Acknowledgments

This Health Impact Assessment (HIA) has been a collaborative effort involving many people. Wairarapa Public Health would like to thank all those who have contributed and would particularly like to acknowledge the following people:

**Partners in the HIA:** Catherine Straman (Wairarapa Public Health) and Tom Hullena (Principal, Makoura College).

**Workshop participants:** Thank you to all the people who participated in the workshops and shared their views and expertise.

**HIA Report Peer Reviewer:** Christine Stewart (Ministry of Health) for peer review of an earlier draft of the HIA report.

**Quigley and Watts Ltd staff:** Robert Quigley, Kate Marsh and Louise Thomley.
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Learning By Doing Health Impact Assessment Report

1. Title of Initiative
   Health Impact Assessment of the Makoura College Responsibility Model

2. Background
   The health Impact Assessment (HIA) was undertaken on the Makoura Responsibility Model (MRM) during February to June 2009. The MRM model, being implemented by the new principal at Makoura College, aims to encourage more self-responsibility and self-management from the students and to encourage an increase in positive teacher-student relationships. The model encourages a less punitive approach to dealing with challenging behaviour in the school and builds upon the existing behaviour management system within the college that was developed by previous staff. The Makoura Responsibility Model was considered suitable to an HIA because education has been identified as a key determinant of health and schools are key sites for protecting and promoting the wellbeing. This is an opportunity for education and health sectors to work collaboratively towards improving health outcomes. It is anticipated that the implementation of the MRM model will affect the wellbeing of the whole school community including staff, students, parents and whanau.

3. HIA Objectives
   - Provide recommendations to Makoura that enhance potential positive impacts on wellbeing
   - Inform on potential recommendation that will mitigate potential negative impacts on wellbeing.
   - Enhance relationships between students and school staff particularly teachers.
   - Assess implications for equity and inequalities in health.
   - Demonstrate that HIA can inform and support the continued development and implementation of the Makoura Responsibility Model.
   - HIA capacity building within the DHB and across sectors

4. Achievements including: Key outputs and activities
   A number of key output and activities where undertaken as part of this HIA. Full details are contained in the full report attached1. Key activities included:

   a. Pre-project Development Activities
      - Project conceptualisation and planning
      - Identify Adequate Resourcing
      - Staff training in Health Impact Assessment
      - Background reading to previous HIA, ‘Re-organisation of Masterton Secondary Schools.’
      - Identification of key contacts and stakeholders

   b. Screening and Scoping of HIA
      - Introduction and initial discussion with Makoura College Commissioner and School Principal
      - Initial discussion with Public Health and Quigley and Watts on the potential focus for HIA
      - Meeting with Tom Hullena (Principal) and Tim White (Commissioner) to define scope of HIA
      - Identification of the key Determinants of health affected by the implementation of the model
      - Scoping Report completed including timeline for HIA

   c. Appraisal and Reporting
      - Planning for the information to be included in the literature review
      - Research and writing up of literature review components
      - Peer review and Identification of relevant gaps in the literature review
      - Identification of key questions for Appraisal workshops
      - Preparation of pre-reading material for workshops

1 Appendix A Health Impact Assessment of the Makoura college Responsibility Model Report prepared by Quigley & Watts Ltd
d. Appraisal and Reporting cont.
- Teachers – Appraisal workshop
- Students – Appraisal workshop
- Community/Whanau Appraisal workshop
- Writing up of the information from workshops
- Analysis meeting with Quigley and Watts – Identifying casual pathways and recommendations
- Peer review of Recommendations and the draft HIA report
- Final Draft Report

4.5. Evaluation
- Learning by doing Evaluation for Wairarapa Public Health

4.6. On-going Communication and Evaluation (Post HIA Report)
- Communication of findings to key stakeholders and participants of the HIA
- Impact Evaluation – To report on the impact and uptake of the HIA recommendations
- Case-Study Evaluation for the HIA Support Unit

5. Key Discussion Points from HIA Report

The discussion section of the report indicates that the Makoura responsibility model is not working as the Principal had planned e.g. some teachers do not know how to implement the model and some teachers are implementing it in different ways. Some staff are on board with the model and others are not.

Evidence from the literature indicates that everyone in the College needs to at least be willing to try and implement the model in order for it to be effective across the College i.e., there needs to be a whole school approach.

Three main areas were used to frame the feedback from a range of sources such as a community profile, a literature scan and the three workshops held with students, teachers and parents/community.

These areas include:

a. A new way of thinking or working required to implement the MRM model
b. Enhancement of relationships between teachers and students, parents/whanau and the college and the community and Makoura College
c. Structures in place within the school to support the model

The casual pathways leading from the implementation of the model to the potential impacts on health were captured and set out in diagrams 1, 2 and 3. Diagram 1 shows the potential positive impacts and diagrams 2 and 3 show the potential negative impacts (See casual pathway diagrams in the attached HIA report).

6. Overview of Key Recommendations

In order to enhance the positive aspects and mitigate the negative aspects of the continued implementation of the Makoura Responsibility Model, a number of evidence-based recommendations have been developed.

These recommendations are high level recommendations and as such, an implementation plan will need to be developed to enact the recommendations. The following as an overview of the recommendations:

a. Link the responsibility model to existing college structures by:
   - Linking the Makoura Responsibility Model to the New Zealand Curriculum
   - Adopt a health-promotion schools approach to support the model
   - Utilise daily ‘waka-huia’ classes to teach about wellbeing and responsibility
• Continue to develop a home-room model for year 9 students
• Support the continuation of ‘Round-table’ forums for dealing with behavioural issues
• Utilise the Whanau Advisory Group to teach parents about the model
• Utilise existing community networks and Maori community networks

b. Senior management to lead the implementation of the Makoura Responsibility Model:
• Delegate senior management with responsibility of implementing the model across the college
• Review the use of teachers non-contact time
• Review time available for HOD staff to implement, deliver and support staff to implement MRM

c. Guidance and training for college staff to implement Makoura Responsibility model:
• Implement a buddy-system or mentoring system for teachers
• Input from others with experience and success in the use of the model (experts/other schools)

d. Involve students, whanau and the community in the implementation of the model
• Consult with students about their needs and views of the college (Health Teams/Council)
• Provide training and support for parents, family and whanau members to get involved
• Home-school relationships incorporate learning's/tasks around the model
• Parents and students goal-set around behaviour and responsibility
• Incorporate conferencing and contracts into behaviour plans for students
• Invite parents to register with the school as partners of the model
• Acknowledge positive behaviour from students and inform whanau
• Develop the ‘middle-years’ parent support programme to families with older students
• Invite parents, community to plan and organise events to support the Makoura model of behaviour
• Develop a clear communication and understanding between the school and family about the model and it’s objectives
• Develop a whole-school communications plan to support the promotion of the model

7. Finance Report – Budget Breakdown

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8. Learning by Doing – Lessons Learned
A number of learning’s have been identified throughout the process of this HIA with Makoura College. The following are some of the highlighted learning points to do with the overall quality and implementation of the HIA project.

Process – Key Learning’s

a. Pre-project
Being new to Wairarapa Public health meant that initial training was being undertaken prior to the project beginning. There was a limit to the knowledge as to all the resources available but as the HIA process moved along a better understanding of HIA resources and external supports available was useful. It was good to put the information into practice straight away but even more importantly to work with others who had previous experience.
Prior to beginning each HIA it is important to know what internal and external resources are available at hand. It would be recommended that there is internal support available from within the leading organisation in order to strengthen the project and build capacity further with other staff members.

b. Screening
Originally screening occurred around the HIA focusing on the impacts of Makoura College closing or not closing. Once that decision was made the HIA focus required a shift in direction. At the time of continuing with this project there was no policy decision or project from which to direct the HIA.

In order to have a clear focus and direction for an HIA project there needs to be a policy, program or proposal on the table for appraisal. If the HIA seems unclear it is recommended that advise is sought about further direction if it cannot be easily identified.

c. Scoping
This particular HIA was quite different to other HIA’s conducted as its focus changed half-way through due to the schools situation. Options for the HIA included looking at specific areas of the school charter and strategic plan. Initial discussions with the college principal and the subsequent scoping meeting defined the HIA.

More experience in the screening stages of projects will allow for increased skill in scoping/project planning stages of future HIA projects. With this should also come clearer focus on the HIA objectives being specific to particular policy or projects. Engaging with the school and Quigley and Watts was key to the process of re-focusing the HIA.

d. Appraisal and Reporting
Observations of the preparation for the workshops proved that there are many details to work through and a team approach was adopted between the three partners. Engagement of families at the community meetings was quite low despite the schools attempts at engaging families to attend. The community and teacher content of the workshops was organised by Quigley and Watts and the Student workshop by Public Health Staff. Bookings and logistics of the workshops was done successfully between the three partners with Public health leading. The literature review was started prior to the appraisal workshops and was time consuming for those involved. The literature scan covered a wide range of literature around health, education, holistic and restorative models and health promoting schools.

The more detailed the organisation of the workshops the better the workshops will be. Three separate workshops require more resources and time. The workshops are best approached as a team – including advertising, catering and engagement with key stakeholders. It might be useful to work out a separate strategy for engaging certain stakeholders if they have bee difficult to engage previously i.e. Schools and parents. Work on preparing for the appraisal meetings quite early on so as to have it all ready to roll out when dates are set. Ensure you have key people to liaise with for organisation of venues, times and dates and other necessary items. It is useful to double and triple check everything is in place and prepared prior to the workshop.

Set time aside for the literature review section and try to do the work in solid blocks to keep the thread of your thoughts when writing the information up. It is useful not to book other significant meetings or events around the time you are researching or writing up the literature review because of time restraints. It is expected that as the practitioners experience increases that timeframes to complete project deliverables would also increase as skills develop.

Each part of the completed HIA was written up i.e. the scoping meeting, the appraisals, the literature review and the analysis of the HIA findings. In putting the final report together is a task to be able to coordinate all material together with out repetition. The final report was put together well in a concise way that should prove to be a future HIA resource. When analysing the feedbacks from the appraisal stage the information and feedback can potentially be interpreted in different ways according to people's
diverse backgrounds and context knowledge. Greater objectivity and analysis of the findings can therefore be achieved in a team approach.

e. Evaluation
An impact evaluation of the HIA process and recommendations needs to occur after the recommendations have been communicated to key stakeholders and HIA participants. The idea is to analyse the extend to which the recommendations made by the HIA were taken on board in the final policy decision making, or in this case the implementation and development of the Makoura Responsibility Model.

9. Key Considerations for further impact assessment:
The following or a variation of the following questions will be considered as part of an on-going monitoring of the impact of the HIA at Makoura College.

- How was the HIA used in the development of the Makoura Responsibility Model?
- How were the suggested recommendations received by management and staff?
- Were some recommendations more viable than others? Why/why not?
- How could some recommendation be modified to become more viable?
- Were recommendations of the HIA accepted and implemented by management and staff?
- If so, how and when, and if not, why not?
- By conducting the HIA was there a significant impact on the implementation of the model?
- What unintended consequences resulted from the HIA, for example: working in partnership, raising the profile of health needs, increasing the awareness of how education impact on health and putting health on the agenda?

10. Monitoring Impact Assessment:
In order to monitor and evaluate the extent to which recommendations are developed by the school the following issues must be considered:

- Design an easy method of collecting feedback from management and staff
- Work with school staff and public health to identify realistic evaluation criteria
- Continued communication between Makoura College and Public Health staff
- A way of identifying to what extent recommendations are implemented
- Work towards supporting the college to achieve positive outcomes from recommendations
- Advise and support Makoura College to work towards further actions plans for the MRM

11. Limitations of this HIA Process
Limited experience and capacity in the HIA process provided some limitations to this HIA project however the assistance from Quigley & Watts and some previous background in education from public health staff proved to make up for some of these limitations.

Awareness building of the HIA process within the DHB is still required if HIA is to become embedded as a key tool to improve public policy and health impacts and to receive buy-in from staff involved in future projects.

12. Key Learning Points for HIA Practitioners

a. Project Resourcing and Partnership
It is beneficial to have 2-3 others or a small working group together working on the project—depending on its size. The main benefits of this are increased HIA knowledge and capability at the conclusion of the project and the added benefit of being able to draw from knowledge and skills possessed by other in the team.
It is common that during the process of an HIA that you will be working with representatives from other agencies. It is important to get used to working with other agencies, understand their language of the sector and to be aware of fulfilling the HIA requirements within timeframes available. As in the case with this HIA project there was a small window of opportunity to work with Makoura College around some significant calendar events in the school year.

b. Training & Development
Initially training in HIA is great for setting up a foundation of awareness and knowledge however knowledge is best gained through experience. Although the project was mainly led by Quigley and Watts there has resulted a large amount of learning from being a partner in the process from start to finish.

In between projects it would ideal to maintain facilitation skills in small-medium group situations. HIA practitioners need to develop a range of facilitation skills and this can only come through maintaining the skill set. Some HIA appraisal workshops have proved challenging and it is good do become a strong facilitator who can be flexible in dealing with diverse situations during a session.

Practitioners should be experienced in project management skills or participate in some training should they need it. Alternatively others with more experience in project management may assist aspects of the project planning and implementation.

It is important to identify what type/s of evaluation will be used prior to completing the HIA report. This enables you to collect the appropriate information along the way. For example in this case it would be ideal to carry out an impact assessment after some time has passed to see how the recommendation has been incorporated into the Makoura Responsibility Model. There is always room for developing sharper evaluation skills. The HIA support unit case study templates are good for presenting an overview to the project that was completed.

c. HIA Capacity Building
In capacity building it is important that your colleagues and management staff clearly understand what your project is aiming to address. It can assist understanding when HIA is embedded in business planning or strategic plans so people can identify what the work is contributing to.

Utilise the links and resources available on the HIA support unit web-site which can be useful at different stages and especially useful when looking at examples of reporting.

It could also be beneficial to organise an HIA mentor when starting out with HIA or to liaise with people from other organisations who are also working in HIA projects.

d. Strengthen Relationships - Health Sectors and Education
The Makoura HIA is the first in New Zealand on an educational setting and despite its limitations has the potential to provide the opportunity for continued work between the health and education sectors. The Literature review for this particular HIA provides a building block for further research and evidence based research about how education affects the health and wellbeing of those in the educational environment and vice-versa.

There is a responsibility maintain the relationship once the recommendations have been presented to the College in the HIA report. Firstly because it is important to measure how many and to what extend the recommendations are taken up by the College and to offer continued support where required through other Public health services such as Health Promoting Schools. Public health staff will continue to monitor this in partnership with Makoura College staff.
13. Incidental Outcomes

Creating HIA Capacity - Health Sectors and Education
Health Impact Assessments provide an opportunity for schools to be supported where health and wellbeing needs are identified in the HIA recommendations. There are endless programs, policies or strategies that an HIA could be applied to within an educational setting. The ideal development from building HIA capacity in an education setting would be through the Ministry of Education and the Ministry of Health working together on higher-level strategies that affect many schools. Overall the participants in the HIA have an increased awareness of the purpose and benefit of the HIA process. There may be further opportunities to develop HIA projects with other educational settings.

14. Conclusion

The HIA on the Makoura Responsibility Model is the first of its kind in an educational setting. This project can provide a stepping stone for further HIA capacity building for the health and education sectors.

The project has provided public health staff with increased knowledge in health impact assessment and evaluation and has provided valuable learnings for continuing to build HIA capacity in the Wairarapa region.

It would be great to envision decision makers in the Ministry of Education adopt the HIA policy tool in partnership with the Ministry of Health and other relevant sectors to improve the quality of wellness that students and teacher both experience in New Zealand schools.

At a community level this HIA has provided some creative recommendations to Makoura College in improving the implementation of the Makoura Responsibility Model for greater health impacts. It will be good to re-evaluate the uptake of the recommendations at a later time in the Impact assessment report.