



Health Promoting Schools (HPS) health and wellbeing self-review tool

A school community-led development approach Health and wellbeing for learning

HPS Services are funded by the Ministry of Health

HPS National Leadership and
Co-ordination Service
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2016 Schools survey identified key drivers for improving HPS practice



2016 School survey key findings

- There needs to be more focus on the tools and resources that enable schools to take action and achieve impact.
- Schools identify the rubric as a powerful and useful tool that adds substance and depth to their interaction with facilitators, and eventually enables them to lead their own inquiry (See Figure 1) and move to action.
- The success of HPS is being undermined by wide variation in the quality of facilitation service provided, and inconsistent use of key tools such as the rubric.
 - > Effective practice requires frequent support and contact, and a commitment to follow through for sustained progress in school communities.

Figure 1: In 2016 HPS Levels of Inquiry were aligned with the ERO Internal evaluation process

LEVEL 3 =

On-going monitoring and evaluation of our focus dimension/health & wellbeing/equity issue has led to a new inquiry



0 /EMERGENT =

We have not yet identified a rubric dimension/health & wellbeing/equity issue for improvement

LEVEL 2 =

Staff, students and parents have helped make sense of our data, decide action and success measures

LEVEL 1 =

We have taken a closer look at the evidence that relates to our focus

Three priorities going forward

	<p>Frequent contact and support, using critical questions alongside the self-review rubric, needs to be consistently delivered to all target schools.</p>
	<p>Ensuring schools at level 3 take ownership of their HPS priorities, and have practices, plans and policies in place to become self-sufficient.</p>
	<p>Actioning Priority 2 (above) should free up facilitator time to focus more on emergent schools, and those still at the first level of inquiry.</p>



Background

Health Promoting Schools (HPS) is an education–settings approach developed by the World Health Organisation in the 1980s, based on the understanding that health and education are inextricably linked (i.e. health is a determinant of education and education is a determinant of health).

HPS was introduced into New Zealand in 1997 as a pilot in Auckland and Northland and, following evaluation, was expanded nation-wide.

In New Zealand, the HPS service works with school leaders (i.e. principals, deputy principals, boards of trustees) who provide leadership for their whole school community to identify health and wellbeing priorities for their students, and create and implement an action plan to address these priorities. As a school community-driven process, HPS does not prescribe the health and wellbeing issues the school is to address.

The HPS service provides school communities with links to the appropriate health and social services (e.g. DHB health services, Heart Foundation’s Heart Start and Heart Schools, local NGO social services) progress their action plan. The HPS service is therefore an effective mechanism to ensure the right mix of health and social services are utilised by schools.

HPS is linked to Healthy Families NZ, which operates in 10 locations across New Zealand and is funded also by the Ministry of Health.

Cognition Education has been appointed by the Ministry of Health as the national HPS co-ordination service (NCS)¹ to provide national support, direction and leadership for the HPS sector. For more information about Health Promoting Schools visit <http://hps.tki.org.nz/>.



¹ Formerly the National Leadership and Coordination Service (NLCS).

HPS is distinct from health promotion or health education

Health Promoting Schools is not the same as health promotion or education in schools although the two can complement each other.

HPS is a community development approach

HPS enables school communities to take ownership of improving;

	Health and wellbeing of their students, staff and whānau.
	Educational outcomes.

Health Promoting Schools (HPS) is a community development approach. It is not health promotion. HPS and health promotion are funded separately; DHBs are funded by the Ministry of Health to deliver these services. The difference between the two is described below.

HPS focusses on the health and wellbeing needs of individual schools for the purpose of helping schools address barriers to learning or to advance student achievement.

Health promotion is often focussed on advancing a health goal, but may not necessarily be customised for the purpose of health and wellbeing for learning.

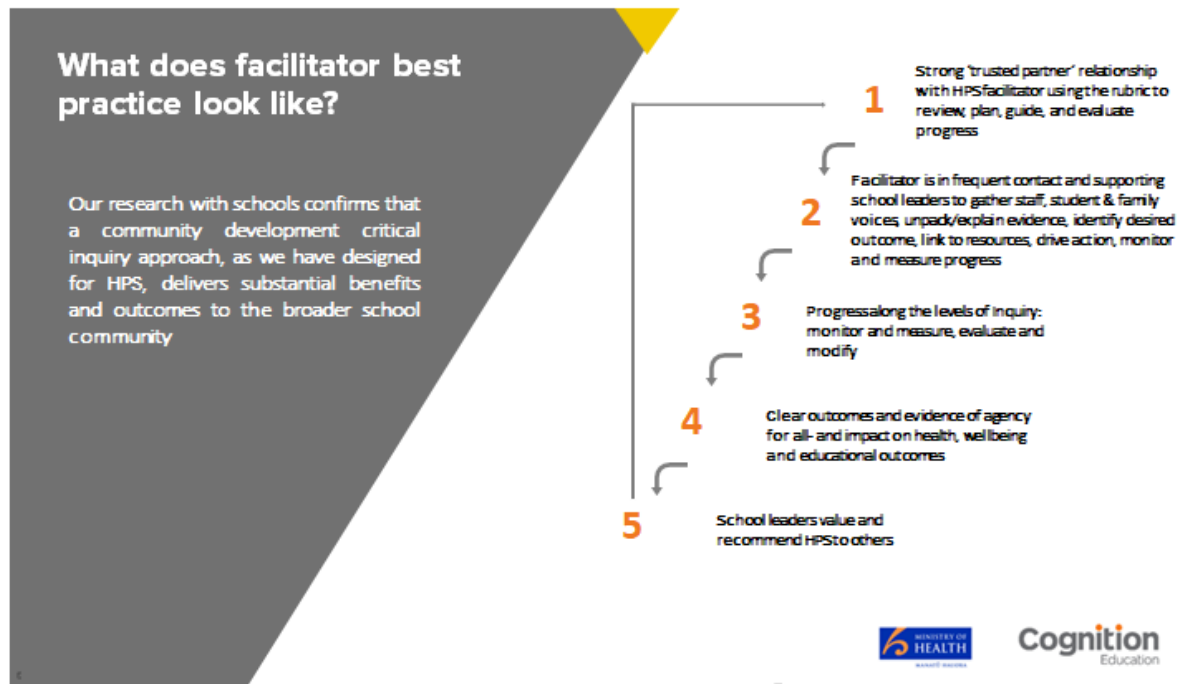
HPS

Health Promotion

HPS is a school community-led development initiative	Health promotion in schools is led by the provider
School community identify focus/priority	Health promotion provider delivers National Health Priority/decides focus/priority
HPS facilitators enable school community to identify and develop solutions for their prioritised health and well-being needs	Health promoters provide information and best practice solutions
HPS links schools with the health education and social services they need	Health promoters link schools with the health, education and social services they need
HPS facilitator enables school leaders to provide school community with agency	Health promoters and school leaders are in control

What does best practice look like?

The 2016 schools survey and research with schools confirms that a community development critical inquiry approach, as has been designed for HPS, delivers substantial benefits and outcomes to the broader school community



Role of an HPS facilitator is to ...

- establish a relationship of trust with schools
- explain what HPS is and the benefits it provides to schools
- prompt schools to critically evaluate health and wellbeing in their school community, by identifying what they do well and what they could improve on
- enable schools to collaborate with their whole school community to make sense of health and wellbeing data
- link schools with the health, education and social services/tools they need
- enable schools to involve the whole school community in planning, measuring and taking health and wellbeing action
- help schools to integrate health and wellbeing across their core business, without making more work for them
- prompt schools to keep a check on how they are going and whether their health and wellbeing actions are having the desired impact

Research underpinning HPS model and relationship between health and education

International evidence shows health and well-being, the learning environment/practices and relationships are interrelated and interdependent factors that influence student outcomes (See Figure 2). In New Zealand, a strong body of research affirms this connection. Much of this research highlights the value of:

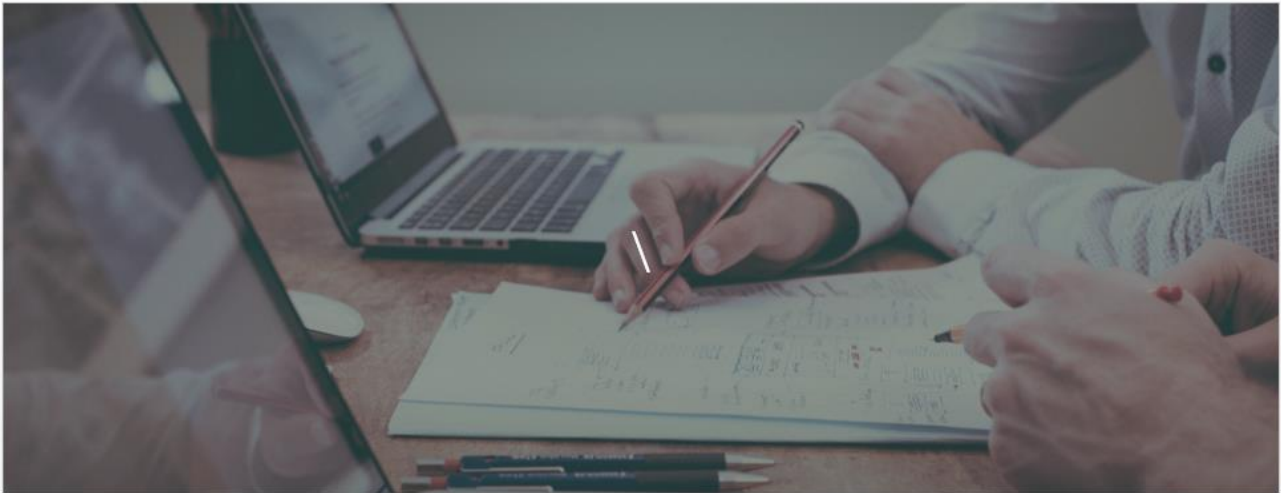
- effective leadership, teaching and learning practices
- growing educationally powerful partnerships within and across school communities. These are caring, respectful relationships that centre on learning. See for example:

International evidence shows health and well-being, the learning environment/practices and relationships are interrelated and interdependent factors that influence student outcomes (See Figure 1). In New Zealand, a strong body of research affirms this connection. Much of this research highlights the value of:

- effective leadership, teaching and learning practices
- growing educationally powerful partnerships within and across school communities. These are caring, respectful relationships that centre on learning. See for example:
 - > this report on [Te Kotahitanga](#)
 - > the [Ruia](#) website
 - > the Mutukaroa project the [Mutukaroa](#) project (see also [ERO](#), 2015)
- health and wellbeing is vital for success and strongly linked to student learning as detailed in:
 - > Guidance and Counselling in Schools: Survey Findings (July 2013)
 - > Improving Guidance and Counselling for Students in Secondary Schools (December 2013)
 - > Wellbeing for Children’s Success at Primary School (February 2015)
 - > Wellbeing for Young People’s Success at Secondary School (February 2015)
 - > Wellbeing for Success: Effective Practice (March 2016)
 - > Wellbeing for Success: A resource For Schools (March 2016)

Figure 2: The link between health, education and relationships in New Zealand school communities





How we built a robust evaluation tool, the HPS health and wellbeing for learning self -review tool

The first HPS health and wellbeing for learning tool was developed by the NCS in collaboration with the HPS workforce

Version one development and roll out 2013-2014

The HPS NCS July 2013-June 2014 contract required the national service to:

- gather, analyse and use a range of evidence to inform our progress towards outcomes
- identify and share best practice case studies and evidence that the HPS process is an effective means of achieving targeted, measureable outcomes for school communities.

In response to this the first draft school community health and wellbeing self- review tool was developed between December 2013 and 2014, by the NCS in consultation with Waitemata HPS staff.

A summary of the developmental process we have used is listed below:

Timeline	Activity	Result
Dec 2013	Draft tool developed	Time booked with Waitemata HPS team to discuss and trial
Jan	Tool refined, trialled and refined further	Draft 1 produced Results graphed Evaluation Further refinement to 18 point scale. Descriptors modified
Feb-July	Draft tool trialled by HPS workforce in a range of schools and further refined following feedback (Taranaki, Toit te Ora, Hawkes Bay, Auckland, Counties Manukau)	Further refinement Inclusion of name of facilitator and graph (and overall effect size) for each school, Order of dimensions modified. Planning template modified
July-Dec 2014	Webinars, National Symposium, one on one visits and professional learning with HPS to familiarise them with the tool	Familiarising the sector with the tool

By Dec 2014 all HPS staff had the opportunity to use the tool.

Effect size as an indicator of progress over time

Effect size is the measurements HPS uses to indicate school communities progress over two or more time points.

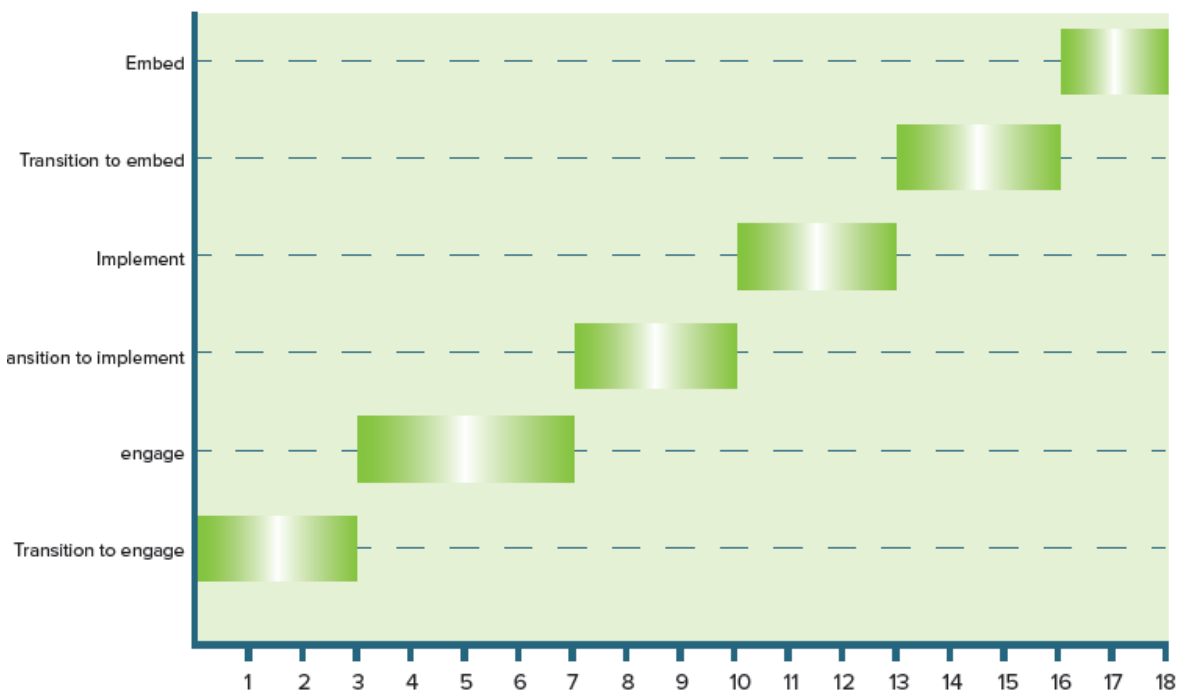
Effect size in this project has been measured using Cohen’s d co-efficient. Cohen’s d co-efficient measures the degree of difference between two means, which can be used to indicate progress.

Effect sizes indicates if the school community’s progress has been small ($d=0.2$), medium ($d=0.5$) or large ($d=0.8$)

Therefore if we have an effect size of 0.7 it would be considered a medium to large effect size. This is a really useful measure as it defines what meaningful progress looks like.

Eighteen point scale

The first school community health and wellbeing self- review tool/ rubric described six levels (transition to engage, engage, transition to implement, implement, transition to embed, embed) on a continuum. When making a judgement users needed to first select the level description that best described the current situation. Within each level there were three numbers which indicate the degree to which this description described the current situation.



Every effort was made to ensure that the difference between each of the ratings was equal.

Data was transferred to the database to map shift and calculate effect size

Once users had measured progress over at least two time points, these values/ratings are entered into our HPS database

Using this tool to monitor each school community's progress at six month intervals provided an indication of the shift achieved over time.

The data generated by DHB was also merged in order to provide a national picture.

Database calculated overall effect size to indicate overall progress for each school

An overall effect size (taking into account shifts across the nine dimensions) was calculated in the database.

Database calculated overall effect size to indicate overall progress in each of the nine dimensions, by service provider and nationally

In order for effect size to be statistically meaningful the sample size needs to be large, e.g. over 30. Effect size is influenced by the sample size so that if you have a small sample size e.g. two schools then the effect size is large and not a useful measure.

In 2013, fifteen HPS providers serviced 720 schools nationally. All providers had well over 30 schools in their catchment area. This is a large sample size and allows calculation **of effect size for each of the nine dimensions by provider and nationally.**

The type of information this process produced by provider and nationally was:

- an overall effect size across the nine dimensions
- an average effect size for each dimension and overall
- time 1 and time 2 average rubric ratings and overall across the nine dimensions
- demographic data e.g. ethnicity, gender

Inter-rater reliability testing to ensure objectivity of the tool in 2015

In 2015 stakeholders (HPS staff, school leaders, board members and parents in a variety of school communities throughout New Zealand) who represented a wide range of views on a particular school community were asked to independently use the tool to rate their school community. The results from the range of stakeholders for each school was assessed to identify if there was any bias and checked for inter-rater reliability. The testing showed the tool showed a great deal of promise and indicated a number of modifications that would strengthen the reliability of the tool.

HPS Health & Wellbeing Rubric Tool Re- development- Reference Group 2016

Early in 2016 the NCS, in collaboration with the Ministry of Health called for members of the HPS workforce to join a reference group. The terms of reference for the group were as below:

Background

In 2010 the Ministry of Health commissioned the development of a Health Promoting Schools (HPS) national strategic framework to support national consistency, evidence-based best practice and increase the effectiveness of HPS in improving whānau wellbeing, equity and educational outcomes in school communities. The HPS National Strategic Framework and a number of tools had been developed since 2010. One of the tools, the HPS health and wellbeing rubric.

Purpose

This “one-off” telehui and “one off” face to face meeting and trials of the tool in the field was designed to utilise the feedback from a small number of sector stakeholders who have appropriate knowledge and experience in relation to the following task;

Providing feedback on:

- Suggested changes to the **HPS inquiry cycle** so that it aligns with EROs recommended internal evaluation process
- Proposed changes to the **HPS health and wellbeing rubric** so that it takes into consideration suggestions from the 2015 Inter-rater reliability Rasch analysis, ERO’s external evaluation indicators and ERO’s recent evidence and reports. ²
- Most effective means of sharing the changes with the HPS workforce
- Implementation of the new rubric and our role in supporting the workforce to become confident in using it

Membership

Participants invited to this meeting were those who indicated their interest in contributing to this piece of work at the 29 Feb 2016 Hui and 27-28 April 2016 Hui.

2016-2017 HPS school health and wellbeing self-review rubric

As a result of the review and trial process with the HPS workforce national reference group, a new health and wellbeing internal practice evaluation rubric for school communities was developed. The new tool was based on:

- The HPS 2014 version of the HPS health and wellbeing for learning rubric
- The HPS community development taxonomy and principles
- HPS levels of inquiry that the school is currently demonstrating
- Research underpinning HPS model and relationship between health/wellbeing and education (as above)
- EROs new (2016) external evaluation indicators for schools
- EROs new (2016) recommended internal evaluation (inquiry) process for schools
- Feedback from the 2016 the 2015 inter-rater reliability Rasch analysis (of the 2014 version of HPS health and wellbeing for learning rubric) that showed areas for additional improvements

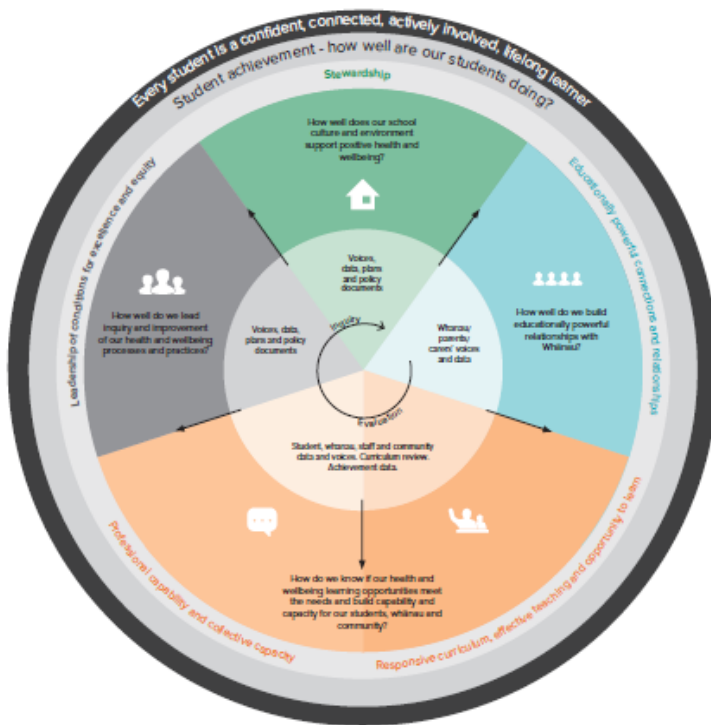
This new rubric was developed and refined over 2016 -2017 with the HPS workforce and a range of school leaders.

ERO was consulted throughout the process as the HPS health and wellbeing internal practice evaluation is deliberately aligned with ERO’s external evaluation indicators (see Figure 3) and recommended internal evaluation process.

² Wellbeing for Success: Effective Practice (March 2016) [What ERO knows about student wellbeing and have integrated into their School Evaluation Indicators](#)

- Wellbeing for Success: A Resource For Schools (March 2016) [Effective practices and actions to promote and respond to wellbeing](#)
- Wellbeing for Children’s Success at Primary School (February 2015) [This report gives insight into how parents and whānau can work with schools to improve wellbeing by identifying what’s important and what works well in school to support wellbeing of our children.](#)
- School Evaluation Indicators, Effective Practice for improvement and Learner Success, Trial Document (2015) [Includes wellbeing that has been integrated across ERO’s indicators](#)
- Internal Evaluation: Good Practice (November 2015) [Identifies the key inquiry processes successful schools use when reviewing their practices](#)

Figure 3: Alignment between HPS health and wellbeing domains and ERO's External Evaluation domains



Benefits of alignment between HPS and ERO tools

The HPS health and wellbeing self-review tool describes the degree to which health and wellbeing practices, policies and behaviours are integrated into the school culture, and contribute to improved health and educational outcomes in the school community. Feedback from Principals who have trialled the rubric included:

- it saved them time
- is extremely useful as it ties in with their core responsibilities
- aligns with EROs domains and indicators, “so I’m not re-inventing the wheel”
- helped them to focus their efforts and get the job done

See how Waiharara School used the rubric <https://www.youtube.com/watch?v=F0vyExa2R50>

“In one session we not only reviewed health and wellbeing in our school community; but we also reviewed:

- *the vital indicators for student achievement across the curriculum*
- *teaching and learning*
- *governance*
- *relationships*
- *leadership*
- *capacity and capability”*

Best practice in action

"I really like the Review Tool – it gives good information, and information to feed forward. Recently they have supported our school communities by hosting top quality speakers to our area - great to have them come to us as opposed to small rural schools having to travel. From this, a further workshop was instigated by a local school (ours) and as a consequence of this a "COL" is to be formed where our whole district will look to better improve student outcomes particularly for our Māori students. Fantastic support was offered. Thank you."

North Island Principal

HPS school health and wellbeing rubric aligned with ERO outcome and process indicator domains

The HPS health and wellbeing internal evaluation rubric is based on the ERO's six domains of practice described in their external evaluation indicators. It describes the progression of practice under each domain when ERO's recommended internal evaluation process is used. The HPS health and wellbeing rubric explicitly aligns with EROs recommended internal evaluation process as shown in Figure 2 below. (See Appendix 1 for more details).

The HPS health and wellbeing internal evaluation tool includes evidence based outcome and process indicators that allow school communities to:

- think about their current practice and evidence
- identify their next steps
- change their practice
- track, measure and evaluate their progress

The tool establishes a baseline and measures progress across the six key domains. Schools then use this to have evidence-based learning conversations, and monitor, review and report on their progress with their community.

The school community health and wellbeing rubric ratings are gathered by HPS providers to input into the HPS database. The HPS database provides graphs that track each schools progress across each of the domain over time and measures the effect size shift, so that schools can measure the level of significance of shifts in practice.

HPS health and wellbeing self-review rubric: outcome and process indicator domains

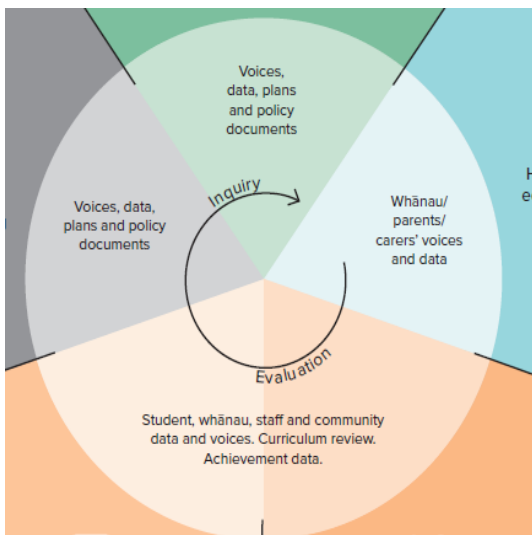
Outcome indicators - student achievement and progress

The HPS outcome indicator (1) provides specific practices and measures of the impact of certain actions on student outcomes and progress.

Process indicators

The HPS process indicators include the five domains/dimensions that ERO have identified from current research and evaluation findings to contribute to the goal of improving student outcomes. These include:

- stewardship
- leadership for equity and excellence
- educationally powerful connections and relationships
- responsive curriculum, effective teaching and opportunity to learn
- professional capability and collective capacity



Overarching domain - evaluation, inquiry and knowledge building for improvement and innovation in Figure 3

The last ERO domain; evaluation, inquiry and knowledge building for improvement and innovation is embedded across all the HPS health and wellbeing rubric domains.

Figure 3 shows that the evaluation, inquiry and knowledge building for improvement and innovation domain forms the centre of the HPS inquiry wheel. This is because the process is integrated across all the domains.

HPS facilitators enable schools to use the HPS health and wellbeing self-review tool as:

- a prompt to critically evaluate health and wellbeing in their school community, by identifying what they do well and what they could improve on (see Appendix 2 for a bank of critical questions to prompt critical thinking)
- an opportunity to collaborate with their whole school community to make sense of health and wellbeing data
- a prompt to link school communities with the health, education and social services/tools they need
- an opportunity to involve the whole school community in planning, measuring and taking health and wellbeing action
- an opportunity to integrate health and wellbeing across their core business, without creating extra work

Evidence that demonstrates the outcomes achieved

An important question is “what evidence do we have that tells us where we are at in each of the domain?”

Under each domain in the HPS health and wellbeing rubric, HPS facilitators enable schools to critically reflect and identify the evidence that demonstrates which level or stage their practice is currently operating within.

Professional learning and support to use the rubric

Since 2016 the NCS have provided a range of opportunities for the workforce to develop their skills and confidence in using the rubric as a basis for a critical conversation with school leaders. These opportunities have included:

1. 2016 National Hui – Catherine Cooper where they identified the top 4/5 critical questions to ask school leaders
2. 2016 – 2017 Regional and local PLD explained their role and how their critical questioning influenced Principals/school leaders subsequent thinking and actions
3. On line videos showing Blooms taxonomy or hierarchy of questioning
4. 2016 – 2017 Regional and local PLD examples of the type of critical questions to ask with each dimension of the rubric and level of community development/inquiry (see Appendix 2)
5. National workshops (critical questioning and challenging conversations) with Kate Birch 2016-present to hone their skills
6. Rubric background document including all the questions to ask with each dimension (Appendix 2) circulated to all members of the HPS workforce and stored on the HPS website
7. 2016-2018 regional, group and one on one support with the NCS to improve their skills in the use of the rubric
8. 2016-2018 regional, group and one on one telehui support with the NCS to improve their skills in the use of the rubric



Appendix one: The HPS school community health and wellbeing self-review tool

The rubric is one of the tools HPS uses to give an indication of progress over time across six domains, each of which contain a number of dimensions. The six domains are based on what the evidence tells us will contribute to improvements in educational, health and wellbeing outcomes in New Zealand school communities.

HPS supports school communities to identify and address their prioritised health and wellbeing needs and take actions that build on their strengths and capabilities.

Twelve-point scale

The school community health and wellbeing self-review tool/rubric describes four levels (emergent, noticing/investigating, collaborative sense-making and action, on-going monitoring and evaluation of embedded practices) on a continuum. When making a judgement, users (school principal and facilitator) need to first select the level description that best describes the current situation. Within each level there are three numbers which indicate the degree to which this description describes the current situation i.e. at the very beginning of a domain, well in the middle or close to finishing and beginning the next. Every effort has been made to ensure that the difference between each of the ratings is equal.

Effect size as an indicator of progress over time

Effect size is the measurement HPS uses to indicate a school communities progress over time. It requires two or more time points to calculate the progress.

Effect size in this project is measured using Cohen's d co-efficient. Cohen's d co-efficient is a standardised measure, which identifies the size of difference between two means. The size is then compared with criteria, determining the relative magnitude of the difference as "small", "medium" "large". The differences can be used to indicate relative progress, identifying where 'small' and 'large' changes have been made. Effect sizes indicates if the school community's progress has been small ($d=0.2$), medium ($d=0.5$) or large ($d=0.8$)

For example, if we have an effect size of 0.7 it would be considered that a medium to large amount of progress had been made. This is a really useful single measure as it defines the size of the difference in a meaningful way and provides a standardised score with which other scores can be compared.

Data is transferred to the database to map shift and calculate effect size

Once users have measured progress over at least two time points, and these values/ratings are entered into the HPS database the effect size can be calculated and progress for that time period determined.

Using this tool to monitor each school community's progress at six month or yearly intervals provides an indication of the shift achieved over time.

The database calculates the effect size and produces a graph showing the rubric ratings for each school between time point 1 and time point 2. The data generated from each DHB is presented in monthly reports back to each DHB. The same set of data generated by DHB is merged in order to provide an indication of the perceived strengths and weaknesses in and across DHBs. Objective measures can be provided once the measurement tool is assessed for reliability and validity.

Database calculates overall effect size to indicate overall progress for each school

An overall effect size (taking into account shifts across the six dimensions) is calculated.

The HPS database calculates overall effect size to indicate overall progress in each of the nine dimensions, by service provider and nationally

In order for effect size to be applied the sample size needs to be large, e.g. over 30.

Fifteen HPS providers service 914 schools nationally. All providers have well over 30 schools in their catchment area. This is a large sample size and allows calculation **of effect size for each of the six domains by provider and nationally.**

The type of information this process produces by provider and nationally is:

- an overall effect size across the six domains (by school, DHB and nationally)
- an average effect size for each domain and overall
- time 1 and time 2 average rubric ratings and overall across the six domains
- demographic data e.g. ethnicity, gender, school type, time in HPS etc

Role of HPS facilitators

HPS facilitators enable school communities in their next steps to:

- use this data as a learning tool- to generate discussion with their school community so that they gain a shared understanding about where they are now and where they want to be
- use the data and above discussion to identify, prioritise and plan their needs and next steps
- use this data and process as a baseline indicator - so that schools can track the progress they are making over time (transformation)
- use this data to enable a discussion with ERO about your internal evaluation of health and wellbeing

Managing the tool

The facilitator's role is to support the discussion about the current domain prioritised by the school. This is where facilitator questioning is important as is the ability of the principal to provide the evidence of their decision. It is not recommended that you work through each domain beginning at Emergent unless your prior knowledge of the school tells you that this is where they sit. A useful strategy is to begin somewhere in the middle (Level 1 or 2) and work backwards or forwards from there depending on the discussion and evidence provided. Highlight the final decision and make any notes you think would be helpful when re-visiting the document. Also ensure the copy is dated for future reference. Before leaving colour photocopy the document and leave the original with the principal.

Who uses this tool, when and how often

The facilitator supports the principal to complete this tool. They may choose to have other senior staff work through it with them. When making an appointment with the principal request that you have a reasonable amount of time together so that the tool can be completed in one sitting – if possible. The principal should have the data and evidence required easily accessible – most of it is required as part of their mandatory reporting to the Ministry and regular reporting to the BOT. At the session determine when you will meet to share the rubric with the school staff and board of trustees.

The Ministry of Health expects that each schools will revisit the rubric to review progress made and plot there current position - at least once a year. Having the hard copy of the rubric with any notes made will help to jog your memory or support anther facilitators if you are no longer supporting that school.



Appendix two: ERO Critical questions and HPS facilitators' questions to prompt school community inquiry

ERO and HPS facilitators' questions

Emergent

- Tell me about the academic achievement of your students?
- You say that you have no health and wellbeing issues in your school, what do you know about the mental health of your students?
- What is your understanding of Hauora?
- How do you know that this is the main health issue in your school?
- Who does it matter to? What trends have you noticed?
- What is currently working well?

Noticing

To evaluate the promotion of student wellbeing through our school vision, values and wellbeing priorities and how well the school curriculum promotes wellbeing, ask:

- What do we want to know about this?
- What might our focus be and why?
- What have we been doing related to this?

Investigating

To find out more about a particular aspect of our curriculum, or to gauge the views of our school community (leaders, teachers, students, parents and whānau and others in the community), ask:

- How might we do that?
- What do we already know?
- What data do we have that we could use?
- Whose perspectives should we seek and why?
- What trends have the PHN found in personal health issues (skin, asthma, RHD etc.)?

- How often do you survey your school community?
- How often do you get the voice of your students?
- What would the PHN say about the health of your students?
- What would the PHN say about whanau engagement?
- What tools do you use to assist in teaching? Who is involved? Who is benefiting?
- What evidence/ data do you have?
- What is your focus for this term?
- What do you think whanau can tell us about this issue?
- What strategies have you tried/used so far?
- What has worked? What hasn't? Why?
- Have you used agency support? How?
- How are you measuring hauora?

Collaborative sense making

To make sense of the data/information gathered, ask:

- What is the data we have gathered telling us?
- How do we feel about this?
- Is this what we expected to find?
- Are there any surprises?
- Is there anything we need to explore this further?
- What insights could others provide on our analysis?
- What are the effects of (the issue)?
- What is the school community doing about (the issue)?
- Who can support the required change?

To decide what particular action(s) to take, ask:

- What do we need to do and why?
- What changes are needed?
- Do we have the capability to do this?
- What support might we need?
- Who should we involve?
- What strengths are there in the community that you could use?
- How could we gain whanau “voice”/support?
- How could you gain student input/ideas?

Monitoring and evaluating impact

- To know whether actions have had the desired impact, ask:
- How well are we promoting wellbeing in our school?
- What's working well and what do we need to change?
- How do we know?
- What evidence do we have?
- Do we need to do something different? Why?
- What do we want to keep doing? Stop doing?
- Are we getting the outcomes we wanted? How do we know?

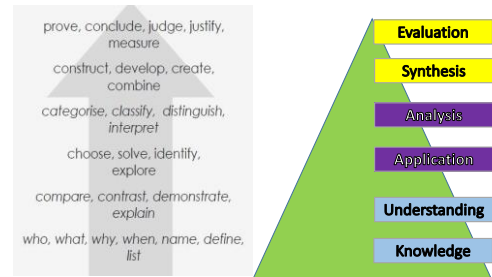
Whanau agency, monitoring and evaluating – embedding

- Who are the community leaders?
- Are we achieving our goal?
- How could we improve?
- What have we learnt?

Blooms taxonomy scenario questions

Blue

- What do you want your students to be able to do?
- What dreams for the future do your students have?
- What careers do your students want to be involved in?
- How did you come to this point?
- What do you want parents to be able to get out of this programme?
- What do you want the school to be able to get out of this programme?
- Why do you think there is a need for this programme?
- Why are you targeting this issue in particular?
- You state that your students are not doing well academically – what do you mean by this?
- Are there any groups that are doing better/worse than others?
- What support do you currently have?
- What areas of this issue are working well? Could be improved?
- What trends can you see in the data that you have support this?



Purple

- How do you use your academic data to improve teaching strategies and student outcomes?
- How do you measure success?
- How are you intending to measure the success of this programme?
- How are you planning to involve whānau?
- Why do you think the students are not achieving academically?
- What evidence do you have that the students are happy?
- How have you verified that these things are not working well?
- What does your parent community feel about the achievement of your students?
- What strengths and knowledge does the community have that could help with resolving this issue?

Yellow

- Do you have enough data to make decisions about solving this issue?

Community development taxonomy scenario questions

Community Initiated Actions

- What else is happening in the community that might have an impact on this issue?
- Who could support you with this?
- What other collaborative activities could you look to develop?
- How do you currently engage whānau?
- What evidence do you have to show this is improving outcomes?
- How do you know that more parents are engaged?
- Is this increasing equity within the school?
- Is this a shared goal? With whom?
- Who are all of the stakeholders who should be involved?

Collaborative Design

- What other people and services could help you?
- Have you spoken to anyone or any other agencies about this issue?
- What strategies are required to reach your goal?
- What can we do to increase parent engagement?
- What are the current barriers?
- What is working well at the moment?
- What does the school community want to achieve?
- Who has helped design this intervention?
- What are the cultural needs (factors) that we need to consider?

Workforce Community Engagement

- What do you want to achieve by undertaking this solution?
- What are your expectations, do they match everyone else?
- What/who are your stakeholders/which ones do you know of?
- Is this what parents want? How do you know?
- What support is the BOT able to provide?
- How can you collect whānau voice?
- How do you engage with whānau?
- What kinds of questions can you ask your whānau?
- What does your community want this to look like?
- What whānau consultation has occurred?
- What strengths do you have in your community that could support you?
- What resources do you currently have in place?

Needs Analysis

- How do you know that this is what is needed?
- What is your evidence?
- What are you currently doing to help resolve this issue?
- Tell me about how you know....?
- What are the exact issues? How do you know this?
- What impact does this issue have on this group of students?
- Is this a whole school issue or is it restricted to one or two groups?
- Why do you need this? (Number, evidence etc.)
- What are the specific barriers?
- What do you want to achieve? How was this need identified? What current support is the school offering in this area? What have you done in the past?



Appendix three: Suggested letter/email to send to school leaders re: results of the new HPS health and wellbeing rubric

19 February 2019

Kia ora, Talofa lava, Malo e lelei, Kia orana, Fakaalofa lahi atu, Malo ni, Bula

Thank you for completing the school community health and wellbeing review tool with us.

Tool for learning, planning and indicating progress

HPS supports your school community to identify and address your prioritised health and wellbeing needs and take actions that build on your strengths and capabilities.

The school community health and wellbeing review tool (rubric) is intended to be a:

- learning tool - generating discussion with your school community
- planning tool - enabling you to identify and prioritise your needs and next steps
- an indicator - of the progress you are making over time

The school community health and wellbeing review tool enables you to establish a baseline and indicates your progress over time across nine dimensions. The nine dimensions are based on what the evidence tells us will contribute to improvements in educational, health and wellbeing outcomes in school communities.

Effect size indicates your progress over time

The measurement used to track progress over two or more time points, across nine dimensions is “effect size.”

Effect size in this project has been measured using Cohen’s d co-efficient. Cohen’s d co-efficient measures the degree of difference between two means, which can be used to indicate progress.

Effect sizes of $d=0.2$ (small), $d=0.5$ (medium) and $d=0.8$ (large)

Using this tool to monitor your progress at six month intervals will provide an indication of the shift achieved over time.

Therefore if we have an effect size of 0.7 it would be considered a medium to large effect size. This is a really useful measure as it indicates what meaningful progress looks like.

Your data to share with your school community

The effect size and graph showing the rubric ratings for your school between time point 1 and time point 2, are on page 2.

Suggested next steps are to:

- use this data as a learning tool - to generate discussion with your school community so that you gain a consensus about where you are now and where you want to be
- use the data and above discussion to identify, prioritise and plan your needs and next steps (inquiry, planning and action)
- use this data and process as a baseline indicator - so that you can track the progress you are making over time (transformation)

Our HPS team will meet with your school community to support your next steps.

Your school community data

The graph above shows where school leaders believe the school was on a rating scale of 1-12, across six dimension at time 1 (a year ago) and time 2 November 2016.