

# Evaluation of the WAVE (Wellbeing and Vitality in Education) programme, 2018

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An evaluation report prepared for the WAVE Team  
by the Information Team  
Community & Public Health, Canterbury DHB

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Te Poari Hauora o Waitaha

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## Executive summary

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WAVE (Wellbeing and Vitality in Education) is an education setting-based health promotion programme in South Canterbury. WAVE involves all education setting levels, from early childhood through to tertiary, so enables health promotion across all education settings in the region. WAVE was developed by Community and Public Health (CPH, the public health service for South Canterbury) and the South Canterbury DHB in 2007 on the understanding that education settings are a key site for health promotion because students are at an age when many lifestyle patterns are being established; education settings are credible, authoritative environments; almost all children and many young people are engaged in education; and education settings also provide extensive links into the wider community.

Both quantitative and qualitative methods were used to collect data. These methods comprised stakeholder focus groups and interviews and an online survey of education settings. Over 90 percent of respondents to the survey of education settings (total n=72) reported that their setting was 'very satisfied' or 'satisfied' with WAVE (93%). Over 90 percent (92%) of respondents agreed that WAVE being specifically tailored for South Canterbury is important for its success. Over four fifths of respondents agreed that their education setting working with WAVE contributes to increased learning for their students (88%). A similar proportion of respondents agreed that their education setting working with WAVE contributes to improved health for their students (84%).

Interviews with key stakeholders indicated that WAVE was valued by education settings for the collaborative partnerships it had formed with the education sector in South Canterbury, *'The success factors of WAVE have been related to the relationships that we've been able to build up with WAVE. The facilitators have been instrumental in putting health and wellbeing to the forefront of our school.'* WAVE facilitators were viewed as credible and trusted sources of information and advice. Settings valued both the support that WAVE provided for planning around health, and the resources made available by WAVE, such as funding and physical resources. WAVE was perceived as having a positive impact on health outcomes for students. This included both short- and long-term benefits. Benefits included increased health literacy, *'The outcome is that students are starting to listen and understand about those health issues...'*

A concern was expressed by a number of interviewees that WAVE would not continue. There was a strong belief that the need for WAVE is ongoing, *'...there's children coming in all the time... WAVE might have done their work with that cohort of children who have now moved on to be adults, but what about all the other ones coming through?'* A number of interviewees reported that the need for WAVE continues to grow, particularly related to mental health and wellbeing in South Canterbury.

On the basis of the evaluation findings it is recommended that:

- WAVE continues to work collaboratively with education settings in South Canterbury
- In determining the allocation of resources, that WAVE note the feedback from settings that the most valued aspect of WAVE is the relationship with the WAVE facilitator

- WAVE explores ways that further professional development opportunities can be provided for settings
- WAVE explores ways that the programme's liaison role be further developed, linking education settings with each other as well as with health organisations and agencies, and
- WAVE develops a formal process for introducing new staff at settings to the WAVE programme.

# Health Promoting Schools

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The World Health Organization (WHO) (World Health Organization, 1998) defines a health promoting school as “one that constantly strengthens its capacity as a healthy setting for living, learning and working.” Health Promoting Schools (HPS) engage across a variety of stakeholders that include school principals, teachers, students, parents, health providers and community leaders. HPS aim to provide a healthy environment across a broad range of activities that include curriculum, school physical and social environment, school health services, school/community projects, nutrition programmes, opportunities for physical activity and recreation, and mental health promotion (Simovska & Mannix-McNamara, 2015).

HPS work through development and implementation of policies and practices that respect an individual’s wellbeing and dignity, provide multiple opportunities for success, and acknowledge positive efforts and intentions as well as personal achievements. Finally, they strive to improve the health of all school personnel, families and community members as well as students; and work in partnership with community leaders to help them understand how the community impacts upon health and education (World Health Organisation, 2014).

The framework for health promoting schools was built on the definition (Young & Williams, 1989) of a holistic view of health with three key components: (1) health education in the formal curriculum; (2) the ‘hidden’ curriculum or school ethos; and (3) links with family and the local community (Inchley, Currie, & Young, 2000).

# WAVE (Wellbeing and Vitality in Education)

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WAVE (Wellbeing and Vitality in Education) is an education setting-based health promotion programme in South Canterbury, which began in 2007. WAVE has a vertical structure, involving all education setting levels, from early childhood through to tertiary, so enables health promotion across all education settings in the region. WAVE is based on the health promoting schools (HPS) model (Booth & Samdal, 1997).

WAVE was developed by Community and Public Health (CPH, the public health service for South Canterbury) and South Canterbury DHB (SCDHB) on the understanding that education settings are a key site for health promotion because students are at an age when many lifestyle patterns are being established; education settings are credible, authoritative environments; almost all children and many young people are engaged in education; and education settings also provide extensive links into the wider community. The focus of WAVE, in accordance with International Union for Health Promotion and Education (IUHPE) guidelines (2000:pp111-112), is on a combination of the curriculum, the environment, partnerships and school policies.

WAVE was developed as a local programme model following a meeting between CPH, SCDHB and education setting representatives in 2006. WAVE has a stated vision of 'children and young people to learn well and be well'.

The objectives of WAVE as stated in the Strategic Plan 2018-2020 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 and supported by WAVE
5. Teachers supported with appropriate professional development and resources
6. Robust evaluation of WAVE.

WAVE targets education settings with highest need, both systematically, with higher-need education settings receiving more funding (education settings can apply to WAVE for funding for health-related projects), and informally. An example of informal targeting is some schools with an identified need being offered breakfast clubs.

Each education setting in South Canterbury has a representative who works with a WAVE facilitator. The WAVE facilitator helps with building relationships, fostering engagement, and supporting school initiatives. Employed by CPH, facilitators spend about one third of their time in settings. Other WAVE staff provide specialised support to facilitators and settings on particular health issues such as nutrition, physical activity, and Māori health. All staff receive in-house training, as well as support to undertake generic health promotion training. A key task for staff has been to assist each education

setting to develop its own health action plan. While action plans are unique to each education setting, there are some common features. For example, all schools are encouraged to establish student health teams and to work together and support each other in clusters, and most settings utilise similar forms of professional development for teaching staff. A WAVE resource centre based at CPH loans a range of equipment, such as curriculum materials and sports gear, to education settings.

In July 2012, 94% of education settings in the South Canterbury DHB region were participating in WAVE. Since 2016 all education settings in the South Canterbury DHB region have been participating in WAVE.

Previous WAVE evaluation results have shown: improved professional development for staff in some health-related topics; increasing partnerships between schools and community; teachers had become role models for health messages; and students had taken on leadership roles.

### **Challenges to evaluating health promotion in schools**

Researchers continue to highlight the challenges of evaluating school-based health promotion programmes and determining how best to measure success (Booth & Samdal, 1997; Inchley, Muldoon, & Currie, 2006; Mukoma & Fisher, 2004; Pommier, Guevel, & Jourdan, 2010). Measuring change in knowledge may be relatively easy but knowledge gain does not necessarily lead to behaviour change (Wang & Stewart, 2013). Ideally, change should be evaluated not only in individuals but also in the school as a whole, including school policies, the physical and social environment, and partnerships with families and community groups. Health promotion outcomes occur in the medium or long term, including into adult life (St Leger & Nutbeam, 1999). It is possible, however, to document sustained changes in education settings over time (Inchley et al., 2006), and the ways that schools adopt HPS practices may be tracked at a school or operational level. Inchley et al (2006) argue that greater recognition needs to be made of the steps schools make towards rethinking their practice and embracing the HPS concept. In the light of New Zealand research (Cushman & Clelland, 2012) that suggests a continuing lack of understanding of the HPS concept, a focus on school practices appears sensible.

WAVE's approach to impact evaluation has been informed by the original HPS model, focusing on sustained changes achieved in education settings across the three domains of curriculum, environment (including school policies), and partnerships.



# Evaluation methods

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## Evaluation objectives

The evaluation objectives in 2018 were:

1. To document and assess the impact of WAVE health promotion initiatives in education settings.
2. To identify the critical success factors for WAVE.

## Evaluation questions

The evaluation questions were:

1. What is the perceived impact of WAVE health promotion initiatives in education settings?
2. What do education settings see as the critical success factors for WAVE?
3. How do education settings view the future direction of WAVE?

## Evaluation design

Both quantitative and qualitative methods were used to collect data. These methods comprised stakeholder focus groups and an online survey with the key WAVE contact(s) in education settings. A Scope of Review Form<sup>1</sup> was completed and submitted to the Health and Disability Ethics Committee (HDEC, 2014) detailing the proposed evaluation of WAVE. It was determined that the evaluation was not within the scope of HDEC review.

Information gathered in this evaluation will be used to inform the future development and delivery of the WAVE programme. Information on the evaluation was provided prior to focus groups/interviews with participants were asked to provide written consent.

### Qualitative data

#### Data from key stakeholders (from education settings/community)

A series of five focus groups was used to collect data from education settings and the community. A semi-structured format using open-ended questions based on areas of interest. The data were coded and analysed using a systematic iterative thematic approach to identify recurring patterns,

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<sup>1</sup> <https://ethics.health.govt.nz/applying-review/how-do-i-apply>

following the method described by Green and Thorogood and others (Green & Thorogood, 2014; Liamputtong, 2013; Pope, Ziebland, & Mays, 2000).

WAVE staff identified key stakeholders and set up the focus groups. Key stakeholders were selected across all setting levels. The evaluator (a public health analyst from CPH) facilitated the focus groups.

Focus group participants were as follows:

*SC Catholic Schools Kāhui Ako (focus group 1) conducted 2 August 2018*

Carmel Brosnahan	Principal, St. Joseph's Timaru
David Armstrong	Principal, Sacred Heart School
Karin Cockroft	Deputy Principal, Roncalli College

*Waimate Kāhui Ako (focus group 2) conducted 14 August 2018*

Janette Packman	Principal, Waimate High
Jonathan Young	Principal, Waimate Centennial
Tina Ivamy	Principal, Makikihi School
Neil Curtis	Principal, St. Patrick's School
Jane Severinson	Principal, Waihao Downs School
Paul Cartlidge	Principal, Waimate Main School
Tiffany Ottley	Principal, Waituna Creek School

*Education setting key contacts (focus group 3) conducted 8 August 2018*

Becs Brookland	Lead teacher, St Joseph's, Temuka
Robyn Cooper	Lead teacher, Highfield
Danielle Young	Lead teacher, Highfield
Tina Johnson	Principal, Opihi
Jo O'Sullivan	Principal, Pareora /Timaru South
Fiona MacGregor	Manager, Alternative Education
Lorne Lee	Lead teacher, Timaru Christian
Pip Oliver	Lead teacher, Fairlie Primary
Natasha Joyce	ABC Marchwiell
Fiona Frew	ECE Leaders' Group representative
Raelene Todd	Clinical Leader, Plunket

*South Canterbury Kindergartens (focus group 4) conducted 2 August 2018*

Dave Hawkey	General manager, South Canterbury Kindergartens
Angela O'Connor	Professional teacher advisor
Tracey Nelson	Professional teacher advisor

*Waihao Marae management group (focus group 5) conducted 14 August 2018*

Ron Donaldson	Manager, Waihao Marae
Mary Oughton	Administration assistant, Waihao Marae

*The following key stakeholders were interviewed individually (conducted 2 - 8 August 2018)*

Steve Zonneville	Principal, Gleniti School
Jane Denley	Community services leader, Plunket
Sally Anderson	Pastoral care, Community college

**Quantitative data**

Questions for the evaluation survey were developed from key themes that emerged from the focus groups and interviews. Several questions from previous evaluation surveys were retained. The same questionnaire was used for all setting levels. An email invitation to complete an online survey was forwarded by WAVE facilitators from the Information Team at CPH in September 2018 to the key WAVE contact at each setting in South Canterbury. Settings were asked to provide a single response per setting.

# Results

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## Key findings – survey highlights

Over three quarters (76%, n=72) of a total of 95 education settings in South Canterbury settings responded to the WAVE evaluation survey. The survey link was open between 17 September 2018 and 24 October 2018.

Respondents were asked, 'What do you consider to be the FOUR most important aspects of WAVE for your setting?' The aspect most commonly identified by settings was their relationship with their WAVE facilitator (91%, n=70); followed by WAVE resources (65%, n=50); WAVE funding for health-related activities at their education setting (65%, n=50); support for planning around health in their education setting (62%, n=48); professional development provided by WAVE (61%, n=47); networking/connecting with other education settings/agencies provided by WAVE (27%, n=21) and support for the setting to increase their cultural responsiveness (19%, n=15).

Respondents were asked, 'Do you see emerging health issue(s) in your setting?' The more than two thirds of respondents (69%, n=54) who said yes were asked to identify those emerging health issues. Fifty-two respondents provided a free text comment. Emerging issues identified included (with the most common response first): mental health/wellbeing; physical health/obesity; oral health; poverty related issues; parenting skills; behaviour issues/attachment to technology.

*'Mental health and resilience of kids is getting worse.'*

*'Continued poverty in our community impacts on the children in the school in a range of food and health related issues.'*

Those who identified emerging issues were also asked, 'What can WAVE do to support you with the emerging health issues that you have identified?' Fifty respondents provided a free text response. Ways that WAVE can support settings with emerging health issues included (with the most common response first): resource provision; professional development; parent education sessions; and WAVE linking settings with appropriate agencies.

*'Provide resources and professional development to staff to support students with anxiety.'*

*'Courses for parents and information on how parents can promote healthy lifestyles.'*

*'As a new owner of this centre I would like to draw upon my relationship with the WAVE facilitator and be supported to identify and make connections with relevant agencies and support groups within the community.'*

*'Advising the school on supporting agencies and strategies for staff and student wellbeing.'*

Respondents were asked, 'Are there any health-related issues that WAVE has supported you with, that you no longer need support with?' Over four fifths (89%, n=68) of settings reported that there were no health-related issues that they no longer needed support with. Seven of the eight respondents who reported that there were issues that they no longer need support with provided a free text answer. The answers included: Healthy eating, SunSmart, Oral health and Sneezesafe. Seven respondents provided a response as to why they no longer needed support. Answers included that promoting healthy eating has become business as usual, *'Through the support of WAVE we have had a shift in thinking around how we can model healthy eating. Healthy eating is now part of what we do at our preschool and is being modelled by kaiako...'* and that the health issue is no longer a priority, *'we know where the resources are should we need them in the future but all is going well at this point on the oral health front.'*

Settings were asked to indicate the response that best matched their experience of WAVE. Over 90 percent agreed that WAVE has an effective relationship with their education setting as a whole (91%, n=68); 87% (n=65) agreed that WAVE has an effective relationship with the staff at their education settings; 60% (n=45) agreed that WAVE has an effective relationship with the students at their education setting; 47% (n=35) agreed that WAVE has an effective relationship with the whānau/wider community of their education setting.

Over ninety percent (92%, n=69) of respondents agreed that WAVE being specifically tailored for South Canterbury is important for its success. Six respondents provided a free text comment.

*'South Canterbury has its own unique environment and I feel it is important to reflect that in any services offered.'*

*'The success of WAVE is that it IS a South Canterbury initiative... it's not something that has been fobbed onto us from Auckland or Wellington.'*

Over four fifths (88%, n=66) of respondents agreed that their education setting working with WAVE contributes to increased learning for their students.

Over four fifths (84%, n=63) of respondents agreed that their education setting working with WAVE contributes to improved health for their students.

Settings were asked to rate their overall level of engagement with WAVE. Over a third of respondents (43%, n=32) reported that their setting was 'very engaged' with WAVE. The same proportion of respondents (43%, n=32) reported that their setting had 'some engagement' with WAVE. The remaining respondents (14%, n=11) reported that their setting had 'little engagement' with WAVE. No respondents reported that their setting had 'no engagement' with WAVE.

Settings were asked to rate their setting's overall level of satisfaction with WAVE. Over half of respondents (60%, n=45) reported that their setting was 'very satisfied' with WAVE. A third of respondents (33%, n=25) reported that their setting was 'satisfied' with WAVE. The remaining respondents (7%, n=5) reported that their setting was 'a little satisfied' with WAVE. No respondents reported that their settings was 'dissatisfied' with WAVE.

Settings were asked to rate their overall level of satisfaction with communication from WAVE. Over two thirds (74%, n=55) of respondents reported that their setting was 'very satisfied', a fifth (22%, n=16) of respondents reported that their setting was 'satisfied' and four percent (n=3) reported being 'a little satisfied'. No settings reported being 'dissatisfied' with WAVE communication.

Settings were asked to comment on ways that WAVE has worked with their setting over the previous 12 months. There were 68 free text responses. Ways that WAVE has worked with settings over the previous 12 months included (with the most common response first): resource provision (including funding, WAVE newsletter, and connecting settings with other sources of funding); cultural competency (including marae visits); supporting healthy eating activities; professional development across a number of topics; advice to settings; support around increasing physical activity; supporting mental health; supporting oral health; SunSmart; cyber safety; supporting gardens in settings; networking; Smokefree; recycling; road safety; and Sneezesafe.

Settings were asked to comment on the success factors for WAVE supporting their settings in the previous 12 months. There were 63 free text answers. Success factors included (with the most common response first): working collaboratively with settings (including strong relationships with WAVE facilitators); provision of resources (including funding and trusted advice from WAVE facilitators); supporting settings to increase their cultural competency; WAVE working with students (including student WAVE teams); enthusiasm of WAVE facilitators; and timeliness of advice and support from WAVE facilitators. Some examples of comments follow.

*'The success factors of WAVE have been related to the relationships that we've been able to build up with WAVE. The facilitators have been instrumental in putting health and wellbeing to the forefront of our school.'*

*'Strong relationships with [WAVE facilitator]. Outside focus on health issues, staff in schools are incredibly busy and having someone outside this to remain focused on health is very useful.'*

*'Our WAVE facilitator makes a huge impact with her enthusiasm and support to our health initiatives.'*

*'Important resource and information for providing better learning outcomes for the children that attend our centre.'*

*'WAVE is very responsive to our health needs, generally when we make a request, the response is instant and appropriate for our setting.'*

*'Having the experience to give valued advice... willingness to take the time to come up with a solution.'*

*'Cultural support (Marae visit), mihi support and protocol around Karanga (pōwhiri).'*

## Areas for Improvement

Settings were asked to comment on any ways that WAVE could do better to support their setting to improve their students' health and wellbeing. There were 55 free text answers. Suggestions included (with the most common response grouping first): continue to work in partnership with settings/continue to do what you are doing; provide a means for WAVE resources to be delivered to settings; provide more professional development opportunities; continue to develop liaison role, linking settings within South Canterbury; increase level of funding available for settings; have a system in place to introduce new staff to WAVE including providing a list of WAVE resources available; and provide workshops directly to students.

## **Key findings – focus groups**

Qualitative data were collected from key stakeholders (n=28) via five focus groups and three individual interviews, which were completed in August 2018.

### Critical success factors for WAVE

Critical success factors identified in the focus groups were consistent with the survey findings. They included:

- the collaborative partnerships between WAVE and settings
- that the WAVE facilitator(s) is a credible and trusted source of information and advice
- that WAVE provides support to settings for planning around health
- that WAVE provides access to resources
- that WAVE is a catalyst for health and education working together
- that WAVE provides support for settings to increase their cultural responsiveness
- that WAVE is tailored specifically to South Canterbury
- that WAVE prioritises lower socio-economic areas within South Canterbury, and
- that WAVE is regularly evaluated.

Each of these success factors is elaborated on below.

### **Collaborative partnerships between WAVE and settings**

Stakeholders identified that the key success factor for working with WAVE was the development of strong, trusted relationships with WAVE over time.

*'Working in collaboration with WAVE... strengthens what we do. WAVE can work at an association or school level but also work with individual classrooms or groups of children..'*  
(Focus group 4)

*'And it's the relationships which is the key thing. If you want to have good learning you need good relationships and the relationship with WAVE's been ongoing...'* (Focus group 4)

*'So I don't want to just keep on blowing [WAVE facilitators] trumpet but I feel that he knows us and if he left that would be devastating.'* (Individual interview)

*‘...we know for a fact in our profession we’re crying out for people like WAVE to assist us and help us. We can’t be amazing at everything but we can use these amazing people to help us become more confident in teaching those things...’ (Focus group 3)*

Some stakeholders commented that their relationship with WAVE has strengthened over time. All participating stakeholders commented on the strong relationships that they now have with WAVE facilitators. Stability of WAVE facilitators over time was viewed as a success factor.

*‘In the early days [of WAVE]... personnel changed very frequently. There was no relationship. When somebody comes into your office, they probably didn’t have a terribly good profile amongst Principals at that stage... they didn’t know our settings... so because we’ve now had stability for a while that’s a complete game changer for me.’ (Focus group 1)*

*‘...the relationship has just grown in leaps and bounds in the 10 years, and now we’ve got another [ECE] centre and the relationship is still really strong and it’s just grown and grown...’ (Focus group 3)*

*‘Cos relationships is a large part for us and what actually makes it work. Because of the context that we’re in, having that relationship where [WAVE facilitator] mainly comes into us, the students know him, they accept and welcome him...’ (Focus group 3)*

*‘I think there’s a consistency there for schools and early childhood because you often get so many one-off programmes, and they’ll come in and they’ll target the middle part of the primary school, the junior part... but what’s happening is that ECE are engaging with WAVE all the time and so are schools. So WAVE having an influence for children from the age of two or three right up ‘til they leave school. And so it’s that consistency that I’m sure is making the difference...’ (Focus Group 4)*

*‘[WAVE facilitator] has been with us for a long time now and he knows us really, really well. Relationships are huge for it to work.’ (Individual interview)*

Interviewees viewed the relationship that WAVE facilitators had developed with students as a success factor.

*‘I think the rapport that [WAVE facilitator] built up with those kids, not only with coming into the classrooms but instantly when they set foot onto sites...’ (Focus group 3)*

Interviewees gave a number of examples to demonstrate the strong relationships that WAVE facilitators have with students, including: students seeking advice for a health challenge; WAVE encouraging students to provide a youth voice at a community consultation; and the relationship between the WAVE facilitator and student WAVE groups.

*‘WAVE works really, really well with our school. We have a WAVE group in the school. We have a teacher who’s responsible for WAVE, she has a big team of kids who are working with her. And it’s always an exciting time at the beginning of the year to be part of the WAVE group... So that group does a whole lot of things around the school which are supported by [WAVE facilitator]...’ (Individual interview)*

*‘Students want to be part of the WAVE group and they do some pretty cool things... and that’s really been going for a long time now...’ (Individual interview)*



*'A group of students who are doing an NCEA assessment had to choose their own health challenge... one group came straight to [WAVE facilitator] and said OK this is what we want to do, have you got any ideas and can you help us with that? And that's exactly what has happened. It's all about relationships... It really is because no-one said to them why don't you go to WAVE? They say, I wonder if [WAVE facilitator] could help us.'* (Focus group 3)

#### WAVE facilitator valued as credible and trusted

Stakeholders reported that a success factor for WAVE is that the facilitators are seen as a credible and trusted source of advice and information. It was believed that this was achieved through a number of factors, including: WAVE developing strong relationships with settings over time, WAVE knowing the settings, and WAVE being not for profit and coming from within the health sector.

*'WAVE facilitators are known by our staff, they have that credibility... And they know the College really well...'* (Focus group 1)

*'...So if you phoned me up today and said, hey I've got this fantastic mental health package, your staff need to get on board for two years and we're going to do x, y and z. I'd just politely thank you and I wouldn't talk to you again... But the flip side to that is that if an issue comes up here, we've got people that we trust [WAVE facilitators] and we know, and even if they don't have the answers I know from experience working with them now, they'll go and find somebody who does.'* (Focus group 1)

*'There's many groups who are wanting to help in schools... but somehow just the sheer structure of WAVE and the relationships they've built up with all ECE and schools have allowed that to happen, whereas other more isolated groups who are well intentioned never really get off the ground and make any effective change.'* (Focus group 4)

*'Well, really, WAVE are our go-to people. [WAVE facilitator] in particular we've almost got on speed dial. We tend to bounce ideas off her... resources, information.'* (Individual interview)

Stakeholders commented that the expertise of the WAVE staff is increasingly valued, including the professional development provided by WAVE facilitators.

*'... if I look back to WAVE when it first started, I think initially and this is I say from a school perspective, we saw money available and what could we do with that? And we were talking about organic gardening and recycling... But it's changed from actually not about the money that is accessible but more the expertise and the people that are within it... And WAVE can bring a lot to the table in terms of professional learning for teachers.'* (Focus group 4)

In addition to the success factors noted above, WAVE facilitators were considered to be proactive.

*'The number one value of WAVE for us and our setting here is that they are proactive. So with a good [WAVE facilitator] who knows your setting, this is their job, this is what they do and so they're thinking about it... health is not always my top priority... it does keep focus on wellbeing and health that I guarantee we wouldn't have without WAVE.'* (Focus group 1)

## Support for planning around health

Stakeholders reported that a success factor for WAVE was the support they received for planning around health for their education setting. This included for example, assisting with health policy/direction at their setting, short- and long-term planning, support for unit planning, and delivering professional development.

*'In the two years I've been there we've had WAVE's help with the drug and alcohol policy and the Smokefree as well, and physical activity actually but that's not quite so much policy as direction.'* (Focus group 3)

*'[WAVE facilitator] will come in at the beginning of the year when we're planning with our teachers and she'll look at our long-term plan and go... I can come and help you there, I've got some resources, how about we try that. So she's pretty much a part of our staff.'* (Focus group 2)

A number of interviewees discussed working in collaboration with WAVE, 'WAVE do lighten our load. I mean they take a whole heap of pressure off me to try and plan something...'

## Access to WAVE resources

Stakeholders reported access to WAVE resources as a success factor for the programme. They reported that they would not be able to access the resources without WAVE, for two reasons, firstly because settings could not afford the variety of resources, and, secondly because settings would not have the capacity to store the variety of resources available from WAVE. In addition, having WAVE resources available as a 'one-stop shop' saved settings time, including that resources could now be ordered on line. Most importantly, the resources were trusted and up to date.

*'... it's the communal resources, every single school... we couldn't afford to buy the stuff that's in the WAVE resource shed. The ones that you use once a year... so it's having those resources and the ideas and the people contacts in a central location... so we don't have to have all that in our separate schools.'* (Focus group 2)

*'...if you talked to the head teachers and the teachers in schools... they see some direct and immediate benefits for children... I have a good example of that from today, there's a kindergarten I was at that have now got two-thirds boys and they're really looking to have to develop their physical activities programme. And immediately we said, let's go and see what resources we can access from WAVE... so it would be the sort of things that are reasonably high-cost items, that are difficult to store but will meet the needs that are going to be there, perhaps only for 6-12 weeks. And so if every two weeks the kindergarten bring in another physical resources to extend them physically, that's where that will really support that programme.'* (Focus group 4)

*'...the tutors will use the [WAVE] resource centre. Being a charitable private provider, money is tight and we can't afford to go out and buy a lot of sports equipment or resources 'round healthy eating, health and wellbeing, so it's really good to have a one-stop-shop where you can go and have a wee look. It's all on-line now, too.'* (Individual interview)

Examples were provided of how the WAVE health resources helped to save time in settings.

*'Like Positive Puberty, they've got all the boxes and everything in it. I don't have to go and look on Google and find something in my shelves from way back when, it's all contained, it's all got the year levels in it, I can go and check it out and use it and take it back again... The information is all correct, it's all up-to-date... [if WAVE wasn't there] I'd have to plan for it, So it saves me hours of extra work that I haven't got time to do.'* (Focus group 2)

#### Catalyst for health and education working together

Stakeholders reported that a success factor for WAVE was that it was seen as a catalyst for health and education working together in South Canterbury.

*'WAVE has become very much a part of South Canterbury and the envy of many because there are some serious gaps in the disengagement between education and health in other parts of the country, and this has really been a catalyst for people working together and you don't see anywhere else.'* (Focus group 4)

The WAVE contribution was viewed by interviewees as improving relationships between the health and education sectors.

*'I think we have improved relationships with the ECEs and others because of WAVE, because they bring the information too, between the different sectors. They carry the information and share it between all the different sectors.'* (Focus group 3)

Some stakeholders observed that without WAVE it would be much more difficult for them to access health expertise.

*'... we've got issues out on the roads at the moment, parking issues and things like that, and so working through [WAVE facilitators], that's actually been really, really useful, and talking about what's a healthy way of getting to school. It's those links to a whole lot of different support for the school that you probably wouldn't actually have or you wouldn't really know where you were going to go to.'* (Individual interview)

Stakeholders appreciated that the WAVE facilitator was a 'go-to-person' who connected settings with the right people and/or organisations.

*'The critical thing for me which, if WAVE fell apart and we were still doing these things on our own, it's that go-to intermediary person who, like [our WAVE facilitator], who you go to and you say, this is what we're thinking, and he knows how to help the school get that support... there's so many things that happen in a school, whether it's working with [Ministry for Children, Oranga Tamariki], a whole lot of different organisations like that, it's also fragmented, and when you actually need someone you don't really know who to ring or who to organise...'* (Individual interview)

*'...it's a connecting role. So WAVE brings everything together and I think that is really important. She is a great source of information and if she doesn't know she'll find out. So not only the services that the WAVE team provide and the advice but just that connecting people and services and clients together, I see as hugely important.'* (Individual interview)

WAVE was viewed as enabling settings to work with each other, *'bringing people together.'* It was noted that when the settings work together, they learn from each other.

*'... it's about people knowing each other and learning what each other's doing, so you learn from each other as well in those contexts that WAVE brings people together, particularly what people are doing around health initiatives within their particular setting, and you think we could do that, hadn't thought of that as well, oh that's how they did it...'* (Focus group 4)

*'WAVE is almost like mortar between the bricks for us in that there's lots of different organisations and social sector groups. WAVE seems to bring them all together and direct us in the right direction if need be.'* (Individual interview)

Stakeholders described the connecting role of WAVE as *'breaking down the silos'*.

*'In the establishment of WAVE... because of [WAVE facilitator's] connections with health and social agencies he managed to intertwine those sectors, which seldom happens, in my experience. We usually work in our little silos and WAVE managed to break down those silos. And I think that's probably one of the biggest achievements of WAVE.'* (Focus group 3)

**Support for settings to increase cultural responsiveness**

Support for cultural responsiveness was reported as a success factor by WAVE stakeholders.

*'I think support for cultural responsiveness, [WAVE facilitator has] been working with us on that for the last couple of years and I think that's an essential part of WAVE support.'* (Focus group 2)

Stakeholders noted that Waihao Marae visits would not be possible without coordination between WAVE and the marae.

*'So a lot of the primary schools in the local district, when they want to do a marae visit, they will either approach WAVE or the [marae] office... we just don't have the whānau base here to support us to do the activities. So now the schools we've pushed them more on to WAVE... WAVE seems to be involved with them anyway so they're happy to do that... we couldn't really run the schools now without WAVE, to be honest.'* (Waihao Marae)

**WAVE is tailored to South Canterbury**

Stakeholders reported that WAVE being tailored to South Canterbury was a success factor.

*'What makes WAVE quite important here is that it is locally based. And a lot of our services and support services come from outside the district... And so WAVE is based here, it's part of us, it's part of our community. WAVE understands us and our community..'* (Focus group 4)

*'The WAVE health promoters, they work in the community, they know the community, we discuss what are the needs for the community... I think WAVE [being specific to South Canterbury] gives us a sense of ownership, a sense of real connection and I think if you took that away I don't think the local people would access it as much. We would never feel like in the same way that it was ours...'* (Focus group 3)

*‘..what makes me want to use the WAVE course the most is that it would be tailored to us. So I sometimes get courses emailed to me but it’s about... rural suicide prevention for farmers and so there might be some things in there that are relevant but they’ll be things that aren’t relevant for students, and so that’s what’s great is that WAVE could do it for teenagers, in our context, at our school, with our staff.’ (Focus group 1)*

WAVE’s local knowledge was also valued.

*‘I think the fact that WAVE is based locally makes it easier to deal with and [WAVE facilitator]... I think local knowledge... when it comes to mental health and wellbeing the more you can do on a local regional platform the better.’ (Individual interview)*

WAVE prioritises lower socio-economic areas

Stakeholders reported WAVE’s knowledge of and commitment to priority populations as a success factor.

*‘Those priority needs in the community as well, they’re always evolving. So WAVE has a good knowledge of that... A lot of our parents, there’s high amounts of poverty and WAVE knows that and supported us... Our families really respect them and will reach out to them as well...’ (Focus group 3)*

WAVE is regularly evaluated

Stakeholders perceived that the regular evaluation of WAVE leads to constant improvement of the way that WAVE works with settings.

*‘And WAVE continually evaluate and refine what they’re doing to strengthen their practice. It’s not like they’re doing the same thing that they did ten years ago.’ (Focus group 4)*

Impact of WAVE on health outcomes

Stakeholders perceived that WAVE had an impact on health outcomes for students with benefits both in the short and long term. One such benefit was increased health literacy.

*‘The outcome is that students are starting to listen and understand about those health issues. The students have got increased health literacy’ (Focus group 3)*

*‘I think the outcomes, for the value for money is fantastic... it would be hard pressed to find another service that has such good health outcomes...’ (Focus group 3)*

A number of stakeholders believed there will be long-term positive health outcomes from WAVE interventions. A belief that preschool and primary school age students are particularly good ages to influence long-term health habits was expressed.

*‘Well let’s take SunSmart. Right, so [students] don’t fight you... They just listen to the message and they get the learning around it and they’ll take it on. Recycling... that sort of thing is huge for primary school kids, they’re passionate about it. And it’s just a life habit, and WAVE comes into this space and gives us a hand with that, so it’s really good.’ (Focus group 1)*

*'We do have little people who we're trying to form healthy habits in, so I think from the point of view that we're starting shaping them in a way that will affect their future, they're very formative at the stage we've got them, so if we can get the message through ... yes it has long term outcomes for the children.'* (Focus group 1)

*'...that knock-on effect I think over the next 10 years it's going to be really measurable going forward if the funding was to stay the same or increase, then those measures are only going to increase with the amount of knowledge that WAVE are feeding in.'* (Focus group 3)

#### Continued need for WAVE in South Canterbury

Stakeholders reported that WAVE was needed in South Canterbury on an ongoing basis because students, families/whānau and staff are always changing and WAVE is not just sharing knowledge but also motivation to bring health into education.

*'...there's children coming in all the time... WAVE might have done their work with that cohort of children who have now moved on to be adults, but what about all the other ones coming through?'* (Focus group 4)

*'Well first-time parents need that information. If they have a consecutive child, they might not need as much information but our clientele is changing every time so it is a repetitive cycle of information that is always needed.'* (Individual interview)

*'...there's a whole new cohort of teachers come through who haven't experienced the professional learning or the professional growth through engaging with WAVE. And so if we're going to maintain the momentum we need to still be having WAVE happening, so that it maintains the culture.'* (Focus group 4)

Stakeholders reported that WAVE continues to be needed in order to maintain a health focus.

*'I think it's 'cos they're crossing those silos, like it's bringing health into the education... But also they're sharing that knowledge... but they're also sharing the motivation for health. So I think that's what would go if you didn't have WAVE would be that motivation and stimulation.'* (Focus group 3)

*'I think that's key... the liaison person, [WAVE facilitator] is fantastic for us, they are quite proactive. So you're busy, you've got a number of hats you're wearing... we're all the same, and in that role being in that health space, having somebody come in with that as their focus can be quite useful, because otherwise for us there's a myriad of things we need to do.'* (Focus group 1)

#### Areas for Improvement

The overwhelming feedback from stakeholders when asked how WAVE could improve was that they would like to see WAVE continue to work in partnership with settings to improve their students' health and wellbeing and to 'keep doing what you are doing.'

*...hand on heart WAVE are such an asset for us 'cos we're not well funded and we wouldn't have access to half of this stuff so no... I'd be hard pushed to think of anything [WAVE could do better].*  
(Focus group 3)

A number of stakeholders would like more professional development opportunities provided for settings by WAVE.

## Conclusion

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WAVE continues to be valued by education settings for its central role in collaborative partnerships between health and education in South Canterbury, which continue to grow stronger with time. Success factors for WAVE included that facilitators were viewed as credible, trusted and responsive sources of information and advice; that WAVE provided support to education settings for planning around health; and that WAVE provided access to resources which may otherwise be difficult to obtain. WAVE was viewed as a catalyst for health and education working together in South Canterbury across all levels of education. Education settings' overall level of satisfaction with WAVE was high and the programme was perceived as having an impact on both health and education outcomes for students. A concern was expressed by a number of settings that WAVE funding may not continue. There was a strong belief that there is an ongoing need for WAVE in order to maintain the strong partnership between health and education in South Canterbury.

On the basis of the evaluation findings it is recommended that:

- WAVE continues to work collaboratively with education settings in South Canterbury
- In determining the allocation of resources, that WAVE note the feedback from settings that the most valued aspect of WAVE is the relationship with the WAVE facilitator
- WAVE explores ways that further professional development opportunities can be provided for settings
- WAVE explores ways that the programme's liaison role be further developed, linking education settings with each other as well as with health organisations and agencies, and
- WAVE develops a formal process for introducing new staff at settings to the WAVE programme.



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## Appendix : WAVE evaluation survey

WAVE would love to hear what you think about how we work with your education setting. Your views will help with future planning of WAVE. The questions in this survey have been informed by focus groups with stakeholders in South Canterbury held in August 2018.

All questions are voluntary and you can stop the survey at any time. Any answers / quotes used in the final report will not be identified to your setting individually. The information provided will be used solely for the purpose of this evaluation and only aggregated (combined) results will be reported.

1. What do you consider to be the FOUR most important aspects of WAVE for your setting (please select four responses)?

- ☐ The relationship that you have with your WAVE facilitator
- ☐ The WAVE resources
- ☐ Support for planning around health in your education setting
- ☐ Professional development provided by WAVE
- ☐ WAVE funding for health related activities at your education setting
- ☐ Networking / connecting with other education settings / agencies provided by WAVE
- ☐ Support for our setting to increase our cultural responsiveness
- ☐ Other (please specify)

2. Do you see emerging health issues(s) in your setting?

- ☐ Yes
- ☐ No

3. What do you see as emerging health related issues in your education setting?

4. What can WAVE do to support you with the emerging health issue(s) that you have identified?

5. Are there any health related issues that WAVE has supported you with, that you no longer need support with?

☐ Yes

☐ No

6. Please give details of what health topic(s) you no longer need support with

7. Why do you no longer need support for the health related topic(s), that you have identified?

8. Below are a series of statements, please indicate the response that best matches your experience of WAVE

	Agree strongly	Agree slightly	Neutral	Disagree slightly	Disagree strongly
WAVE has an effective relationship with our education setting as a whole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WAVE has an effective relationship with the staff at our education setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WAVE has an effective relationship with the students at our education setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WAVE has an effective relationship with the whānau / wider community of our education setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Please indicate the response that best matches your experience of WAVE

9. WAVE being specifically tailored for South Canterbury is important for its success

- ☐ Agree strongly
- ☐ Agree slightly
- ☐ Neutral
- ☐ Disagree slightly
- ☐ Disagree strongly

Comment

10. Our education setting working with WAVE contributes to increased learning for our students

- ☐ Agree strongly
- ☐ Agree slightly
- ☐ Neutral
- ☐ Disagree slightly
- ☐ Disagree strongly

Comment

11. Our education setting working with WAVE contributes to improved health for our students

- ☐ Agree strongly
- ☐ Agree slightly
- ☐ Neutral
- ☐ Disagree slightly
- ☐ Disagree strongly

Comment

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

- ☐ No engagement
- ☐ Little engagement
- ☐ Some engagement
- ☐ Very engaged

Comment

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

- ☐ Dissatisfied
- ☐ A little satisfied
- ☐ Satisfied
- ☐ Very satisfied

Comment

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

- ☐ Dissatisfied
- ☐ A little satisfied
- ☐ Satisfied
- ☐ Very satisfied

Comment

15. Please comment on ways that WAVE has worked with your settings' community / whānau in the previous 12 months

16. What have been the success factors for WAVE supporting your setting to improve your students' health and wellbeing in the previous 12 months?

17. Are there any ways that WAVE can do better to support your setting to improve your students' health and wellbeing?



**Some details about you and your setting**

18. What is the name of your education setting? (Any answers / quotes used in the final report will not be identified to your setting individually)

19. What is your role (s) at your setting (tick all that apply if more than one person completing the survey)

☐ Principal/ head teacher

☐ Teacher

☐ School counsellor

☐ Other (please specify)

Thank you for taking the time to complete this survey, your answers will help to inform the future planning for WAVE

