiveness of policies and guidelines

- All tertiary settings reported that their policies and guidelines were at least 'slightly effective' at influencing the settings physical and social environment.
- The most effective policy and guidelines were identified by settings as alcohol and other drugs and the least effective being nutrition.
- Five out of seven settings reported that they were 'slightly effective' or 'effective' at implementing a whole setting approach to health issues.
- All settings reported that they were at least 'slightly effective' at role-modelling healthy choices. However two tertiary settings identified that the exception to their staff role-modelling healthy choices was in the area of smoking.
- Six out of seven tertiary settings reported that they did 'slightly well' or 'well' at supporting Māori students to engage in health initiatives.
- No Tertiary settings reported they did 'very well' at supporting Māori students to engage in health initiatives.

### 2. Curriculum, teaching and learning

- The most common PD topic in tertiary settings was mental wellbeing, with five out of seven settings having mental wellbeing PD in the previous 12 months.
- Tertiary settings identified lack of funding, lack of time, lack of appropriate professional development opportunities and lack of relief staff as barriers to staff participating in professional development.
- All tertiary settings reported that the professional development had been 'slightly effective', 'effective' or 'very effective' in enhancing staff's delivery of health education in the curriculum.
- Examples of professional development that worked included suicide prevention training and mindfulness, health and wellbeing training.
- Examples of what had not worked well for professional development in tertiary settings included lack of funding, timing and lack of relevance of professional development provided.
- Six out of seven tertiary settings reported that they were 'effective' or 'very effective' at delivering health education in the curriculum in the previous 12 months.
- The examples given by tertiary settings of what has worked well in delivering health education in the curriculum (in the previous 12 months) included WAVE providing

health education, Public Health Nurses providing health education and tertiary settings incorporating health and wellbeing into curriculum based learning.

### **3 Partnership and services**

- Six out of seven tertiary settings reported that their students were 'slightly involved' or 'involved' in designing and/or delivering wellbeing initiatives
- The WAVE team were at least 'slightly involved' in designing and/or delivering wellbeing initiatives in all tertiary settings.
- All tertiary settings reported that they had some engagement with WAVE.
- Five out of seven tertiary settings (71%) were very satisfied with WAVE . No tertiary settings reported being dissatisfied with WAVE.
- Six out of seven settings reported that they had never visited the WAVE website.
- All tertiary settings reported being 'satisfied' or 'very satisfied' with WAVE communication with them.
- The most important ways that WAVE had supported tertiary settings in the previous 12 months included: networking, resource and funding provision, professional development and health initiatives.
- The improvements that tertiary settings would like to see in support provided by WAVE included: providing nutrition information for class sessions, providing support around managing oral health and personal hygiene issues with students. Settings also commented that they would like WAVE to facilitate combined physical activities for students at tertiary settings in South Canterbury.

#### **Qualitative results**

The three tertiary settings interviewed reported having an appreciation of WAVE, with one setting commenting that WAVE is specific to South Canterbury. Settings referred to the WAVE facilitator as the 'link' across the tertiary sector. All settings reported that they valued the role that WAVE has across the tertiary sector including informing settings of any relevant professional development or activities that are going on.

Settings reported that WAVE had facilitated a tertiary sector network. The tertiary sector appreciated WAVE organising the network as this is something that their increasingly busy workloads did not allow time for. Tertiary settings also appreciated WAVE facilitating access for them to professional development and resources, including access to the WAVE resource centre. All of the settings interviewed reported that WAVE provided useful support around suicide prevention. The ways that WAVE provided support included providing research on youth suicide, linking tertiary setting with QPR training (training in suicide prevention), as well as facilitating mindfulness training.

To increase their engagement with the tertiary sector WAVE could provide tertiary settings with a clear outline of what they can (and cannot) provide the sector and can consider ways that they can further meet the specific needs of the tertiary sector.

**Recommendations:**

Based on the results of this evaluation of the tertiary sector, the following recommendations have been made:

- That WAVE considers further tailoring their support specifically to tertiary settings
- That WAVE develops a one page information sheet specifically for tertiary settings outlining how WAVE can (and can not) work with them
- That WAVE considers ways that they could support staff at tertiary education settings to stop smoking
- That WAVE explores the possibility of providing cultural development professional development specifically tailored to the tertiary sector
- That WAVE considers ways that it could better support tertiary settings to encourage Māori students to participate in health initiatives
- That WAVE considers ways of promoting the WAVE website to the tertiary sector, including ensuring that there is up to date information specific to the tertiary sector available.

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## WAVE Evaluation Questionnaire

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

Name of setting : \_\_\_\_\_

Percent of students that identify as Māori \_\_\_\_\_

Percent of students that identify as Pacific \_\_\_\_\_

Type of setting \_\_\_\_\_

**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

Sexual Health

Smokefree

Sunsmart

Oral Health

Mental Wellbeing

Alcohol and drugs

Physical activity

## **WAVE**

### Evaluation Questionnaire

Date completed \_\_\_\_\_

Name of WAVE facilitator: \_\_\_\_\_

Name and role of person(s)  
completing questionnaire: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

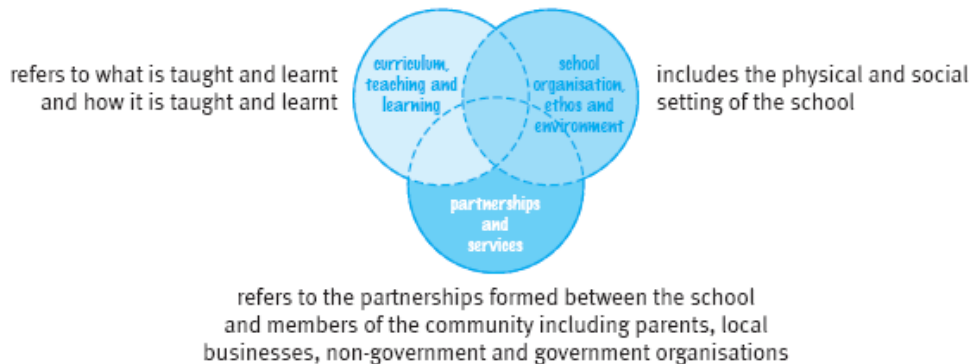
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Thank you for taking the time to complete this questionnaire. The information from this questionnaire helps us to make sure that WAVE is making a real difference for our young people. It will also be useful for development of your next WAVE Action 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 food guidelines for food prepared as part of your teaching programme
- Guidelines around using food for rewards
- Healthy food guidelines for events organised by your setting
- Healthy food guidelines for food provided or for sale at your setting
- Other \_\_\_\_\_

1.2 Please tick if your smokefree policy covers:

- Smokefree policy for outside boundaries (for example smoking at the gate)
- Smoking policy or guidelines for onsite (for example dedicated smoking area)
- Smokefree policy for off-site events
- Process to support staff/students wanting to quit
- Other \_\_\_\_\_

**Does your setting have written policies or guidelines on?**

1.3 Mental Wellbeing  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	Mental Wellbeing				
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?

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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**

- Teaching cooking on a budget
- 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**

- Promotion of active transport (for example skateboarding, walking)
- Promoting physical activity outside the classroom

**Other**

- Peer Mediation/support
- Promoting use of Mindful Practices
- Art and/or music programmes
- Resiliency building programmes
- Sexuality and/or relationship education
- Alcohol and/or drug harm education programmes
- Staff wellbeing activities
- 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 student's health and wellbeing in the last 12 months?

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

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## 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 Nutrition  Yes  No

2.5 Physical activity  Yes  No

2.6 Alcohol and drugs  Yes  No

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

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

0-25%     26-50%     51-75%     76-100%

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

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### 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 Arowhenua Marae/Waihao Marae – Other Iwi**

not at all involved

slightly involved

Involved

very involved

**3.4 Māori provider such as Arowhenua Whānau Services and Te Aitarakahi Multi Cultural Centre, Te Whare Mahana Marae, Twizel**

not at all involved

slightly involved

Involved

very involved

**3.5 Non Governmental Organisations (NGO's) for example, Sport Canterbury, Cancer Society, Adventure Development, St Johns**

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 Other Education Providers**

not at all involved

slightly involved

Involved

very involved

**3.9 Government sector organisations eg Public Health Nurses, Police**

not at all involved

slightly involved

Involved

very involved

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

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## 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

Not applicable (have not used WAVE website)

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?

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

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