Health Impact Assessment of the Makoura College Responsibility Model

Final Report
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Partners: Wairarapa Public Health, Quigley and Watts Ltd and Makoura College

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

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**Quigley and Watts Ltd staff:** Robert Quigley for leading the appraisal workshops and overseeing the whole HIA.
Executive Summary

Background

Makoura College, a secondary school in Masterton East with around 250 pupils and over 50 teaching and support staff, nearly closed in 2008 due to a number of factors including a falling roll. However, the Minister of Education decided to keep the College open and appointed Tim White as Commissioner to manage the College while a new principal was appointed and a Board of Trustees established. A Board of Trustees has not yet been appointed but Tom Hullena started as principal in Term One 2009. Like all college principals, he is particularly interested in improving students’ connectedness and wellbeing particularly in relation to:

- student-staff relationships
- students and teachers sense of wellbeing and belonging within the College
- students behaviour
- students academic achievements.

The principal believes focusing on wellbeing in a broad sense, and building positive student-teacher relationships is integral to achieving these goals. The new principal is in the process of introducing new policies and introducing changes to existing policies. The principal wants to shift from a focus on punitive approaches to behaviour management to a focus on restorative practices. In line with this shift, and amidst differing views from some staff, the principal introduced the Makoura Responsibility Model which frames the Makoura Behaviour Management System.

The health impact assessment

A Health Impact Assessment (HIA) was conducted on the continued implementation of the Makoura Responsibility Model during February to June 2009. Initiated by Wairarapa Public Health and funded by the Ministry of Health’s HIA Learning by Doing Fund, Quigley and Watts Ltd led the HIA, in partnership with Wairarapa Public Health. Health Impact Assessment is a multidisciplinary approach that investigates the potential public health and wellbeing outcomes of a proposal. Its aim is to deliver evidence based recommendations that inform the decision-making process, to maximise gains in health and wellbeing and to reduce or remove negative impacts or inequalities.

The central question for the HIA was how the continued implementation of the Makoura Model might impact, either positively or negatively, on the health and wellbeing of students and staff at Makoura College. It also aimed to make constructive evidence-based recommendations about how the Makoura Model and any future programme(s) may be improved. It was intended that the HIA would assist Makoura College’s future planning and implementation of the Makoura Model and inform future decisions by the College in implementing and refining its use of the model.

In order to make evidence-based recommendations, a community profile and a literature scan were undertaken as were appraisal workshops with Makoura staff,
students, and whānau / the community. Causal pathways diagrams were developed by drawing all of the evidence together. These diagrams set out the potential positive and negative impacts on health and wellbeing.

Findings from the health impact assessment

The purpose of identifying potential positive impacts is to improve and enhance the implementation of the Makoura Model so it can contribute positively to health and wellbeing. The purpose of identifying potential negative impacts is to identify opportunities to mitigate the risks for the potential negative impacts becoming a reality.

The discussion indicates the Makoura Model is not working as the principal had planned eg, some teachers do not know how to implement the model and some are implementing it in different ways. Some staff are working with the model but others are not. Evidence from the literature indicates everyone in the College needs to at least be willing to try and implement the model in order for it to be effective ie, there needs to be a whole school approach.

The implementation of the Makoura Model has a number of potential positive and negative impacts on the health and wellbeing of students, staff and whānau / community. The main issues related to: the model being a new way of thinking / working for many teachers and students; relationships between teachers and students, the school and parents, and the school and the community which are required for the model to be successful; and, appropriate structures to support the model. The main potential positive and negative impacts are listed below.

- **Potential positive impacts of continued implementation of the model**

One of the major potential positive outcomes is that students may understand the consequences of their actions, see the ‘bigger picture’ and become more responsible. In doing so, they may behave better and problem behaviour may be resolved faster. This could lead to students and teachers having a sense of achievement about the model being implemented effectively potentially resulting in teachers being less stressed and more energised, and students, staff, and parents having positive experiences with the College. Parents may then become more involved in the College and the community may become more aware of the positive things happening at Makoura resulting in increased pride in the College for everyone. This could lead to a greater sense of connectedness and wellbeing for students and staff, students staying at Makoura College for longer which leads to improved educational outcomes for students as well as improved lifelong outcomes for students. All of this has the potential to impact positively on the wellbeing of students, staff and parents / whānau.

- **Potential negative impacts of continued implementation of the model**

Major potential negative outcomes include teachers not knowing how to implement the model, lack of time and support for teachers to implement the model, inadequate structures to support the model and lack of clear promotion about the model which
could potentially lead to lack of shared understanding of the model and inconsistent implementation and behaviour management. In turn, this could lead to students not taking responsibility for their behaviour and having an imbalance between their ‘rights and their responsibilities’. Students’ disinterest, lack of respect, lack of aspiration and negative attitudes towards learning could lead to students’ behaviour becoming worse. Teachers could feel their authority is being challenged and this could be stressful, frustrating and exhausting for teachers resulting in fragmented and difficult relationships between students and staff, the College and parents, and the College and the community. Differing attitudes and cultural values of teachers, students and parents/whānau could result in inconsistent and sometimes conflicting messages between school and home. Ultimately, all of these factors could potentially result in teachers, students, parents and the community ignoring the model and the model failing which could lead to decreased learning, sense of belonging and educational outcomes. All of this has the potential to negatively impact on the wellbeing of students, staff and parents/whānau.

Recommendations

In order to enhance the potential positive aspects and mitigate the potential negative aspects of the continued implementation of the Makoura Model, a number of evidence-based recommendations were developed. These recommendations are high level recommendations and have been informed by all the components of the HIA. They are listed below.

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1. Introduction

A Health Impact Assessment (HIA) was conducted on the Makoura Responsibility Model during February to June 2009. Wairarapa Public Health initiated the HIA and it was funded by the Ministry of Health’s HIA Learning by Doing Fund. Quigley and Watts Ltd led the HIA, in partnership with Wairarapa Public Health.

The Makoura Responsibility Model (Makoura Model) was already in the process of being implemented at the College and is part of Makoura College’s Behaviour Management System. The HIA considered how the continued implementation of the Makoura Model might impact, either positively or negatively, on the health and wellbeing of students and staff at Makoura College. It also aimed to make constructive evidence-based recommendations about how the Makoura Model and any future programme(s) may be improved. In doing so, the HIA will assist Makoura College’s future planning and implementation of the Makoura Model and will inform future decisions by the College in implementing and refining its use of the model.

The purpose of this report is to summarise the HIA process and its findings.

1.1 Aims of this health impact assessment

This HIA aims to:

- inform further development and implementation of the Makoura Model by providing recommendations to enhance potential positive impacts on wellbeing and mitigate potential negative impacts
- enhance relationships between students and College 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 Model.

1.2 Background to this health impact assessment

1.2.1 Makoura College

Makoura College is a secondary college in Masterton that was near to being closed in 2008 due to many factors, one of which was a falling roll. In April 2008, the Makoura College Board of Trustees (the Board) took stock of Makoura’s future by consulting widely and ultimately putting out a discussion document which covered five options for public comment. The five options were:

A. Makoura College should continue on its current site.

B. Makoura College Board should resign and be replaced.

C. Makoura College should merge with another education provider (3 options provided).
D. The Makoura College and Wairarapa College Boards should be combined.

E. Makoura College should close.

This discussion document generated considerable debate, including multiple submissions and public meetings. The Makoura College Board recommended to the Minister of Education that:

- Based on the strong wishes of the community Makoura College should remain open (Option A).
- The Board was not the appropriate agent of change and would resign from 27 August 2008.

The Minister of Education agreed with this course of action and the Ministry of Education appointed a commissioner, Tim White, to appoint a new principal and manage the College until a new Board was appointed. Tom Hullena started as principal in Term One of 2009. At that stage the College had 250 students and more than 50 teaching and support staff.

The new principal is in the process of introducing new policies and introducing changes to existing policies. Like all college principals, he is particularly interested in improving students’ connectedness and wellbeing.

The principal is particularly committed to improving:

- student-staff relationships
- students and teachers sense of wellbeing and belonging within the College
- students behaviour
- students academic achievements.

The principal believes focusing on wellbeing in a broad sense, and building positive student-teacher relationships is integral to achieving these goals.

1.2.2 Makoura Responsibility Model

In the past few years Makoura College (the College) developed a Behaviour Management System to address behavioural issues and build a safe, supportive and inclusive environment. In its report on future options for the College in August 2008, the previous Board recommended the continued enhancement of the Behaviour Management System.

The new principal began placing greater emphasis on student self-responsibility and developing positive student-teacher relationships. The principal introduced his adaptation of the Responsibility Model calling it the Makoura Responsibility Model (the Makoura Model). The Responsibility Model the Makoura Model is based upon is outlined in the literature scan (Appendix C). The Makoura Model underpins the Behaviour Management System building on previous work by the College by developing the Behaviour Management System further.

The Makoura Model emphasises self-management and shared learning and reflection more than behaviour management alone. Rather than being ‘set in
concrete’, the Makoura Model is being refined as it is put into practice. Not all teachers have supported the Makoura Model.

**Overview of the model**

The previous Behaviour Management System was focused on a reactive approach to behaviour management. In line with the principal’s shift from punitive forms of punishment to more restorative forms, the Makoura Model is now being re-focused on a more proactive approach emphasising student responsibility and choice. The Makoura Model emphasises self-responsibility and accountability and aims to help students make choices that are responsible, respectful and right. The consequences of those choices are emphasised, as is building positive teacher-student relationships. The Makoura Model is being applied across the whole College. All people involved in the College, including students, staff and family / whānau, are seen as having a part to play in working with, and for, each other to develop a safe and supportive culture.

Key principles of the Makoura Model include co-construction of ground rules; empowerment; win-win solutions; democracy; teachers and students bound to agreements; relationships; proactive strategies; College wide expectations; and no ‘blame and shame’. The Makoura Model emphasises the close link between behaviour and learning. It encourages proactive strategies with clear expectations and consequences to help prevent and reduce behavioural problems.

The Makoura Model is supported by research evidence including the importance of positive student-teacher relationships/care for students’ educational outcomes (Hullena, 2009). Overseas and New Zealand research suggests student-teacher relationships are even more significant in contributing to educational outcomes for students at risk of not succeeding at school (ibid). Teacher care and positive relationships with students may help to increase the resilience of these students (ibid).

**How the Makoura Model works**

The four cornerstones of the Makoura Model are 'clear expectations', ‘choice’, ‘consequences’, and ‘consistency’. The four core procedures to help in dealing with behaviour are:

1. proactive – relationships and proactive strategies (using communication; consequences; consistency e.g. shared ground rules; using students’ names; managing seating);

2. low level – super six (tactical ignoring; proximity-sweeping; reinforcing positive alternatives; low key signals to the individual; general positive focusing signal and general low key reminder);

3. higher level – tight five (remind-refocus; offer choice; redirect; limit/set consequences; cool off /time out);

4. referral to senior personnel (if the earlier procedures have not worked).
Other initiatives at the College

Several other initiatives are currently being implemented alongside the Makoura Model. These include ‘Waka Huia’ where groups of 8 -12 students regularly meet with teachers for support and pastoral care; and a ‘Home Room’ initiative where students have fewer teachers and fewer classroom changes throughout the day. The ‘Homeroom’ concept may be expanded in 2010 to focus more closely on student learning and personal needs such as poor levels of literacy development. The College also wants to work towards implementing a whole school health promotion approach including improving resilience of students, anti-bullying measures, and protection and promotion of sexual health.

1.3 Explaining health impact assessment

HIA represents an innovative approach to addressing the social, economic, health and environmental consequences of policies, programmes and projects. It can be an important way to address determinants of health and wellbeing and reduce inequalities in health. At a local government level it can assist in the promotion of social, cultural, economic and environmental wellbeing as set out in the Local Government Act 2002.

1.3.1 Definition of health impact assessment

HIA is a multidisciplinary approach that investigates the predicted potential health and wellbeing implications of a proposal. Its aim is to deliver evidence based recommendations to inform the decision-making process, in order to maximise gains in health and wellbeing and to reduce or remove negative impacts or inequalities. HIA uses the broad definition of health that is promoted by the World Health Organization: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (World Health Organization Constitution, 2006). Flexible methodologies are used to ensure the approach best fits with the proposal in question, the resources available, and the local populations affected.

1.3.2 Factors influencing health and wellbeing

Health and wellbeing is not determined by the health sector alone. In fact, determinants of health and wellbeing such as education, employment, poverty and inequality tend to have a far more profound and long lasting effect on health and wellbeing than curative services (National Health Committee, 1998).

Health and wellbeing is determined by the interplay between individual lifestyle factors, the environment in which people live and the services that people have access to, as well as broad social and economic factors. While individual lifestyle factors or risk-taking behaviours have an effect on individual health, these factors are themselves fundamentally determined by the socioeconomic environment in which
individuals live. Broad social and economic environments make a major contribution to wellbeing (National Health Committee 1998). For example, these include sound and reliable governance, unemployment rates, general economic conditions, and social support structures. However, it is often difficult to determine the relative importance of each health and wellbeing determinant, particularly as they occur simultaneously and are often inter-related.

When determinants of health and wellbeing are likely to be affected by a proposal, then health and wellbeing will also be affected, either directly or indirectly, positively or negatively. HIA helps to assess how the broader determinants of health and wellbeing are likely to be affected by a proposal and the risks or benefits of this with respect to health outcomes.

1.3.3 HIA internationally and in New Zealand

HIA is widely used in many countries throughout the world, particularly in Europe and Canada. It is an established methodology encouraged by the World Health Organization and the European Union. Although HIA in policy and planning is still in its infancy in New Zealand, this is rapidly changing. The Ministry of Health and the Public Health Advisory Committee have released guidance on carrying out policy-level HIA within New Zealand and an increasing number of HIAs are being undertaken at local and central levels. The Human Rights Commission recommends the use of HIA at a strategic level.

HIA has become more widely known in New Zealand in recent years. See the Ministry of Health’s HIA Support Unit (www.moh.govt.nz/hiasupportunit) for more details.
2. Methodology

This section sets out the methods used to gather the evidence which informs this HIA.

2.1 Questions for the HIA

The two main questions for this HIA to explore are:

1. What are the potential positive and negative impacts of the continued implementation of the Makoura Model?
2. What should be changed in the development and implementation of the Makoura Model to enhance positive implications and reduce negative implications for the health and wellbeing of students and staff?

2.2 Components of the HIA

Health impact assessment can include a number of components such as a literature review, key informant interviews, and community and / or stakeholder workshops. The decision about which methods to use often depends on factors such as time, available resources, and appropriateness for participants. The methods used in this HIA were:

- Initial discussion to determine if an HIA should occur
- Meeting to plan the boundaries and approach of the HIA
- Literature scan
- Community profile of Makoura College
- Appraisal workshops with students, staff and whānau / community

The components of the HIA are drawn together in this report and are discussed in more detail below.

2.2.1 Initial discussion about this HIA

Due to time constraints and the need to start the literature review, Rob Quigley from Quigley and Watts had an initial phone conversation with the College principal, Tom Hullena, about the focus of the HIA as a whole and more specifically, the focus of the literature review. On the phone, they agreed the HIA would focus on behaviour management with an emphasis on the Responsibility Model. They also agreed the literature review would explore the evidence for using the Responsibility Model to manage behaviour. The focus of the literature review was refined at the meeting to plan the boundaries and approach of this HIA. The outcomes of this meeting are discussed below.
2.2.2 Meeting to plan the boundaries and approach of this HIA

A meeting to plan the boundaries and approach of the HIA was held at Makoura College in March 2009 with Tom Hullena (Makoura College Principal), Tim White (Makoura College Commissioner), Catherine Straman (Wairarapa Public Health), Kate Marsh and Louise Thornley (Quigley and Watts Ltd). The purpose of this meeting was to outline the HIA and to determine the boundaries for it. Participants were sent information outlining the agenda and background information on HIA prior to the half day meeting. At the meeting the participants agreed on the following:

Focus of this HIA

Participants in the meeting suggested the HIA should focus on answering how the continued implementation of the Makoura Model may impact positively or negatively on social connectedness / belonging and student education / learning. This was based on the recognition that the more students are connected to the College the more likely they will stay for longer and the more likely they are to increase their level of education. Relationships with teachers in particular were seen to be fundamental to this.

The central question of the HIA was:

*How might the continued implementation of the Makoura Model impact on the social connectedness / belonging of the students, staff and whānau / community at Makoura College and the education / learning of students at Makoura College?*

Plan / policy to be addressed

The HIA would focus on the potential positive and negative health outcomes of continuing to implement the Makoura Model which frames the Makoura Behaviour Management System.

Populations affected

Participants at the meeting considered who would be most affected by the ongoing implementation of the Makoura Model. They decided the following three groups would be the focus of the HIA:

- Students at Makoura College
- Staff at Makoura College
- Whānau / wider community (to a lesser extent)

Factors that influence health and wellbeing

Participants were also asked to consider how the health and wellbeing of the populations affected may impacted upon ie, what factors may influence their health and wellbeing? They decided the following two factors would be the focus of the HIA:
2.2.3 Literature scan

Participants agreed the literature scan would take a wellbeing approach where health is understood to include physical, social, emotional and spiritual factors. Schools were emphasised as being sites that can significantly impact on student, staff and community wellbeing. Findings from an initial search showed the links between educational achievement and health outcomes are very important ie, higher education levels result in greater health outcomes across the lifespan. To provide greater clarity and support for the change in approach to behaviour management at the College, participants agreed the literature scan would specifically outline the Responsibility Model, the Restorative Justice Model and the Health Promoting Schools model.

2.2.4 Appraisal workshops

Three appraisal workshops were held in May 2009 at Makoura College - one with students, one with staff, and one with whānau / community. The purpose of these workshops was to talk to the groups whose wellbeing is affected by the ongoing implementation of the Makoura Model. The workshops also sought suggestions for how this model might improve social connectedness and wellbeing and how it might reduce potential adverse effects.

In preparation for the workshops a considerable amount of data was collected and summarised for presentation to, and use by, workshop participants. This included a description of the Makoura Model and evidence about broad holistic approaches to health and wellbeing with an emphasis on the links between education and wellbeing.

The questions discussed at the workshops included identification and selection of potential positive or negative impacts of the model on:

- social connectedness
- belonging
- student learning / education.

Participants were also asked to describe evidence for the impacts and to suggest mitigating actions to reduce any negative implications of the model. See Appendix A for workshop questions.
Workshop with students

Wairarapa Public Health facilitated the workshop with 17 students from years 9, 10, 11 and 13. Twelve of the 17 students were male. Students were selected by the principal. The purpose of the hour long workshop was to gain a better understanding of the students’ attitudes towards school, learning, teachers and behaviour. The Makoura Model was not discussed in depth but the concepts of self-responsibility and self-management were discussed.

Workshop with teachers

Quigley and Watts Ltd facilitated the workshop with almost all of the 22 teachers at Makoura College. The teachers were divided into three groups and each group focused on a different question.

Workshop with whānau / community

Quigley and Watts Ltd facilitated the workshop with whānau / community. Twenty nine participants (including the facilitators) represented a range of organisations and are listed in Appendix B. Participants at this workshop were asked to divide into three groups. As with the teachers’ workshop, each group focused on a different question.
3. Makoura Community Profile

This brief community profile has primarily drawn on an existing report titled *Inequalities in Masterton* (Madden, 2006) and findings from the Youth 07 Survey (Adolescent Health Research Group, 2008). The information from this community profile gives an indication of the issues people connected to Makoura College may be facing. Knowing these circumstances enables the College to respond to its community in the most appropriate and effective manner.

### 3.1 Masterton East

Makoura College is situated in Masterton East which is one of the most deprived areas in New Zealand according to the New Zealand Deprivation Index (Madden, 2006). In contrast, Masterton West is mid range while the Opaki-Fernridge area is one of the most privileged areas in New Zealand (ibid). The difference in New Zealand Deprivation ratings means there are significant inequalities between people living in the three areas, particularly between those living in Opaki-Fernridge and those living in Masterton East. Compared to statistics for the whole of Masterton, people living in Masterton East are:

- 1.8 times *less likely* to have a university degree or post-grad qualification
- 1.8 times *more likely* to have no access to a motor vehicle
- 1.8 times *more likely* to live in a household with 6 or more people
- *Half as likely* to earn over $40,000
- 2.3 times *more likely* to have no access to telecommunications in the home
- 1.9 times *more likely* to be Māori and 2.5 times more likely to be Pacific

(Madden, 2006:1)

### 3.2 Makoura Community

The Makoura community includes:

- students and staff of the College
- students and staff of the Wairarapa Teen Parent Unit which is located on the College site
- parents of students at the College and the Teen Parent Unit
- children and parents of the Makoura Early Childhood Centre

There is an attached RTLB (Resource Teachers Learning and Behaviour) service which services all Masterton secondary schools. The College has an Adult and Community Education Programme and a Gateway Programme. The College is the liaison school for the Alternative Education Centre run by Youth Choices Trust. Other members of the Makoura community include the Makoura Educational Trust, local Iwi on the Māori Education Committee, the Board of Trustees, and local business and sporting organisations.
### 3.3 Makoura College

Makoura College is a state co-educational secondary school in Masterton and has provided secondary education in Masterton since 1968, just over 40 years. It was originally called Makora College and the name was changed to Makoura College in 1990. ‘Makoura is the name for the freshwater crayfish which live in the local streams’ (Makoura College, 2008). In 2008 its roll was 250 pupils with over 50 teaching and support staff. The College enrolls students from the whole of the Wairarapa.

Makoura College has a growing proportion of Māori students enrolled in the main school (48% in 2008 and 51% in 2009). Makoura College also has many students with complex needs and low literacy levels, and, up until the end of last year, high suspension levels.

### 3.4 Key findings from Youth O7 Survey for Makoura College

#### 3.4.1 Student Survey

The findings listed below are the findings from a random sample of 47 students out of 262 students in the total College roll when the survey was undertaken. This is a very small sample. Only 32 of those students agreed to take part and not all the students answered all of the questions. The response rate was 68 per cent. While these findings cannot be generalised to all students across the College, they give an indication of the perspectives of 12% of the students at the College at the time.

- 53% felt they got enough time to spend with at least one of their parents but most or all felt their parents cared about them a lot
- 31% reported they had two or more homes
- 81% felt part of the College
- 87% felt adults at the College cared about them
- Most or all reported that for both them and their parents it was important to be at the College everyday
- Only 19% said they enjoyed doing schoolwork
- 84% felt safe most of the time at the College and few or none reported they had been bullied at the College at least once a week in the 2007 school year
- 63% had a family member who asked them about their homework
- few or none had a family member who helped out at the College
- 52% had a regular part time job in the last year
- 19% said they drank alcohol at least once a week and 41% reported they had been binge drinking (5 or more drinks in 4 hours) at least once in the previous four weeks
• 45% reported they had been deliberately hit or physically harmed in the previous 12 months and 25% said they had deliberately hit or physically harmed someone else in the previous 12 months

• 16% reported a significant number of symptoms of depression

• 22% had seriously thought about killing themselves during the previous 12 months and 16% had attempted suicide in the previous 12 months

• few or none met the Ministry of Health guidelines for physical activity.

(Adolescent Health Research Group, 2008)

3.4.2 Staff Survey
Makoura College staff also filled out a survey. The survey was completed by 25 staff (83% of the College’s teachers), 24 of whom were teachers.

• 60% said they liked the school a lot

• 28% felt there was effective communication between staff and senior management in 2007

• 64% reported that in the last school year they had been in a situation where they felt afraid that a student would hurt them at the College.

• few or none said they always or often felt exhausted in the morning at the thought of another day at work

• few or none reported that they always or often felt tired of working with students.

(Adolescent Health Research Group, 2008)
4. Overview of Literature Scan

The scan of literature provided evidence on a wellbeing approach to adolescent health. As commented above, this approach recognises health is much broader than physical health and includes mental, social, economic, and spiritual health. This literature scan found schools have an important part to play in improving the wellbeing of both students and staff. Research shows that when students have good relationships with teachers and are better connected to school, they are likely to stay at school for longer, have higher educational achievements and have greater health outcomes as a result.

The purpose of the literature scan was to inform the HIA by describing holistic understandings of health and wellbeing – a wellbeing approach, the impact of schools on health and wellbeing, and outlining three wellbeing models used in secondary schools: the Responsibility Model, the Restorative Justice Model and Health Promoting Schools.

The summary of the literature scan is provided below. See Appendix C for the full literature scan.

Wellbeing approach

Health should be viewed broadly to include social, economic, cultural and historical factors as these are known to impact on wellbeing. These factors include: education, transport, income, housing, urban design, and social policies, to name just a few. These factors can have positive or negative effects on wellbeing and these effects accumulate over a person’s life course. Therefore, the healthier a person is early in life, the greater their chances are of being healthy later in life. Addressing factors that influence health during childhood and adolescence can ensure long-term improvements in health and wellbeing.

Research shows young people are less likely to engage in risk behaviours when they feel connected to others. A youth development approach is about young people having a greater sense of social connectedness, feeling valued and knowing who they are as a young person in New Zealand. Positive outcomes for young people are achieved when supportive social environments are created through a combination of quality relationships, effective youth participation, good information and a consistent strengths-based approach.

Impact of schools on health and wellbeing

Education impacts on people’s health and wellbeing. High quality research shows that people ‘with lower levels of education are more likely to die at a younger age and are at increased risk of poorer health throughout life than those with more education’ (Higgins et al, 2008:7). When compared to people with lower levels of education, people with higher levels of education are more likely to:

- be at less risk of dying from ‘lung cancer, stroke, cardiovascular disease, and infectious diseases…[and at less risk of experiencing] a range of illnesses’
• engage in healthy behaviours such as physical activity and are less likely to engage in unhealthy behaviours such as smoking
• have greater knowledge of health conditions and treatments through improved ability to access and understand information that can keep them healthy
• develop attitudes and behaviours conducive to good health
• be employed and earn more
• have better self-management skills
• have more opportunities for social development and enhanced social skills, with positive impacts for both the individual and wider community, and subsequently, for general health eg, have increased levels of participation in society
• have a greater sense of control over their life.

(Higgins et al, 2008:25)

Because education determines health and wellbeing, schools are key sites for protecting and promoting the wellbeing of school staff, students and the wider community. The literature scan shows that young people need to be connected to their school. Connectedness can be achieved through positive student-staff relationships and involving everyone in the school community. Commentators suggest schools have a responsibility to ensure their students and staff are connected and that schools protect and promote the wellbeing of staff and students.

Research shows that a healthy school environment and a positive learning culture contribute to improving wellbeing. The learning culture within a school is shaped and influenced by many different people from the students themselves to the teachers, support staff, the principal, the board, the parents and the wider community. Teacher-student relationships are an important part of this learning culture and school environment, particularly for students at low decile schools. The learning culture is not just shaped at school however, as parents / whānau and the wider community also have a part to play in reinforcing the learning environment young people experience at school eg, valuing education at home.

The literature indicates that a positive learning culture and a healthy school environment requires a whole school approach. A key feature of the whole school approach is engagement; engaging with teachers, students, parents / whānau, and the wider community. Interventions are more likely to be successful within a whole school approach that involves commitment and input from the whole school and its community.

Three wellbeing models used in secondary schools

The Responsibility Model, Restorative Justice Model and Health Promoting Schools are three whole school models described in the literature that highlight the importance of student-teacher relationships, a holistic approach, and linkages with the community. These approaches seem to benefit both students and teachers by improving student-teacher relationships, helping students feel more connected to school, and making teaching less stressful and more effective.
When implemented successfully, these models are essentially about increasing connectedness to achieve better outcomes for young people, staff and the community. Research indicates that increased sense of belonging and connectedness is vital for students to stay at school for longer, improving student-staff relationships, and consequently improving the wellbeing of students, staff and the wider community.

*The Responsibility Model*

The Responsibility Model focuses on teaching students to become more personally and socially responsible. The main focuses of the Responsibility Model include: giving students the opportunities to practice skills such as self-directed learning, decision-making, personal responsibility and helping others; encouraging students to take leadership roles; empowering students to take more responsibility for their decisions and actions; and, placing value on establishing teacher-student relationships that are respectful and positive. The Responsibility Model is a different model of teaching where control is shifted away from a traditional teacher-centred learning environment, to more shared control of the learning environment by both teachers and students.

*The Restorative Justice Model*

The Restorative Justice Model is an alternative approach to dealing with problem behaviour representing a shift in focus from the pure ‘punitive’ type punishment of young offenders, to offenders being seen as victims of their environment and in need of support and help. A restorative approach encourages self-responsibility and accountability. Restorative approaches develop a more positive whole school culture. The scan of the literature has shown that traditional ways of coping with challenging behaviour in punishing or excluding students from mainstream are often ineffective and damaging to young people resulting in disconnection from school and the wider community.

*Health Promoting Schools*

Health Promoting Schools is a conceptual framework that recognises school as an integral part of the wider community where children and young people spend much of their time. The framework encompasses the curriculum, physical and social environments and the involvement of parents and the wider community. Health Promoting Schools aims to provide knowledge, information and skills to empower young people to make good decisions regarding their health at both primary and secondary level. Essentially, Health Promoting Schools is a whole school, holistic approach that aims to contribute to positive learning outcomes and wellbeing for students.
5. Discussion

This discussion draws on findings from the community profile, the literature scan, and the workshops with students, teachers, and parents / whānau and the community to predict the potential impacts of the continued implementation of the Makoura model on health and wellbeing.

The causal pathways leading from the implementation of the model to the potential impacts on health and wellbeing are set out in diagrams 1, 2 and 3 on the following pages. Diagram 1 shows the potential positive impacts and diagrams 2 and 3 show the potential negative impacts.

The causal pathways diagrams were developed by Catherine Straman (Wairarapa Public Health), Robert Quigley, Louise Thornley and Kate Marsh (Quigley and Watts Ltd) in a group white-board exercise. The different evidence sources of the HIA were drawn on by the participants to describe pathways that had the potential to either positively or negatively contribute to wellbeing. It was an iterative process as pathways are debated, revised and finalised.

A discussion explaining the causal pathways diagrams follows.
Diagram 1. Causal pathways for the potential positive impacts of the Makoura Responsibility Model

Makoura Responsibility Model

New way of thinking/working
- Students
  - Its okay to make mistakes & get another chance
  - See 'bigger picture' & see where they want to be in life.
  - Students take responsibility
  - Increased student learning
  - School as safe place
  - Improved lifelong health outcomes
  - Positive Impacts on Health and Wellbeing

- Teachers
  - Increased professional development - 'staying up to date' with new approaches
  - Become aware of consequences
  - Become involved in school
  - School as safe place
  - Improved lifelong health outcomes

- Students & teachers
  - Increased sense of satisfaction about work & feel good about themselves
  - Teachers become role models & have good relationships with students
  - Teachers more likely to identify underlying issues e.g., poor eyesight

- Parents & school
  - Parents have positive interactions with the school
  - Parents become involved in children's education
  - Parents become involved in school
  - Parents become part of school
  - Students aspire to achieve
  - The model compliments New Zealand education curriculum

- Community & school
  - Community supports school to implement model
  - Role models
  - Solves behaviour issue quickly
  - Students / whanau learn new ways to manage behaviour at home
  - Students stay in school for longer

- Structures to support the model
  - Round tables with parents / senior management
  - Content is relevant
  - Students can relate to content
  - Happier students = happier families

Diagram 2. Causal pathways for the potential negative impacts of the Makoura Responsibility Model

Makoura Responsibility Model

Requires a new way of thinking / working

Students

- Student attitudes eg. learning is 'not cool'
- Model seen as soft approach
- Model: it is okay to make mistakes
- Perceived time required to implement the model

Teachers

- Lack of training for new teachers & relievers at Makoura
- Teacher attitudes eg. lack of teacher empathy, different beliefs & worldviews
- Teachers intimidated or challenged
- Less time for teaching & learning
- Increased sick leave, staff turnover, use of relievers

Attention reinforces negative behaviour

- Lack of aspiration
- Less attention on rest of class and less attention on seniors

Boredom & frustration

- Decreased learning, belonging, educational outcomes
- Lack of commitment & respect from students

Reduced mental health

- Reduced mental health for everyone
- Exacerbate or maintain negative perceptions of the school

Failure of the model

Negative Impacts on Health and Wellbeing

- Reduced lifelong health outcomes
- Teacher stress, dissatisfaction, low morale, frustration, exhaustion
- Poor / varied implementation of the model

Disagreement on how to implement the model

- Lack of teacher buy in
Diagram 3. Causal pathways for the potential negative impacts of the Makoura Responsibility Model continued
5.1 Potential positive impacts on health and wellbeing

The implementation of the Makoura Model has a number of potential positive impacts on the health and wellbeing of students, staff and whānau / community. These have been captured pictorially in diagram 1. The purpose of identifying potential positive impacts is to improve and enhance the implementation of the Makoura Model so it can contribute positively to health and wellbeing. The potential positive impacts are organised under the main headings in the diagram: new way of thinking / working; relationships; and, structures to support the Makoura Model.

5.1.1 New way of thinking / working

The literature and participants in the workshops highlighted that the Makoura Model requires a new way of thinking / working for many teachers and students and this new way could potentially positively affect wellbeing.

Students

The literature on the Responsibility Model teaches that it is okay to make mistakes and get another chance as it encourages students to become aware of the consequences of their actions and to begin to see the ‘bigger picture’. In this sense, students may learn that they do not have to be stuck in the same behaviour patterns. Students may then begin to understand what it means to be responsible and what it means to take responsibility for their actions / behaviour. This represents a move away from being disciplined to being self-disciplined. As students begin to modify their behaviour, their learning may increase and they may stay at the College for longer. High quality research clearly shows that improved educational achievements and staying at school for longer results in improved lifelong health outcomes which have positive impacts on students' wellbeing.

‘[G]reater levels of education can lead to more opportunities for social development and enhanced social skills, with positive impacts for both the individual and wider community, and subsequently, for general health’

(Higgins et al, 2008:25)

Teachers

The literature indicates that responsibility models challenge teachers to plan, develop and undertake new ways of working involving a learning process where the student becomes interdependent (instead of dependent). Teachers at Makoura College reported that the new way of thinking / working could mean increased professional development to ‘stay up to date’ with new approaches. This is supported by the literature.

‘In schools offering higher skill discretion (opportunities to keep learning new things, developing new skills, skilled tasks, task variety, and job creativity), teachers’ morale was higher, co-worker support was stronger, teachers felt more appreciated, and their personal and professional goals were more congruous with the workplace’.

(Lemerle and Stewart, 2005:481).
According to the Makoura College teachers, increased professional development could lead to increased satisfaction about their work. These teachers reported that when the Makoura Model works i.e., when students behave better, the teachers feel good about themselves because they have learnt a new way of teaching/working. This has the potential to improve teachers’ mental wellbeing enabling them to have the energy to forge positive relationships with students. The principal recognised that having at least one person at the College that a student trusts could be the difference between that student staying at the College or leaving.

The literature and the Makoura College teachers reported that all of these factors could result in teachers being less stressed and having more energy as well as having increased pride and belonging to the College. This all leads to positive impacts on teachers’ wellbeing.

5.1.2 Relationships

There were three relationships thought to be vital to the ongoing implementation of the Makoura Model: relationships between teachers and students, parents/whānau and the College, and community and the College.

Students and teachers

As relationships between students and teachers improve, the literature indicates that teachers may become role models or people the students can look up to and go to for advice. This could result in students being more connected to the College, having a greater sense of pride in the College and feeling as though they belong.

The Makoura teachers reported that the sense of satisfaction they may get if the Makoura Model is successfully implemented would build, maintain or extend relationships with students because everyone would be ‘moving in the same direction’. The teachers had observed relationships being strengthened when teachers and students worked together towards a similar goal.

Participants in the community workshop said that as students become better behaved and teachers have closer relationships with students, teachers may be more likely to identify the causes of behaviour problems e.g., literacy difficulties and poor eyesight as contributors to poor educational outcomes. As these stronger and more trusting relationships are built, students may see the College as a safe place to be themselves. The literature clearly shows that strong relationships result in increased student learning.

‘In low decile schools, for many students the right sort of relationship with the teacher is not only important, it is a pre-requisite for learning to take place’

(Hawk, 2000:2).

Students in the appraisal workshop said they had positive relationships with their teachers when teachers were friendly, supportive, patient, respectful, fair, and able to understand different learning needs. This is consistent with the literature:

‘Students tend to experience more satisfaction with their schools when they feel safe, are fairly treated, and are supported by their teachers’.
The literature indicates that teachers who are enthusiastic about their work help with relationship building and student learning.

‘[A]n effective learning culture is one in which school personnel love learning, are pro-active and enthusiastic about continuing their own learning, participate in the learning activities and work cooperatively to create a “community of learners”’

(Hawk, 2000:7-8).

Makoura students said positive relationships were forged with teachers when the students were willing to listen and learn, and be responsible, well behaved, respectful and obey class rules.

‘If you do the work the teacher won't get on your case and it will be sweet’ - Student

Parents / whānau and the College

The relationship between parents and the College was seen by parents and teachers as being vital to the model having positive impacts on health and wellbeing. Parents reported they needed to have positive interactions with the College ie, not just hear from the College when their child is misbehaving. Positive experiences / interactions with the College were seen by parents to build a bridge between parents and the College. Parents said this may encourage them to become more involved in the College which may lead to them having stronger relationships with College staff.

In having more involvement with the College, parents said they may learn new ways of managing behaviour at home which could have flow on effects for siblings / whānau. In this sense, the model could support whānau capacity as parents learn about behaviour management, and relationships in the home are strengthened as a result. Teachers and the parents / community thought positive relationships between the parents and the College were critical to achieving this. This could all lead to a greater sense of pride that their child(ren) go to Makoura College.

Research shows that increased parental interaction with school could also increase parents’ participation / involvement in their child(ren)’s education which could improve student learning. Students are more likely to stay in school longer when their parents are involved with the school and when education is valued in the home.

‘There is a great deal of national and international research evidence that parental involvement in their children’s education has motivational, behavioural and cognitive benefits for children’s learning’

(Hawk, 2000:4).

This was thought to impact positively on both parents’ and students health and wellbeing.
Community and the College

The relationship between the community and the school was also mentioned in the literature and by workshop participants, particularly parents, as being very important. Strengthening connections with community organisations and individuals within the community to increase their awareness about the Makoura Model could potentially increase community support for what the College is trying to achieve. Parental and community support for the model was seen to be important because awareness of consequences could be reinforced in the community which provides greater consistency. Although the quote below is specifically about health promotion, it is still relevant to a responsibility model.

‘[H]ealth education materials taught in the classroom need to be reinforced by experiences outside the classroom…Health promotion becomes most effective when the whole school community is actively involved in the reinforcing process’.

(Ma & Zhang, 2002)

The community's perception of the College was a big issue for parents and teachers. Some parents felt they had to defend their decision to send their child to Makoura College when questioned about it by friends and family members. Parents felt successful implementation of the Makoura Model may raise the profile of the College and highlight positive things that are happening there. As a result, doors may open within the community and the community may become more supportive of the College.

‘[there may be] increased ownership by disenchanted members of community ie, those people that didn't want Makoura kids at their kids school’ – Parent

Using role models within or from the College or community could help increase the community's sense of pride in the College and raise its profile. Positive role models such as Jermaine Clement from Flight of the Conchords were important in increasing pride in the College. The principal said the Flight of the Conchords event, that received national media coverage, was a great morale boost for the College. Teachers thought one of the main issues for students at the College was that they did not aspire to achieve. Teachers said it is important for students to have role models like Jermaine so they set ‘their sights high’. Having greater aspirations may result in increased student learning which has positive impacts for students' health and wellbeing.

5.1.3 Structures to support the model

Both the literature and workshop participants suggest school structures can support the Makoura Model. Teachers and parents said ‘Round Table’ discussions with parents and senior management help solve behaviour issues quickly. They said resolving behaviour issues quickly could result in happier students and happier families which in turn could result in increased pride in the College. Participants in the community workshop spoke about a ‘ripple’ effect whereby if students’ pride in the College and pride in themselves increases, their families and the wider Makoura community may also be positively affected.
Home Room, Waka Huia and the Whānau Advisory Group were mentioned by parents and teachers as other structures that could support implementation of the Makoura Model.

Ensuring the curriculum, and the way the Makoura Model is taught, are both relevant to students' lives was seen to be an important issue by many teachers and students. These teachers observed students are not responsive to learning when they do not see the point of it and cannot relate to it. Students said keeping the work interesting and relevant helped build positive relationships between students and teachers.

5.2 Potential negative impacts on health and wellbeing

While there are many potential positive impacts, there are also a range of potential negative impacts the model could have on the health and wellbeing of students, staff and whānau / community. These have been illustrated in diagrams 2 and 3. The purpose of identifying potential negative impacts is to identify opportunities to mitigate the risks for the potential negative impacts becoming a reality. The potential negative impacts are organised under the main headings in the diagram: new way of thinking / working; relationships; and, structures to support the model.

5.2.1 New way of thinking / working

The literature and participants in the workshops both highlighted that the Makoura Model requires a new way of thinking / working for many teachers and students which could potentially negatively affect wellbeing.

Students

Some Makoura teachers reported they thought the model is a ‘soft approach’ to behaviour management because students get a second chance. Both teachers and parents thought the attention placed on problem students would reinforce their negative behaviour potentially resulting in decreased learning, belonging and educational outcomes for not only the students behaving badly but also everyone else in the class as they get less attention and their learning is disrupted. Teachers observed that problem students can drag the ‘middle of the road’ students down with them. Teachers said students know how to manipulate the Makoura Model ie, they know to behave when they are on ‘Dean Report’ but once they are off it and are ‘forgiven’ they go back to their old behaviour patterns.

‘Students like to test the teachers’ - Student

Teachers said that in real life, ‘past errors count towards sentencing’ but in school it does not seem to work like that. Behaviour is not altered in the student and the teachers can often end up feeling undermined. This leads to another round of the negotiation using the Makoura Model which takes up time.

This lack of attention on the rest of the class lead to boredom and frustration as well as reduced mental health for students and staff and decreased learning for students. The literature clearly shows that poor educational outcomes result in poor health outcomes later in life.
‘Low education and literacy levels are strongly related to poverty, malnutrition, ill-health and high infant mortality’

(Public Health Advisory Committee, 2004:30).

Teachers and students reported that many students seem to have negative attitudes towards learning thinking it is ‘not cool’ to learn or achieve at school.

‘People are afraid that they will be left out or hassled if they work in class. Teachers are seen as different from students and it is not cool to listen to them or behave in class’ - Student

Lack of respect and commitment from the students and students not being interested in learning makes it difficult for some teachers to implement the Makoura Model and to achieve positive changes in the classroom. Disinterest in the Makoura Model from students due to lack of aspiration is a big issue for teachers at Makoura. These teachers reported many students do not have any aspirations – they have a ‘here and now’ view of the world. This disinterest could put teachers off trying to implement the Makoura Model. Attitudes like this could result in increased negative behaviour and reduced educational outcomes.

Teachers

The perceived time required to implement the Makoura Model was seen to be a major issue for many teachers who thought they may have less time for teaching and learning. Teachers thought trying to fit the Makoura Model into the already crowded curriculum may result in them becoming stressed, frustrated, exhausted, having a low morale and becoming dissatisfied with their jobs. This is also supported by the literature. Teachers reported multiple pathways through which they could get stressed as a result of the continued implementation of the Makoura Model. However, the literature indicates that when implemented well, responsibility models can reduce teacher stress and so increase the wellbeing of both students and staff.

Teachers thought becoming stressed could lead to increased sick leave, staff turnover, and use of relievers which could result in reduced mental health for teachers and students. Teacher stress could also lead to poor, varied or inconsistent implementation of the Makoura Model which could result in its failure and exacerbation of negative perceptions about the College because the behaviour has not improved. For these teachers, the Makoura Model may be at odds with established classroom rules and require teachers to work differently. Teachers may be taken out of their comfort zones if they have to handle problem situations differently. This may feel ‘unnatural’ for some teachers and can cause stress resulting in them ‘giving up’ on the Makoura Model completely or only implementing parts of it. Teachers in the workshop said they have seen other teachers struggling with it. The increase in shared power between teachers and students was an issue raised by teachers as being a possible barrier to support for the Makoura Model. This was supported by the literature. There is the possibility of a challenging environment becoming even harder.

‘The ability to shift power towards the students in a meaningful way is dependent, however, on the teachers having an underlying belief that students
Lack of training in the Makoura Model for new teachers and relievers at Makoura was seen by teachers to potentially result in negative impacts on their wellbeing. Teachers said lack of training could increase teacher stress and result in teachers not seeing the relevance of or ‘buying into’ the Makoura Model. Students reported that teacher attitudes were an issue particularly lack of empathy towards students. These potential factors could result in disagreement on how to implement the Makoura Model and poor, varied or inconsistent implementation of it. This could exacerbate negative perceptions of the College resulting in failure of the Makoura Model.

Teacher attitudes to the Makoura Model and to learning were issues raised by both staff and students. Teachers vary in the boundaries they place on students, ways of working, expectations and worldviews / beliefs / values. There may be some elements in the Makoura Model teachers do not agree with yet they are requested to conform to it for successful implementation. Some newer teachers reported they did not believe in the Makoura Model and some older teachers reported they found it difficult to change practices of a lifetime.

‘The decision to embrace the potential of the RM [Responsibility Model] is neither a simple nor an easy one to make. It requires a belief that the outcomes associated with the model are important, a vision that sees they can be met and the courage to try’

(Gordon, 2009:25).

It is critical for all teachers at a school to use the responsibility models otherwise they are likely to fail.

5.2.2 Relationships

There were three relationships thought to be vital to the ongoing implementation of the Makoura Model: relationships between parents / whānau and the College, teachers and students, and the College and the community.

Parents / whānau and the College

Teachers and parents reported fragmented and somewhat difficult relationships with one another. The attitudes and cultural values of parents / whānau were reported by parents to be a barrier to them implementing the Makoura Model eg, in instances when parents think it is the College’s responsibility to implement it and not theirs. Teachers said different views about discipline could also be a barrier eg, if a parent believes in punitive punishment they will find it difficult to support restorative processes unless they see the value in them. Another separation between school and home is what constitutes acceptable behaviour in the home can be in conflict with school and / or wider society eg, smoking marijuana. In contrast, what is acceptable or legal in wider society is sometimes unacceptable at school eg, smoking over 18 is legal but banned on school grounds. In this way, school
laws/policies can sometimes differ from what goes on at home and in society. These separations between school and home can result in inconsistent and sometimes conflicting messages. Parents may end up feeling as though the Makoura Model is being pushed on them but ignore it. This could result in more negative student behaviour and increased teacher stress.

Students’ home life and values can affect their educational outcomes, particularly for the students whose parents do not value education. Teachers thought extending the Makoura Model into the home is good but may also be perceived as invasive.

Teachers reported parents / whānau can be difficult to communicate with and that could lead to teachers becoming stressed. Teachers reported communication with parents is difficult as they do not always want to be contacted about their children. Teachers said ringing parents to follow up on student behaviour problems is time consuming and unrealistic with the current student population. Teachers thought language could sometimes be a barrier for parents with poor English language skills.

**Students and teachers**

Lack of strong and respectful relationships between teachers and students were seen to be a key issue for students, teachers and parents. Teachers reported the increase in shared power required by the Makoura Model could place more strain on relationships between students and teachers. They said their authority could be challenged causing additional stress, potentially resulting in reduced mental health outcomes for teachers.

Differential or inconsistent treatment was a concern for some students who had witnessed some teachers giving Pakeha students preferential treatment, allowing some students to eat in class but not allowing others, having different treatment for ‘naughty kids’, and some students getting kicked out of class while others got more chances. This differential or inconsistent treatment approach to behaviour management could result in students having less respect for their teachers and misbehaving which could increase teachers stress.

Student disinterest and students not seeing the relevance of the content taught could potentially lead to negative impacts on wellbeing according to teachers and students. This could then result in teacher stress and ultimately have negative impacts on the wellbeing of students and teachers.

Teachers reported many students have an imbalance between ‘rights and responsibilities’ ie, students’ focus too much on their rights and not enough on their responsibilities. Teachers thought this is likely to result in more negative behaviour and they were already exhausted from dealing with bad behaviour.

‘*No one listens to the teacher*’ - Student

This could lead to teacher stress and reduced mental health for both teachers and students.
The College and the community

Teachers, parents and community members reported a lack of strong relationships with community organisations. Many parents said lack of clear promotion of the Makoura Model within the community could result in negative impacts on wellbeing and ultimately in the model failing because there would be a lack of a shared understanding of it. This could result in the community ignoring the Makoura Model altogether and negative perceptions of the College within the community could remain or become more entrenched. Parents thought the College closing was a potential possible outcome which could affect the wellbeing of the whole community.

Some parents reported the ongoing effects of their uncertainty were very stressful for students, teachers and parents/whānau. Those who fear the College will close may be less likely to support the Makoura Model because they do not see much point in starting something where the results cannot be seen straight away.

5.2.3 Structures to support the model

Teachers and parents reported there are inadequate structures to support the Makoura Model within and outside the College. They said this could result in ‘too much theory and not enough practice’ ie, teachers know how the model should work and understand the underlying philosophies of it but do not know how to implement it in the classroom. This lack of structural support for the model was linked to inconsistencies in the College. Students reported some teachers are inconsistent with their behaviour management approaches in the classroom. Teachers and the community said the College needed to ‘live and breathe’ the model in all of their systems, events, and general day to day activities otherwise there could be poor, varied or inconsistent implementation and even failure of the model. This may mean increased problem behaviour which has many impacts on the health and wellbeing of the whole community.

Teachers described a lack of clear process meant they do not know how to implement the Makoura Model or follow up on problem behaviour and because of the lack of clear processes, they do not have the time to do so at both the teacher and dean level. This could increase negative behaviour potentially leading to teacher stress and reduced mental health for both teachers and students.
6. Recommendations

The discussion indicates the Makoura Model is not working as the principal had planned eg, some teachers do not know how to implement the model and some are implementing it in different ways. Some staff are working with the model but others are not. Evidence from the literature indicates everyone in the College needs to at least be willing to try and implement the model in order for it to be effective ie, there needs to be a whole school approach.

In order to enhance the positive aspects and mitigate the negative aspects of the continued implementation of the Makoura Model, a number of evidence-based recommendations have been developed. These recommendations are high level recommendations and as such, the College will need to develop an implementation plan to enact the recommendations.

It is important to note that Makoura College is already building on existing processes / initiatives to support the continued implementation of the Makoura Model. As such, some of the recommendations that resulted from this HIA build on what the College is already doing while others provide some direction on how the continued implementation of the Makoura Model can be enhanced.

The recommendations have been informed by all the components of the HIA. They are listed below.

1. Link the Makoura Model to existing structures and initiatives within the College and the community

The Makoura Model needs to become embedded in all of the College’s structures and systems so students, teachers, parents and the wider community are familiar with it. The following four recommendations suggest incorporating the model into existing College structures:

1.1 Link the Makoura Model to the New Zealand education curriculum

The curriculum supports lifelong learning so components such as conflict resolution are appropriate content to teach at the College. Curriculum planning should explore how the key competencies, values and 8 key learning areas can reflect the goals of Makoura staff, principal, students and the Makoura Model. Internal assessments must support the integration of the model into the curriculum, as must the Charter, the Strategic Plan, and the incoming Board of Trustees.

1.2 Adopt a health-promoting schools approach

Offer professional development opportunities in partnership with Wairarapa Public Health to work from a school wide health promotion approach. This could positively contribute to curriculum teaching and learning, school organisation and ethos, and community links and partnerships. From this partnership examples of initiatives such
as teacher wellness programmes and resiliency building programmes for students may be able to be tailored and accessed by the College.

1.3 Use Waka Huia to teach about wellbeing and responsibility

Introduce teaching of wellbeing and responsibility into Waka Huia, form-time or Year 9 Home Room time. Plans and guidance for these sessions could be developed by Makoura College health staff and Wairarapa Public Health staff eg, health promoting schools advisor with input from students. Sessions would develop key knowledge, attitudes and skills that promote responsibility and accountability in the students. The College’s health team and the College counselor could have a role here.

1.4 Continue to develop the Homeroom system for junior students

Continue to develop a Homeroom system to support Year 9 and 10 students to enhance class cohesion and support student learning. Students and teachers would develop better relationships and increase their respect for the learning environment. This Homeroom environment would support students learning in areas such as literacy and numeracy. Behaviours developed in these Homerooms may have a greater influence on learning and behavior in other areas of the school.

1.5 Support the continued use of Round Tables

Support the continued use of ‘Round Table’ discussions for dealing with behavioural issues. Since these seem to be effective, the College could look at implementing them earlier in the behaviour cycle. This would support a restorative justice approach to discipline and potentially stop behaviour spiraling out of control.

1.6 Shared learning about the model between the Whanau Advisory Group, parents and the College

The Whānau Advisory Group could be utilised to teach parents about responsibility and how they may reinforce the messages students learn at school at home. This will help establish consistent messages across settings. Perhaps students who are identified as ‘repeat-offenders’ or with continual behavior challenges could have home visits. The Whānau Advisory Group could also be used to teach the College about the model too. Shared learnings about the model between the Whānau Advisory Group, parents and the College would help all groups feel supported to implement the model and may increase consistent implementation of the model.

1.7 Utilise existing community networks

Utilise existing community networks like Māori Women’s Welfare League, Whaiora Whanui and Cameron House to promote the Makoura Model and build community spirit about the model and the College. The Masterton Community Education Plan by the Rural Education Activities Programme may support efforts to get the model to be effective. Discussions between the principal and the programme director indicate the
programme director is interested in supporting the model in a tangible manner. We suggest following this up.

Local role models could visit the College, as mentors or as support for classes implementing the responsibility model.

Where possible, Wairarapa Public Health could support the College through post-HIA report monitoring and initiatives such as Mentally Healthy Schools and initiating interagency support. A possible opportunity is to develop a teacher's workplace wellness initiative in partnership with a health promotion practitioner at Wairarapa Public Health.

2. Senior management to lead the implementation of the Makoura Model

Senior management has a strong role to play at the College and need to be willing to work with and promote the Makoura Model and support other staff to implement it.

2.1 Member of the senior management team should be delegated with responsibility of implementing model across the College

Continued implementation of the Makoura Model will require strong leadership, time and energy from staff who believe in the model. The present principal is a strong leader who believes in the model but he does not have the time required to make it work effectively throughout the whole College. We suggest he delegate the role of leading the continued implementation of the Makoura Responsibility Model to a senior management teacher or a group of teachers who can work with and support other teachers to implement the model across the College.

2.2 Work towards providing adequate non-contact time for teachers

Like many other secondary schools, currently non-contact time for staff at Makoura College is at its limit in terms of teacher resource and capacity within the school. A longer-term recommendation would be for management to develop, where possible, a timetable so teachers have adequate non-contact time during the week to ensure they have time for planning, administration tasks and professional development. We recognise this is largely reliant on the resources allocated to the College by the Ministry of Education. As the school roll increases the Ministry may provide more funding for staff at Makoura which will enable teachers to have more teacher release time.

2.3 Review senior management staff / Form Dean’s time available to support teachers to implement the model

Delegated senior management staff / Form Deans need to support teachers to implement the Makoura Model. They need to reinforce the messages teachers are trying to convey in the classroom. There needs to be a review of senior management time available to support teachers and deal with problem behaviour. Delegated senior management staff / Form Deans could start by responding to problem
behaviour more quickly than happens at present; structured meetings with students need to occur immediately after the incident otherwise students lose interest and the model loses some of its momentum.

Professional development time should be allocated to senior management staff / Form Deans so they have time to deal with problem behaviour that cannot be dealt with by the classroom teacher.

Staff responsible for relief and short-term contract teaching staff should ensure they understand and are competent to use the model. There should be clear procedures for relief staff ie, they should have guidance on implementing the model, who will support them to implement the model etc.

3. Guidance and training for College staff to implement the Makoura Model

There needs to be provision of guidance and training for all teachers, including relievers, on how to implement the model and to reinforce the tiered approach for classroom behaviour (proactive etc. – five stages).

3.1 Implement a buddying or mentoring system for teachers

Teachers could be supported through a buddying or a mentoring system to help implement the model. Senior management could implement a teacher support system where one senior manager heads a group of teachers to build strong relationships with those teachers and act as a mentor to them. Alternatively, as new staff were mentioned as being particularly challenged by the model, experienced staff could work closely with new staff to help in applying the model. There may also be potential for external buddying/mentoring from other colleges in the Masterton area.

3.2 Input from others with experience in the responsibility model

- Invite Jenny Searle from Tararua College to speak to the staff about her experience with implementing a responsibility model. This would be an opportunity for Makoura teachers to hear directly from another teacher with experience in applying this type of model, including the challenges and positive outcomes.

- Consider asking Barry Gordon, a Victoria University academic, to provide mentoring and professional development for the principal and senior management staff. Barry has expressed his interest in assisting the College where he can.
4. Involve students, whānau and the community in the refinement and implementation of the Makoura Model

Involving students, whānau and the community in the College more will not only raise the profile of the College but should also increase awareness and ownership of the model.

4.1 Consult with students about their needs and views of the College

There needs to be further discussion and feedback with students in the implementation of new strategies relating to the Makoura Model. Ongoing student consultation could be a good way of getting students involved and creating a sense of ownership about the model. This could also happen during Waka Huia time. The student council and health team members could play a key role in facilitating information between staff and students, and in planning strategies to improve the College environment. Without students feeling that they are involved in the programme at a fundamental level the model will struggle to gain any traction.

4.2 Provide training and support for parents, family and whānau members to get them involved with implementing the Makoura Model

Training whānau in the Makoura Model will reinforce learning at school and create stronger partnership with parents and the College. This could include provision of examples of concrete, small, achievable tasks for the parents to do at home to support the model. Other suggested features of training are:

- encourage parents to spend time with their children at home, completing thinking tasks or activities that reflect the Makoura Model topics to complement work being done in class
- goal setting and identifying areas where parents could assist students
- students with ongoing behavioural issues might benefit from a conference with whānau and the College to develop a working contract (behaviour/conduct/work completion contract) – what they agree to and are expected to act like in school.
- consider the option of asking whānau / parents to register with the College as a Makoura Responsibility Model Partner – this would mean they would be ‘on the books’ or ‘registered’. It would represent an expressed commitment to ensure the successful implementation of the Makoura Model and their commitment to work with the College where they can.
- the College should reinforce positive parenting messages to parents and whānau by acknowledging when students are doing well at school. This represents a shift from focusing on negative behaviour to focusing on a strengths based approach consistent with the youth development approach.
- a parenting strategies programme could be helpful for encouraging good behaviour in the home. There is currently a parenting skills programme for parents of 8-12 yr olds called ‘Middle Years’ but this programme could be adapted for parents of teenagers.
4.3 Have agreement between the College and whānau about the model

Have agreement between the College and the families about the Makoura Model and how the College will work with families and vice versa. It could be a ‘contract’ between parents, students and the College but it needs to be unobtrusive and focus on the processes the College wants to engage in. It needs to provide clear examples to parents about what the model is and how it might work. Consider novel methods of delivery including community members talking to parents / whānau or other community members (possibly a function of the Whānau Advisory Group), cartoons and text messages. The Wairarapa District Health Board has experience in providing text reminders to clients.

4.4 Clearly promote the model to parents and the community

Students, parents and the community need to clearly understand what the College is trying to achieve by implementing the Makoura Model. Promotion of the model is a big part of creating awareness and understanding. A communications plan could be created to coincide with messages the College wishes to communicate to whānau and community. This could occur through the College newsletter, regular updates in the local newspaper, and students making a DVD about the model. The principal should try to talk about the model with parents, teachers and students to reinforce how important it is at every possible opportunity. Promotion of the model must be done in a clear way that everyone can understand.
References


Appendix A: Questions for Appraisal Workshop Small Groups

Student Appraisal Workshop

Aim: to gain a better understanding of the students’ attitudes towards school, learning, teachers and behaviour. The Makoura Responsibility Model was not discussed in great detail but the concepts of self-responsibility and self-management were discussed.

Questions:

1. ‘What’s hot and what’s not’ about Makoura College?
2. What affects your wellness or wellbeing?
3. What encourages positive relationships between students and teachers at school?
4. What does self-responsibility and self-management mean to you?
5. What happens when it all goes wrong in the classroom?

Hot-Seating Technique – role playing

The hot-seating technique was a role playing exercise where students got into groups of three and thought about a scenario that might happen in the classroom. The facilitator asked selected students in the groups the questions in the table below as though they were the students in the scenario (hot-seating technique).

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students in a music class misbehave and don’t listen to the teacher. As a consequence the students are no longer able to play the instruments.</td>
<td>How do you feel when you cannot play instruments because of other people’s behaviour?</td>
</tr>
<tr>
<td>Students are eating in the class. Some students are sent out straight-away and sent to management but others are allowed to continue eating.</td>
<td>What do you think is happening in the class when this happens?</td>
</tr>
<tr>
<td>Sometimes when students try to work hard in class other students hassle them because it is not seen as cool to work in class. These students start playing up with the others.</td>
<td>Why do you think it is seen as not cool to learn in class, or to listen to the teacher?</td>
</tr>
</tbody>
</table>
Teachers Appraisal Workshop

Aim: to ascertain teachers perceptions about how the ongoing implementation of the Makoura Responsibility Model may impact, positively or negatively, on the wellbeing of staff and students at Makoura.

Questions:

Question 1: How might the ongoing implementation of the Makoura Responsibility Model affect the staffs' sense of belonging to Makoura College?

Question 2: How might the ongoing implementation of the Makoura Responsibility Model affect the students' sense of belonging to Makoura College?

Question 3: How might the ongoing implementation of the Makoura Responsibility Model affect the students' education / learning?

Whānau / Community Appraisal Workshop

Aim: to ascertain parents / whānau and community members perceptions about how the ongoing implementation of the Makoura Responsibility Model may impact, positively or negatively, on the wellbeing of staff, students and the wider Makoura community?

Questions:

Question 1: How might the ongoing implementation of the Makoura Responsibility Model affect the community's sense of belonging to Makoura College?

Question 2: How might the ongoing implementation of the Makoura Responsibility Model affect the students' education / learning?
## Appendix B: Appraisal Workshop Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brenda (no last surname provided)</td>
<td>Parent</td>
</tr>
<tr>
<td>Sarah Lysaghs</td>
<td>Community / Ex-guardian of grandson who attended Makoura</td>
</tr>
<tr>
<td>Tanya Brenkley</td>
<td>Parent</td>
</tr>
<tr>
<td>Rere Walker</td>
<td>Kaumatua</td>
</tr>
<tr>
<td>Marama Fox</td>
<td>Kahungunu</td>
</tr>
<tr>
<td>Debbie Te Whaiti</td>
<td>Parent</td>
</tr>
<tr>
<td>Nicola Diedrichs</td>
<td>PHO</td>
</tr>
<tr>
<td>Berry Taylor</td>
<td>Wairarapa District Health Board</td>
</tr>
<tr>
<td>Sue Willoughay</td>
<td>CAMHS Wairarapa District Health Board</td>
</tr>
<tr>
<td>Carrie Theedom</td>
<td>Parent / Public Health</td>
</tr>
<tr>
<td>Tania Madden</td>
<td>Masterton District Council</td>
</tr>
<tr>
<td>Emma Waddington</td>
<td>Community / Te Kawa Rangi Trust</td>
</tr>
<tr>
<td>Wendy Woodhouse</td>
<td>Wairarapa Addiction Service</td>
</tr>
<tr>
<td>Lee Anne Tait</td>
<td>Wairarapa Public Health Unit</td>
</tr>
<tr>
<td>Brenda Eunson</td>
<td>Parent / Teacher Aid Teen Parent Unit</td>
</tr>
<tr>
<td>Gina Beecroft</td>
<td>Community</td>
</tr>
<tr>
<td>Susan Hullah</td>
<td>Parent / Rangi Marie Marae</td>
</tr>
<tr>
<td>Michael Hullah</td>
<td>Parent / Rangi Marie Marae</td>
</tr>
<tr>
<td>John Slater</td>
<td>Rangitane</td>
</tr>
<tr>
<td>Joseph Gasper</td>
<td>Te Awhina Cameron House</td>
</tr>
<tr>
<td>Jayne Gasper</td>
<td>Parent</td>
</tr>
<tr>
<td>Georgia Gasper</td>
<td>Student of Makoura College</td>
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<tr>
<td>Joe Nuku</td>
<td>Youth Transition Service</td>
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<tr>
<td>Tom Hullena</td>
<td>Makoura College</td>
</tr>
<tr>
<td>Catherine Straman</td>
<td>Wairarapa Public Health</td>
</tr>
<tr>
<td>Anna Stuart</td>
<td>Wairarapa Public Health</td>
</tr>
<tr>
<td>Robert Quigley</td>
<td>Quigley and Watts Ltd</td>
</tr>
<tr>
<td>Louise Thornley</td>
<td>Quigley and Watts Ltd</td>
</tr>
<tr>
<td>Kate Marsh</td>
<td>Quigley and Watts Ltd</td>
</tr>
</tbody>
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Appendix C: Literature Scan

See separate document.