

## Case study – Waiharara School

### 1. School biography

Waiharara School is a decile 1, Year 1-8 state primary school in Kaitiaki Northland with a 100% Maori roll. After completing the HPS health and wellbeing rubric with the HPS facilitator, the new Principal was able to identify what was important, what to do first and took immediate action. As a first step the principal enabled students to lead a communitywide inquiry into “hauora” and what it meant to them and their whānau. The school community identified the importance of physical, spiritual, family/whanau and mental health.

### 2. Role of the HPS facilitator – what did they do?

Part one:

The HPS facilitator established a relationship of trust with the principal who was new to the school and explained how HPS could add value. The HPS facilitator used the HPS health and wellbeing rubric with the principal to review the school processes, practices and student achievement. As a result of the facilitator’s critical questions while using the rubric, the Principal identified that she needed more data/evidence and student and community voice. This established a baseline. Students led an inquiry with the community.

Part two:

The HPS facilitator supported the school and community to collaboratively make sense of the responses students gathered in their inquiry. They used Te Whare Tapu Wha as a framework for their charter and student, staff and whanau profiles.

#### What interaction(s) did the facilitator have with the school?

Completed the rubric, supported the school in meetings with whanau and the school community.

The school’s health and wellbeing foci are: leadership (do I have a significant range of views?); stewardship (what are our community’s beliefs about hauora? What do our students know?); curriculum (what does our community believe a caring, collaborative, inclusive learning environment looks like?); and educationally powerful connections and relationships (how do we enable our students to lead, and how do we develop community engagement?).

The school is a member of a COL. This has a wellbeing focus as well as student agency and boys’ writing.

### 3. What level of inquiry would you say the school community is at in relation to addressing the (focus dimension)?

Part One:

Reviewing current practice and identifying next steps: From the process indicators the school could see they had noticed but were only just starting to investigate. They were at emergent or level 1 (had taken a closer look at the evidence that relates to the focus dimension). The school realised they needed to gather more information and develop collaboration. In first session the school identified indicators across student achievement outcomes across curriculum, teaching, governance and relationships.

Part Two:

Collaborative sense-making, planning and action. The goal was student agency to improve achievement. Taking next steps and changing practice: (1) student-led curriculum; (2) community engagement. This helped the Board of Trustees understand the value of student voice and community voice. Data/voices of students, whanau and the wider community.

Part Three:

Monitoring and evaluating progress with the HPS health and wellbeing rubric. The school reflected on their progress and found although they had moved, they had not yet embedded processes to be at Level 3 of the HPS inquiry cycle.

The rubric helped identify where they were and what the school might have overlooked. As part of the students taking control of their own learning, they learned about Te Whara Tapa Wha – what was it, and how it could guide them in through their own journey. As part of this two of the students organised a school trip to clean up the beach for Seaweed. The children also rediscovered the relationship between hauora and their environment.

The process of engaging whānau has also helped whānau learn and engage with their children's learning.

#### 4. What is the most significant change the school community has achieved in relation to (focus dimension)?

Increase in student and whānau agency, improved student and or families/whānau health and wellbeing, increase in student engagement and achievement.

#### 5. Evidence – who is better off?

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| <b>Before:</b> | Less than 10% whānau engagement; a roll declining at a rate of 45% per year (is this correct?)  |
| <b>Action:</b> | Making sense of the data; and student and community-led consultation. Used the movie as a consultation tool. Social media to engage with and get feedback from the wider community. Collaborative planning with the community for the Charter                           |
| <b>After:</b>  | More than 90% whānau engagement; a roll increasing by 33% per year as whānau have renewed confidence in the school.<br>Students are more involved with their learning with whānau and the wider community. Whānau are also more engaged with their children's learning. |

#### 6. What evidence did the school collect to show changes in their school community in relation to (focus dimension/health and wellbeing/equity)?

Student and whānau voice and participation data; Interviews with students, parents, whānau, community members; community feedback; not sure what else??

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| Community consultations  | Teacher observations  |
| Parent/whānau engagement and participation data                      | NZCER surveys; Wellbeing@School/Inclusive Practices/Me and My School  |
| School documents (e.g. charter, curriculum, policies and procedures) | Public health nurse records   |
| Behaviour/incident data  | Dental service records  |
| Student achievement data   | Truancy services data   |
| Student engagement data  | Census/community social wellbeing data                                |
| Student retention data   | Interviews or meeting minutes with parents, whānau, community members |
| ERO reports  | Minutes from team or department meetings                              |
| Staff retention data   | Reports to the board  |
| Attendance records   | Other (please specify)  |

..... School gives permission for this case study to be used:

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|--|---|
|  | To share internally with the local HPS team for us to reflect on our practice   |
|  | To be shared on the HPS and DHB websites as an example of effective practice  |
|  | To be shared with the Ministry of Health as an example of effective practice. (The Minister of Health may refer to the school and some of the details in the case study, as an example of effective practice in ministerial communications) |

Date:

Signed: