



Evaluation
of the
HIGH ON LIFE
project in two
Whanganui Schools

Whanganui 'High on Life'
Evaluation Working Group
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Overview

‘High on Life’¹ is a collaborative initiative among schools, health and community agencies in the Whanganui region. Its goal is to reduce tobacco, alcohol and other drugs related harm among students and within their school communities.

In 2004, the ‘High on Life’ project was launched locally. Project partners² currently include senior schools throughout the Whanganui region, Nga Tai O Te Awa Maori Development Organisation (formerly Taumata Hauora Trust Maori Development and Primary Health Organisation), Ministry of Education, Whanganui District Health Board (Alcohol & Other Drug Service and the Public Health Centre) and Whakauae Research Services (the research arm of Te Maru O Ruahine Trust, Ngāti Hauiti).

1. Project objectives

The project aims to:

- a) Promote school as a place free from tobacco, alcohol and other drug (AOD) related harm;
- b) Facilitate easy access for students to AOD services at school, without fear of punishment;
- c) Facilitate access for AOD services to their client group on school sites;
- d) Help schools retain and work effectively with students with AOD issues;
- e) Promote AOD awareness, discussion, and strengths-based action among young people;
- f) Assist schools to develop effective AOD policies and practices, and to develop a supportive school environment;
- g) Facilitate professional development for teachers of drug education (ref ‘High on Life’ project model attached as Appendix One).

2. Youth worker role objectives

In July 2007, funding from the Whanganui District Health Board (WDHB) provided for the employment of 1.5 full time equivalent (FTE) ‘High on Life’ (HoL) youth workers for a period of two years under the umbrella of project partner, Nga Tai O Te Awa. One full time youth worker has been based at Ruapehu College, and one half - time youth worker has been based at Rangitikei College during that time.

¹ ‘High on Life’ work takes place in state and integrated secondary schools in the Whanganui region. Similar work under the ‘High on Life’ name exists in other areas of NZ, with permission from the Whanganui group to use the ‘High on Life’ name.

² A Project Steering Group, comprising these health and community agencies and school representatives, meets quarterly to set direction and monitor progress. A Sub Group, made up of agency practitioners, meets at least monthly to plan and review project implementation tasks.

They are not qualified AOD clinicians, but have early intervention and health promotion³ responsibilities. The brief of the youth workers has been to strengthen the HoL intervention by:

- h) Increasing the support available for students at risk of AOD harm;
- i) Working effectively with students' whānau;
- j) Working alongside key staff in the identified schools;
- k) Expanding youth participation in 'High on Life';
- l) Taking advantage of wider health promotion / community action opportunities.

3. Hapū worker objectives

In late 2007, short term Ministry of Health funding provided for the 0.5 FTE appointment of a hapū worker for the He Arorangi Whakamua Tobacco Control Project⁴ being run by Rangitikei iwi, Ngāti Hauiti. The hapū worker carried out some of her mahi as a HoL Project Group member. This included working alongside the 0.5 FTE youth worker at Rangitikei College. Her role here was to support the HoL kaupapa with a particular focus on rangatahi tobacco uptake reduction and cessation.

He Arorangi Whakamua Project hapū worker objectives which fitted with HoL work were to:

- m) Work towards reducing the uptake of tobacco in rangatahi and tamariki;
- n) Assist, support and refer whānau to cessation.

Young people can therefore experience HoL in a number of different ways. They may be aware of the offer of AOD help if needed and may be engaged in thinking critically about AOD issues via the health promotion work. Some students make contact with and seek advice from the youth workers or the hapū worker informally, and/or participate in the organised health promotion / community action

³ Health promotion is the process of supporting people to increase control over the factors that influence their health and quality of life. An important characteristic of health promotion is the focus on groups of people, either the whole population or specific sub-groups. It places emphasis on changing the environment to enable behaviour to change (Waa, Holibar & Spinola, 1998:5). Health promotion principles include power sharing by working alongside people, having a local focus, taking a holistic approach and involving all sectors of the community (Runanga Whakapiki Ake I te Hau Ora o Aotearoa / Health Promotion Forum of New Zealand : 2001).

⁴ This project grew out of a conceptual framework developed by Dr Heather Gifford (2003), of Ngāti Hauiti, during the course of her doctoral research. It draws upon iwi development principles, indigenous health promotion frameworks and evidence-based practice to curb tobacco uptake among the rangatahi of Ngāti Hauiti. The project uses integrated hapū worker, whanaungatanga, auahi kore marae, social marketing, parenting programme, and partnership and policy practice strategies to work towards the overall goal of reducing rangatahi tobacco uptake.

activities. A smaller number of students seek formal help from AOD clinicians via small group interventions. Other students engage in individual AOD or quit counselling with the AOD clinicians or the hapū worker.

4. 'High on Life' project evaluation

This evaluation considers the effectiveness of the HoL model and youth worker role development and impact in the two schools. To a lesser degree, it also considers the effectiveness of the hapū worker role development and impact on a single school site⁵.

Massey University's Centre for Social and Health Outcomes Research and Evaluation (SHORE) work on the characteristics of effective AOD practice in school communities in this country (Casswell, Liggins & Dickinson, 2008) has influenced the Whanganui HoL evaluation work. Casswell et al (2008) concluded that interventions of the HoL type were among the few which showed promise of yielding positive results. Not surprisingly therefore, HoL related objectives (ref a – n on pages 3 and 4 of this report) are broadly consistent with the characteristics of effective practice identified (Casswell et al, 2008).

Table 1: Sources of Information overleaf lists these characteristics and maps the data source and data collection method the HoL Evaluation Working Group (EWG) used to inform the evaluation of each characteristic in local practice. The corresponding HoL project, youth worker and hapū worker objectives are grouped, using alphabetical reference (see a – n on pages 3 and 4 of this report), with each of these characteristics. For detailed information on the HOL evaluation approach, please see Part 6 of this report.

⁵ The preliminary review of the role of the hapū worker, within the context of this evaluation, is of particular significance for two reasons. One because it is only recently that smoking cessation intervention with under 18s has been included in Aotearoa New Zealand's tobacco control programme and two because, as far as we are aware, very little of this work has been undertaken on school sites as part of an integrated project approach.

Table 1: Sources of Information

SHORE Characteristics (HoL Project Objectives)	All Students	Service Users	All School Staff	Principal and Key School Staff	HOL Youth Workers & AOD Clinicians
Access to Early Intervention and AOD Services on the School Site (b, c, d, h, n)	✓ Survey	✓ Survey & Focus Groups	✓ Survey	✓ Interviews	✓ Survey
Supportive School Culture, Practices and Policies (a, d, e, f, m)	✓ Survey	✓ Survey & Focus Groups	✓ Survey	✓ Interviews	✓ Survey
Effective Drug Education (a, e, g)				✓ Interviews	
Health Promotion and Community Action with Young People (a, e, f, g, k, l, m)	✓ Survey	✓ Survey & Focus Groups	✓ Survey	✓ Interviews	✓ Survey
Links with whānau (d, i, j, m, n)		✓ Survey		✓ Interviews	
Work to Reduce Supply (a, f, n)				✓ Interviews	

5. Project evaluation results

The key project evaluation results are summarised here:

- It is possible to enable students to deal with their AOD issues while still engaged in school. This evaluation suggests that the approach is more efficient and more helpful to both the school and its students;
- Students with AOD issues respond to this supportive school environment by using the AOD services available;
- HoL provides an efficient and effective means for AOD clinicians, youth workers and the hapū worker to gain access to their target population. It is easier to engage students with AOD problems in a change process when they can be accessed through their school;

- Early intervention options are worth exploring in other schools. Students seek help when they trust the workers involved;
- Teachers support a school-wide AOD strategy;
- Suspensions for AOD related issues do not necessarily decrease as an outcome of HoL intervention;
- Teachers, principals and practitioners do not think alike about tobacco, alcohol and other drug issues. However, there has been strong agreement on most of the issues most of the time;
- There is a lot of time, communication, and goodwill involved in the implementation of the HoL work;
- Youth workers have been able to relate to students from an independent perspective and also respect the culture and vision of the school. Losing the trust of either the students or the key school staff would reduce the effectiveness of the work;
- Youth workers added greatly to the scope and effectiveness of the HoL approach in both schools.

6. Recommendations

The Evaluation Working Group's recommendations for the future development of the Whanganui 'High on Life' project, in response to evaluation results, include the following:

- Continue to work with young people to refine the design of the wallet cards and methods of distribution for maximum impact;
- Communication and co-operation between adults makes HoL work well. Some systems for structured reflection and planning of the HoL work in each school would be useful;
- Effective AOD interventions and supportive school systems combine to produce good outcomes for young people seeking help. We need to keep developing our practices and our systems to get even better outcomes;
- Further investment in youth worker and hapū worker roles, in these schools and others using a HoL model, is likely to produce similar excellent outcomes. Investment in these roles in schools without a HoL type model is likely to be less effective;
- The HoL team should consider ways that youth workers could have more impact on whānau and communities;
- The evaluation does not show how sustainable the HoL work is after changes in key personnel like principals or youth workers. This is an area for further investigation;

- A HoL approach is certainly possible without the youth worker resource, but the youth workers have added depth and breadth to the work. Further investment in the youth worker roles is likely to benefit many young people and their schools;
- The way the HoL model worked at each school was slightly different. This means that the people involved thought about how to adapt the basic model to the needs of the young people in each school community. This seems important for any school or area considering a HoL approach – we must think about the outcomes we want for our students and our schools, and use this thinking to inform our actions.

7. Evaluation report structure

The evaluation report is divided into eight parts. The focus of each of these is briefly described here.

Part 1: Students' general awareness of 'High on Life'

All Year 9 students at both colleges were surveyed in Term One (baseline data collection) and again in Term Four (follow up comparison data collection) 2008. The purpose of this was to identify penetration of HoL key messages during the course of the year and to gather information to inform changes in future delivery. In Part 1 of the report, the results of these surveys and subsequent analysis are presented.

Part 2: Service users'⁶ views about 'High on Life'

In this part of the report, interaction with practitioners (A&OD clinicians, youth workers, hapū worker) is explored from the perspective of services users. This material focuses on the experience of a small group of students, across all age groups and in both schools, and was collected via a self administered survey and focus group interviews.

Part 3: The school staff reaction to 'High on Life'

The perspectives of staff, regarding both the implementation and impact of HoL in their respective schools, were a critical evaluation focus. The in-depth information subsequently gathered from across the staff contingent of each college is summarised and analysed here.

⁶ 'Service users' refers to the young people who sought formal AOD intervention from the AOD practitioner, youth workers and / or the hapū worker on-site. In an AOD clinical setting, these people may be referred to as tangata whaiora or clients. Students who sought early intervention through the youth workers or hapū worker are not however, categorised in this way. Our evaluation did not seek to distinguish between those who used the AOD practitioner and those who used the youth worker and / or hapū worker service because we wanted to evaluate the HoL model rather than the individual services. The generic 'service user' therefore became a more convenient term. We experimented with a number of other terms but were unable to settle on any better label.

Part 4: Perspectives from the school principals

Both college principals individually participated in key stakeholder interviews as part of the project evaluation process. In Part 4 of the report, their reflections on HoL project work and its impact in their respective schools are presented. Key themes emerging from this are identified and further explored.

Part 5: Experiences of the youth workers and the AOD practitioners

Part 5 of the report adds the final key stakeholder dimension with the inclusion of the perspectives of 'front line' practitioners involved in HoL related work. Topics covered are issues of access to and for students, opportunities for strengthening project work and the impact of school culture and systems on this work.

Part 6: Evaluation approach

The largely qualitative approach taken to the evaluation work is described in this part of the report. Also included is an outline of process and impact evaluation foci, ethical issues addressed and study limitations as well as a description of the evaluation participants and the evaluation team. Evaluation study design factors are described incorporating data collection instruments, data collection processes and method of analysis.

Part 7: Discussion and interpretation – what does all this mean?

Part 7 draws together the key themes emerging from the exploration of the perspectives of the range of HoL project stakeholders covered in Parts 1 – 5 of the report. The contrasts and similarities are identified and implications for future practice briefly considered.

Part 8: Summary and recommendations

In this final part of the report, evaluation results and conclusions are summarised. The Evaluation Working Group's recommendations for future HoL project development, informed by the evaluation outcomes, are also presented.

Part 1: Students' general awareness of 'High on Life'

Ko te manu e kai ana i te miro, nona te ngahere.
Ko te manu e kai ana i te matauranga, nona te ao.

The forest belongs to the bird that eats the miro berry
The world belongs to the bird that gets education.

'High on Life' project work includes:

- Production and distribution of an informative wallet card to junior students at the start of the school year;
- School staff, youth workers, and AOD practitioners talking to assemblies about tobacco, alcohol and other drug issues including promoting availability of the onsite support services; and
- Other health promotion / community action activities during the year.

We surveyed year 9 students (ref survey tool attached as Appendix Two), in the two colleges where HoL youth workers were based, about their awareness of HoL at the start and again at the end of 2008. Students had not formally been given information about HoL prior to the first survey. Further survey details are discussed in Part 6 of this report.

1. Student awareness of 'High on Life' at Ruapehu College

Responses were received from 34 students in Term One and 28 students in Term Four. Table 2 below shows students were much more aware of HoL work by the end of the year.

Table 2: Students' Awareness of 'High on Life' at the start and again at the end of 2008 – Ruapehu College n = 34 Term One n = 28 Term Four (Term One responses are shown in black. Term Four responses are shown in grey.)

	Yes	Don't Know	No
1. If I needed information about tobacco, alcohol or other drug issues there are people who work at my school who could help me.	76% 93%	21% 4%	3% 4%
2. An alcohol and other drug worker runs a clinic at my school.	41% 75%	50% 21%	9% 4%
3. Tobacco, alcohol and other drugs are banned at my school.	94% 96%	6% 0%	0% 4%
4. I know about the work the 'High on Life' project does at my school.	30% 79%	42% 14%	27% 7%
5. I have been given information about who to go to for help with any tobacco, alcohol or other drug issues.	88% 89%	9% 4%	3% 7%
6. I know how to contact the 'High on Life' project youth/whānau support worker at my school.	42% 75%	33% 18%	24% 7%

7. The 'High on Life' project youth/ whānau support worker at my school works to cut down on tobacco, alcohol and other drug problems at my school.	67% 96%	27% 4%	6% 0%
8. The 'High on Life' project youth/ whānau support worker at my school works to cut down on tobacco, alcohol and other drug problems in my community.	52% 68%	48% 32%	0% 0%
9. My school gets help for students with tobacco, alcohol and other drug issues.	90% 89%	9% 7%	0% 4%
Average (start of year)	64%	28%	8%
Average (end of year)	84%	12%	4%

At the start of the year, students did not readily associate the HoL work with the AOD clinics on the school site. Of the 14 students who indicated (Question 2) that an AOD clinician ran a clinic at their school, only 4 said they knew about the HoL work (Question 4).

At the start of the year, students were not yet sure about the role of the HoL youth workers. Of the 14 students who indicated (Question 6) that they knew how to contact the HoL worker at school, only 7 said they knew what HoL does (Question 4). However, at the end of the year, students were more confident in their knowledge of HoL work and in their ability to contact the youth worker. Of the 21 who knew about HoL, 18 knew how to contact the youth worker.

Students at Ruapehu College were very aware that alcohol and other drugs are banned at school. HoL's on-site help for students does not seem to have eroded this awareness. Students were also very aware that the school gets help for AOD issues and offers help to students. The awareness of the on-site clinics increased quite dramatically between the two surveys.

The HoL worker is well known to many students through her community links and full time presence in the school. This may explain the relatively high baseline levels of awareness among students, even though her work had not been formally promoted to year 9 students at the time of the survey.

By the end of 2008, all year 9 students had at least some level of awareness of HoL work.

2. Student awareness of 'High on Life' at Rangitikei College

Responses were received from 61 students in Term One and 58 students in Term Four. Table 3 below shows trends in students' awareness of HoL's work by the end of the year.

Table 3: Students' Awareness of 'High on Life' at the start and at the end of 2008 – Rangitikei College n=61 Term One, n=58 Term Four (The responses from Term One are shown in black. The Term Four responses are shown in grey).

	Yes	Don't Know	No
1. If I needed information about tobacco, alcohol or other drug issues there are people who work at my school who could help me.	66% 68%	31% 27%	3% 5%

	Yes	Don't Know	No
2. An alcohol and other drug worker runs a clinic at my school.	3% 12%	85% 71%	11% 17%
3. Tobacco, alcohol and other drugs are banned at my school.	92% 86%	5% 5%	2% 8%
4. I know about the work the 'High on Life' project does at my school.	10% 24%	41% 49%	49% 27%
5. I have been given information about who to go to for help with any tobacco, alcohol or other drug issues.	28% 61%	21% 20%	51% 19%
6. I know how to contact the 'High on Life' project youth/ whānau support worker at my school.	2% 16%	10% 43%	89% 41%
7. The 'High on Life' project youth/ whānau support worker at my school works to cut down on tobacco, alcohol and other drug problems at my school.	13% 48%	80% 42%	7% 10%
8. The 'High on Life' project youth/ whānau support worker at my school works to cut down on tobacco, alcohol and other drug problems in my community.	21% 22%	72% 69%	7% 8%
9. My school gets help for students with tobacco, alcohol and other drug issues.	33% 61%	59% 32%	7% 7%
Average (start of year)	30%	45%	25%
Average (end of year)	44%	40%	6%

Students were not sure about HoL's work at the start of the year. The November survey shows they were only a little more aware of the help available and somewhat more knowledgeable of the role of the HoL youth worker. While students seemed confident that there is someone at school they can go to for information about AOD issues, less than one quarter of students associated this with HoL's work. Only one in six students were sure about how to access help if they need it. Few of the year 9 students were aware of the AOD clinic available on the school site.

Students at Rangitikei College were very aware that alcohol and other drugs are banned at school. There was a low baseline level of awareness of the 'High on Life' work at Rangitikei College among year 9 students. The increase in awareness over the year seems relatively small.

There are a number of factors which seem to have influenced the relatively low levels of student awareness at Rangitikei College. The half time youth worker had resigned two months prior to the survey, and the school had been without a HoL youth worker in that time. The youth worker had been based in Whanganui, rather than at the school, which limited the 'hands-on' time in school. Further, the youth worker had worked mainly with students in years 10 and 11, and this was perhaps at the expense of her profile among the year 9 group.

In general though, across both schools, students were aware that there would be AOD help available should they, or a friend, need it. Students had received information about this help, and were aware of how they might access the help.

This broad level of awareness of 'High on Life' is a prerequisite for students perceiving that the school culture is supportive of students dealing with AOD issues. If you don't know about the offer of AOD help when needed, how can school seem supportive?

It is apparent that HoL awareness needs to be reinforced regularly. A new group of Year 9 students comes into the school each year with little or no knowledge of HoL. To keep up the HoL profile, it would seem critical to routinely re-visit the key messages.

Part 2: Service users' views about 'High on Life'

E paru i te tinana, e ma e te wai;
E paru i te aroha, ka mau tonu e!

You get stuck with mud, and it washes off in water;
You get struck with love, and it sticks!

1. Survey Data

We were interested in the views of students with AOD issues who had used the youth worker service, the hapū worker service or the on-site AOD clinics run by the Whanganui DHB. Students were offered the opportunity to complete a self-administered survey about this interaction (ref Part 6 Evaluation Approach, below for data collection and analysis details. The survey tool is attached as Appendix Three).

There was no way to tell from the surveys whether the students' contact was with the AOD practitioners, the youth workers or, in the case of Rangitikei College, the hapū worker. The results from each school were collected and analysed separately. They are presented here in combined form as the responses from each school were very similar.

Table 4: Service users views about the on-site AOD help provided (n = 25)

		Strongly agree	Agree	Disagree	Strongly disagree
A	They helped me to think about how to take better care of myself.	7 29%	16 67%	1 4%	0 0%
		96%			
B	I'm getting into less trouble now.	8 32%	12 48%	5 20%	0 0%
		80%			
C	Things have improved for me at school.	6 24%	14 56%	3 12%	2 8%
		80%			
D	Things have improved for me at home.	5 21%	8 33%	9 38%	2 8%
		54%			
E	It gave me a good chance to think about my tobacco, alcohol and / or other drug use.	8 32%	11 44%	4 16%	2 8%
		76%			
F	It gave me a good chance to make changes to my tobacco, alcohol and / or other drug use.	8 33%	12 50%	3 13%	1 4%
		83%			
G	I'd tell my friends to go to the alcohol & other drug worker (Deanna or Mark) or the 'High on Life' youth worker (Julie or Chrissy) if they needed help.	9 36%	13 52%	1 4%	2 8%
		88%			

Students seemed highly positive about the AOD support provided. Students overwhelmingly agreed that the support had helped them think about, and change, their AOD use. More than three quarters of students agreed or strongly agreed that they were getting into less trouble and that things had improved at school. Over half believed that things had improved at home.

The data indicates the on-site services produce changes that are really important to the young people and significant for their future. Almost 90% of the young people would recommend the service if their friends needed help.

The students were also asked about the HoL offer of help, the ease of access to AOD help, and the school environment. The results are shown in Table 5 below. More than three quarters of these students were highly aware of the offer of help without punishment, got and liked the wallet card, and were impressed with how easy it was to get help. More than two thirds of the students felt that school was more supportive.

Table 5: Service users views about ‘High on Life’ (n=25)

		Strongly agree	Agree	Disagree	Strongly disagree
A	My school told all students that we could get help without fear of punishment.	8 32%	12 48%	2 8%	3 12%
		80%			
B	I got the wallet card.	13 59%	6 27%	0 0%	3 14%
		86%			
C	I liked the wallet card.	9 43%	7 33%	2 10%	3 14%
		76%			
D	'High on Life' made it easy for me to get help for my tobacco, alcohol, or other drug use.	12 50%	8 33%	2 8%	2 8%
		83%			
E	School felt more supportive.	5 20%	12 48%	7 28%	1 4%
		68%			

The surveys also had space for students to make comments and suggest ways HoL could be improved. The comments provide interesting insights into the responses above.

Many students reflected on their success in making the changes they identified: **“I feel much better.” “I’m algood.” “It was good as.”** Another found the service useful, but the change difficult: **“I would have liked it to work, but deep inside I couldn’t help (it). (The HOL worker) done her best to help me.”** Another commented that **“School didn’t help. (The HOL worker) helps us all da tyme.”**

Several students commented that their families were proud of the changes they had made.

Some of the service users' comments about improving HoL reflected their positive view of the community action / health promotion activities. Students suggested having more visits, youth-driven activities with prizes, and more "Not Even" shows.

Other comments about improvements focused on the role of adult control and student choices. One commented that **"they could test us in any way they can to make us stop smoking"**, while another was adamant that **"I smoke and I'm not going to stop, and you can't make me."**

2. Focus Groups

Service users, over the age of 16 years, were also invited to participate in a focus group interview at each school. During these interviews, they were asked a set of questions about HoL, the school environment, the youth worker, hapū worker and AOD services. The focus group interview schedule included follow-up questions which were dependent on the student responses to the initial questions (ref Appendix Four).

(a) Access to early intervention and AOD related services on the school site

Students seemed convinced that having HoL related support services available on site was a positive thing. **"I reckon it's good because some of the kids here do have problems with like drugs and marijuana and drinking quite a bit and having someone there to talk to or to help out is like good for a school like ours."** **"(It's good) having somebody to go to when you need help."** The students also saw the youth workers as a useful resource if they were concerned about a friend: **"Just cos I know quite a few people that do, do drugs and drink quite a bit. It's good to have someone there if they want to quit. Or if someone knows of someone that is doing too much they can let [the youth worker] know and they'll know a better way of handling the situation... And like if one person goes then they can influence their friends to join and talk as well about it."**

Students in the focus groups could not think of any 'not so good things' about having the practitioners on the school site.

Students at both schools thought the profile of the youth workers was important. **"It's made a difference cos she's in the school. She's been seen more in public. She's been seen by more people so instead of going to a health clinic where you will meet ... a stranger."** **"She's there when you need somebody."** **"She's shown us she's there to help."** **"If the person... like my friend wanted me to approach (the youth worker) then yeah I would go and do it."**

Students also valued the on-site availability of the youth workers. **"You don't have to travel to them."** **"Cos like the problem is kind of here at school so if it's dealt with at school then it can be addressed here."**

The attitude of the youth workers earned the students' trust. **"By having that relationship, she's actually kind of built confidence, not confidence but trust with people that come to her. So that would be different from going to a health clinic where you don't know anyone."** **"I think (it's about)**

trust. That knowing we could go and talk to her and she wouldn't go around talking to everyone else about it.... Like with some teachers you think you can trust them but then you never know. They all go and sit in the staff room and talk about you." Students believed the youth workers and AOD workers had about the right balance between challenge and support: **"Yeah, like the pushing force from them was good but like not too over bearing that you feel like you might let them down or something."**

Focus group members at one school valued the relative youth of the 'High on Life' youth worker: **"There are some teachers that you can talk to and that you feel comfortable (with), but like having a (young) person you can actually relate to..."** The focus group students discussed the importance of the practitioners not being teachers, or not acting like some teachers at the school. **"They are able to relate to us... They feel more comfortable, cos like teachers are like 'You can come to us, you can come to us' and we are like, 'No, no, we can't, we really can't'. And then having a youth worker here that we can relate to - it's way easier to talk to them."**

The following exchange between two focus group students highlights the issue.

FG 1 **"Teachers kind of don't really address the problem. Like they get all like angry and all like 'You shouldn't be doing that!' But they don't kind of like give the support where as like..."**

FG2 **"The youth workers do."**

FG1 **"And they don't like turn it into a whole negative... like... What am I saying? Just like they don't make you feel as low as what some staff do."**

FG 2 **"Yeah, cos some staff just make you feel worse.... Yeah they just think that the students are being stupid if they do drugs or if they drink alcohol"**

FG1: **"(They need to) just go on like the new path of how they are addressing it. Like instead of being really angry and that kind of thing, kind of like turn it around and like talk."**

(b) Supportive School Environment

Students acknowledged that the majority of the school staff are pretty good at adopting the new 'High on Life' ways, though the attitudes and behaviours of "some staff" were a barrier to a really supportive school environment. **"Some of them scare me... I know what I want to say, but I can't get it out."**

These comments perhaps serve to highlight the contradiction, from the perspective of students at least, between the project's stated intention to support and work alongside the school whilst simultaneously seeking to maintain a clear demarcation between project-related support service personnel and school staff per se. The approach is underpinned by the assumption that access for students may be enhanced if support services are seen by them as clearly being independent from the school.

The focus group students encouraged teachers to **"teach more the effects of the drugs and the positives and negative sides of it and make sure you're teaching it to all students that walk into the school. Just as long as they know, you've achieved your purpose because you let them learn. They will have to learn the hard way unless you taught them. The information is there."**

The students contrasted this to a control-based environment.

FG 1: **“(It’s right that) the school complains about drugs and smoking at the school. But in the same breath they complain about our uniform, to what we wear in our hair, to the colours on our nails. So left and right we’ve been targeted by all these rules.”**

FG2: **“No matter what we do, it’s not going to be right.”**

(c) Health promotion / community action

Some focus group members had been involved in and had benefited from the community action / health promotion activities. Two had appreciated the youth workers’ **“whole approach to the whole thing. It was like really good in a way that we as a group felt really confident to go and do our own thing and just...” “And just knew that they were there to back us up.”** Focus group members noticed that the Youth Week / World Smoke Free Day activities had created new dynamics between students and staff around AOD related issues: **“I suppose yeah (school staff) have a more... how do you say it? Like they know that we can do it. Like cos we have had the experience of like taking control and organising the Youth W**

eeek so... they have more faith in us.”

One focus group member raised a concern about being taken to see the AOD clinician without consent, and not really knowing what was happening.

All focus group students had seen HoL posters around the school and in classrooms, and believed this was helpful for students.

Part 3: The school staff reaction to 'High on Life'

"Character education is not only about making good choices, but also about learning such things as compassion and the responsibility of serving others. It's about discovering a purpose in life that is far greater than the satisfaction of one's own needs and desires.... These things cannot be learned in a classroom discussion. They are not so much taught as caught. Character, at its deepest level, is learned in community."
Graham Redding

In November 2008, staff from both Ruapehu and Rangitikei Colleges completed an anonymous survey (ref Appendix Five attached) about 'High on Life' project processes and impact. The survey included questions with fixed option responses as well as space for comments. The surveys were returned to the Evaluation Working Group for analysis.

	Key SA = strongly agree A = agree ? = unsure D= disagree SD = strongly disagree		Ruapehu College (n=18)	Rangitikei College (n=23)
1	The 'High on Life' approach has been effective in raising our students' awareness of the tobacco, alcohol, and other drug help available should they want it.	SA	22%	22%
		A	67%	70%
		?	6%	9%
		D	6%	0%
		SD	0%	0%
2	Having a 'High on Life' Project worker based at school has had a positive impact on our students.	SA	44%	17%
		A	44%	74%
		?	11%	9%
		D	0%	0%
		SD	0%	0%
3	Having Alcohol and Other Drug Service practitioners providing services on the school site has had a positive impact on our school community.	SA	11%	17%
		A	22%	70%
		?	44%	13%
		D	22%	0%
		SD	0%	0%
4	The 'High on Life' Project's focus on a pastoral care approach to addressing tobacco, alcohol & other drug related issues has benefited our school community.	SA	19%	22%
		A	31%	65%
		?	44%	13%
		D	6%	0%
		SD	0%	0%
5	Our school has made changes to its policy/procedures regarding the management of students' drug related misdemeanours since the introduction of 'High on Life'.	SA	0%	13%
		A	25%	39%
		?	63%	48%
		D	13%	0%
		SD	0%	0%
6	The 'High on Life' Project approach has been effective in helping to reduce tobacco, alcohol & other drug related stand-downs and suspensions in our school.	SA	6%	17%
		A	6%	48%
		?	61%	30%
		D	28%	4%
		SD	0%	0%

Teachers at both schools were consistently supportive of the basic HoL pastoral care approach to AOD issues. Most teachers know relatively little about AOD issues, and see the HoL work from a distance. For most staff, their impressions of HoL effectiveness come through occasional staff briefings and from observing changes in the lives of their students.

Most teachers at both schools see the youth workers' positive effects on their school environment and on their community. Many appreciated the immediate and on-site nature of the support: **"It has meant the kids have had other options to go to and support from someone 'independent' of school."** The youth workers are seen as having **"an outsider's point of view, students feel safer talking to them."** Teachers echoed the feedback from the student focus groups with comments like: **"it's great for students to have project workers that they find easy to approach - having young, more "with it" [workers] has been seen as a positive thing by the students."**

Teachers commented that the youth worker and AOD practitioner roles complement their focus on teaching and learning. It has **"assisted us in keeping kids at school e.g. not suspending kids caught with drugs but working with the school to provide support, counselling to get them off drugs - and stay at school."** Retention in schooling has been shown to be a highly protective factor for young people with AOD issues.ⁱ

Most teachers at both schools also believe the clinical AOD service has had a positive impact on the school community. The AOD clinicians visit the schools less often and are less visible to ordinary teachers, so this result is encouraging. The reaction of Ruapehu College teachers to Statement 3 above, indicates that teachers at Ruapehu College are somewhat less impressed than Rangitikei College teachers with the effect of the clinical AOD service on the school environment. This may reflect the difficulties servicing the remote Ohakune community or perhaps a difference in the robustness between the schools' pastoral care and referral systems.

Many staff, like the focus group students, commented that they were impressed with the community action activities organised by the youth workers and hapū worker. The **"organised events were fantastic! Got kids buzzing and involved."** Another teacher liked **"The way it doesn't just focus on the negative - smoking/drugs are bad and they'll kill you etc - but encourages kids to see how their life can be improved by leaving these things behind."**

Half of the Rangitikei College teachers were aware of changes to school policy/procedures regarding the management of students' alcohol or other drug related misdemeanours since the introduction of HoL. The other half were not sure. At Ruapehu College, teachers were much less sure about policy or practice changes. In 2008, the HoL Sub Group and Ruapehu College management and deans worked on new AOD and behaviour policies, but staff do not seem to have connected this work with HoL. It is also possible that this staff response is a signal that the new procedures are not being well implemented.

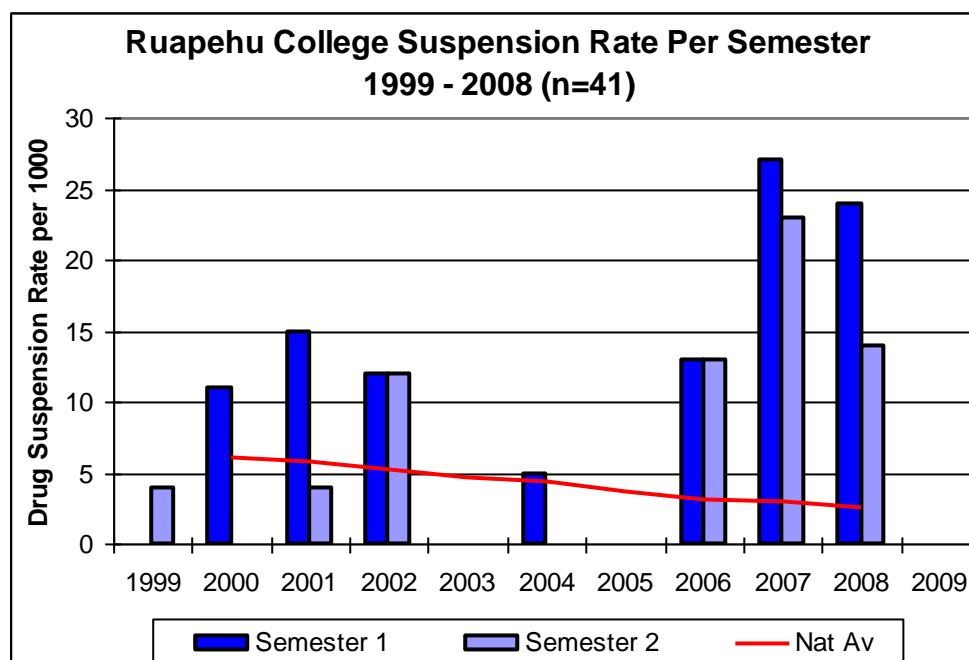
Statement 6 concerned teachers perceptions of HoL's impact in helping to reduce stand-down and suspension rates. The Ministry of Education's *Guidelines for Principals and Boards of Trustees on Stand-*

Downs, Suspensions, Exclusions, and Expulsions lists suspension as a serious interruption to students' education. When students are suspended, the school's board of trustees meets to hear evidence about the misconduct. The board decides whether the student is excluded / expelled, or whether the student can come back to school (and if so, under what conditions.)

Suspension is one valid tool in response to AOD incidents in school, and is dependent on the choices of the students, staff, parents and principals involved. While drug related suspensions in schools using a HoL approach⁷ have reduced by about two thirds since 2004, it is not a direct or linear relationship. A reduction in suspensions may be an indicator of effective HoL work, and an increase in suspensions may or may not be an indicator of ineffective work via HoL.

Staff responses to Statement 6 above are consistent with the data supplied by the Ministry of Education and reproduced below. Ruapehu College staff rightly observe that HoL has not been effective in helping to reduce tobacco, alcohol & other drug related stand-downs and suspensions at their school since the youth worker started in July 2007.

Chart 1: Drug suspensions at Ruapehu College

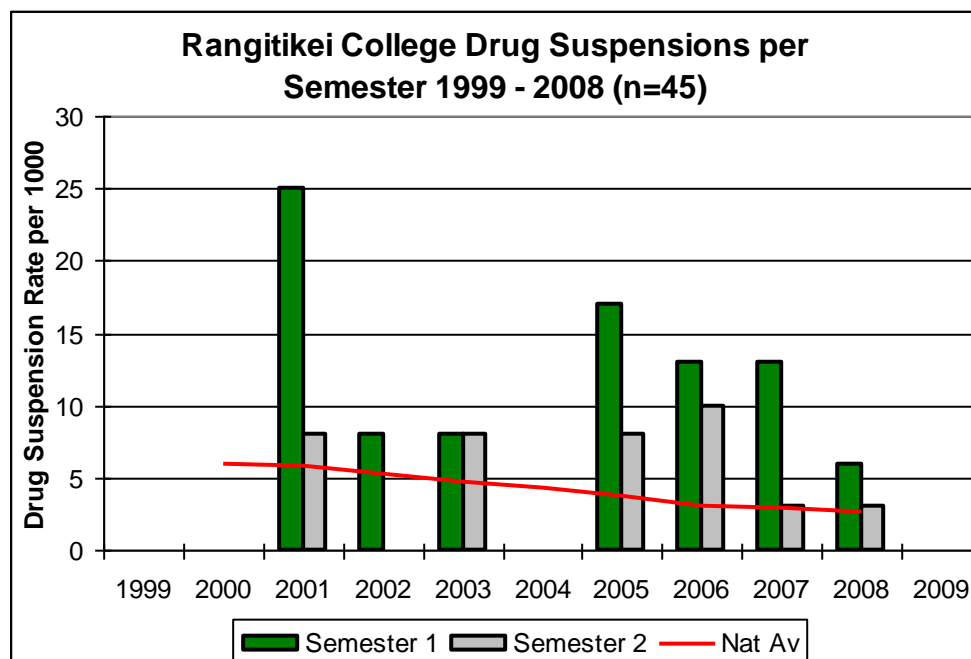


⁷ Many secondary schools from Taranaki to Wellington use some variation of a HoL model, though it might not always be under the 'High on Life' label. The suspension analysis referred to has been done across approximately 20 secondary schools.

Stand-downs are a less intrusive interruption to a student's education. Students retain the right to return to school after a few days away. These few days allow a plan to be put in place to address the identified problems. There have been only two stand-downs for drugs at Ruapehu College since 1999. It is likely that staff were commenting on AOD suspensions rather than stand-downs in the survey above.

Two thirds of Rangitikei College staff believed the HoL approach has been effective in helping to reduce tobacco, alcohol & other drug related stand-downs and suspensions in their school. They are correct that the AOD suspension rate has reduced in recent years, as shown in Chart 2.

Chart 2. Drug suspensions at Rangitikei College



There have also been 21 AOD-related stand downs at Rangitikei College since 2000, including 11 since July 2006. It is possible that incidents that would once have resulted in suspension are now being dealt with via stand-down and/or referral to the AOD services. This approach is less intrusive than suspension, and the service user feedback on the AOD interventions in Part 2 above indicates good outcomes for students. Staff feedback on this issue was very supportive, with comments like **“students have given up/cut down on substance use/abuse – [there’s] less disciplinary intervention [and] more top of cliff measures like this.”** **“Suspensions reduced - kids stay at school instead of being excluded.”**

The survey invited teachers to sum up their responses to the questions above by commenting on what they most liked or disliked about ‘High on Life’, and on how they think ‘High on Life’ might be improved.

Most responses focussed on liking the dedicated youth worker time in school, and the ease of access. Many staff noticed that **the “youth workers/health professionals are approachable and helpful”** and that the youth workers have **“earned the trust of the students.”**

When thinking about dislikes and improvements, the great majority of teachers could not think of any. Some teachers stated their fears that the High on Life work might stop if funding for this is cut. Some Rangitikei College staff suggested more youth worker contact time with students and whānau. Some teachers at both schools suggested school systems improvements like **“better communication with deans”** and **“a more consistent counselling service for students.”**

A few teachers at Ruapehu College suggested giving the youth worker **“more power - get her 'in the loop' more”**, making the youth worker part of the senior management team or giving the youth worker a teaching role. While good communication and being kept in the loop seem important, giving the youth workers school-based management functions seems to undermine many of the ways they have been able to earn students’ trust and respect.

In summary, teachers were asked about three of the SHORE characteristics of effective AOD practice in school communities. Teachers appreciated the easy access to early intervention and AOD services on the school site and the ways this helped students deal with AOD issues. Most saw the benefits of health promotion / community action to their school community. Most teachers saw the importance of the supportive school culture and many were aware of changes in their school’s policies and practices.

Part 4: Perspectives from the school principals

Leadership is a scary thing. There are many people who want to be matadors, only to find themselves in the ring with 2,000 pounds of bull bearing down on them, and then discover that what they really wanted was to wear tight pants and hear the crowd roar. Steve Farber.

Leadership is a personal quest you undertake, based on a mission that troubles your heart. Harriet Rubin.

Both school principals were interviewed in January 2009. Their comments were recorded, transcribed and analysed. Principal feedback relating to the characteristics of effective practice identified by the SHORE research (ref page 5, Overview) is explored below and key themes highlighted.

1. Access to early intervention and AOD services on the school site

Both principals commented that the workers' competence and availability on site enabled students to seek them out for help. **"I think it's been hugely successful [because] of [the youth worker] herself and also the role she plays. She's made it very clear to the kids and to the community as to what she can do to help people. And she doesn't judge them."**

One principal saw that the school culture supported the role of the youth workers, and vice versa. The youth workers have **"proved to be safe. The kids know they can go to them. It's all about supporting the kids getting help, overcoming the issues that they've got. So it's not necessarily about taking a softly, softly approach. But it's just having that understanding with them that I'm here to support the kids get off whatever it is they're on. Whether it's straight smoking or whether it's [cannabis] or whether it's alcohol. They're young [youth workers] - , cos of their age and because they're seen as safe ones to go to, have made a real difference I think with the kids."**

The principals talked of their school's responsibilities for the care and personal development of their students. They also talked of their struggles to work effectively – often without support from social service agencies - with students with family problems, behaviour problems and AOD issues. They valued the AOD clinicians turning up regularly to see their clients. **"[The AOD clinician has] done a superb job working with our kids. I did find, I think she was ill at some stage wasn't she, and her appearance here often was irregular. So I did find that hard to get things going."** The schools saw the frequency and reliability of the service as vital to their ability to retain students with AOD issues in school. **"My expectation is that [the AOD clinician] will be here every fortnight when they say they will be.... Because if a child is identified as needing AOD counselling, then my own feeling is that it needs to be regular. It can't have interruptions you know... [it's] based on trust, aye. And if it doesn't happen, it's not good for anybody. So ... his [AOD clinician role] is actually a real key role in what we are trying to do."**

In one school, there was some disagreement about the most effective use of compulsory drug testing when young people had been caught with illegal drugs at school. **"And so we would do regular testing to make sure that your use is coming down but we will give you the support from the [AOD clinician]. And then they go to see him and he said, 'Oh, you don't have to have the test.' Well that wasn't very**

good, you know. But we've come to an understanding on that. You've got to look at things from a kid's point of view."

2. Supportive school culture, practices and policies

The schools had some commonalities in their policies and practices, and some differences. For both schools though, the approach started with the acceptance that AOD problems are widespread in our community and will affect their students' lives. **"Many of our kids come from backgrounds where - from homes where - the use of marijuana is quite normalised. And so the kids are now finding it easier to come and talk to people and say, "Look, I need help," or "My friend needs help."** The schools no longer maintained the illusion that 'we don't have drug problems here'. **I don't expect them to give up just like that. I'd love them to. I'd love to wave the magic wand.... So the staff are supportive of that [approach] as well ... and so are the Board.**

One school was very clear about the policy and practice changes under the 'High on Life model'. **"We changed our policies on dealing with kids - suspending kids from school. We've developed [an approach] which is around supporting the kid. Which involved testing.... [The AOD practitioner] has maintained the confidentiality of the kids ... but also knows again that we're here to support the kids through it and that's also coming through from the Board."**

There have been clear benefits for young people in this school and for the community. **"Yes we could kick them out on the street, [but] we can't afford to here because we're the only secondary school [here], really. If they get kicked out of here with drugs its not likely that [other schools] would take them.... So I take that responsibility and I'm pleased with the support that we get for that from the 'High on Life' project.... So our first step now is not suspending.... It's kept kids in school; I think that would be the main thing.... [Under our old policies] we would probably have between 12 and 20 fewer kids here at our school. That's the main reason we're here for."**

This approach has required good communication between the principal, key school staff, the AOD practitioner and the youth workers. Even where students have been caught with alcohol or other drugs at school, **"[the AOD practitioner] working with those kids has been really good and has kept me informed of where the kids are at. I try not to ask - basically my message to those kids is when you're on the contract - which is don't bring drugs to school, don't use drugs, all those sorts of things - I'm basically saying to kids if we're testing them, we're monitoring where they're at. We've had some of those kids come in and said either to me, the dean or [the AOD practitioner] that they've used. You know, they've slipped and they've used. [The AOD practitioner] has let me know and I've said we give them a month's time and we retest.... [It's about the THC] levels coming down. I mean I'd like it to be clear but the reality is [you can't] say, 'Right you're gonna stop now' - especially if they're a heavy user - 'you're stopping now and you're gonna be clean.' No, [the THC levels are] tracking down but then what I've said to [the AOD clinician] is that it's about being honest. So the kids too, if they've fallen off the wagon, they need to each let us know. I don't wanna find... I don't wanna... I don't like surprises."**

Students **"on contract, have got the excuse to walk away [when offered drugs], and maintain their mana at the same time. In general they do that. One kid, who signed up, actually brought in a joint**

and dropped it on my desk. This was just after he'd been caught and all the testing and everything and he'd been working with [the AOD practitioner]. I was delighted - well I was delighted that he brought it in - I wasn't delighted that it was in the school ... And I just said to him "did you think about taking it and using it?" He said "I did, but then I realised that I'm on the contract". So he brought it in. Which was great and he's still at school... and staff all look at him and say that it's working. Because he's a neat kid and he comes from horrible background. He's not a pet project or anything like that, he's just got lots of potential and [is] getting lots of good advice and he's listening to it. He's a prime example. I guess from our perspective it's made - it's certainly made - a difference to the community... we've kept kids here that are in school and out of trouble."

The new approach has meant exercising a leadership role with staff and students. "[In 2008, one boy] came back and said 'can I come back here [to school]?' I thought 'yes' ... and I knew that if our policies had been different when he was caught with marijuana that he would've still been in school. So I was happy, we talked to staff, and staff were happy in general. I did hear a few ructions, so I spoke to staff about it and said 'listen, this is what we have to do for this boy now he's come back' and everyone's delighted with what he's done. So we've even taken a student excluded because of drugs back into the school."

The Best Evidence Synthesis on Leadership in Schools (Robinson: 2007) found that effective principal leadership of staff has significant effects on students' achievement. In this case, it's involved clear understandings with students as well as staff. "I say to the kids 'you have to be working and behaving in class and around the school. Because otherwise staff are going to ask me questions.' And there have been a few kids that I've had to get in, and seriously talk to... It's that balancing act - it's the individual care and support versus the class versus the teacher versus the school reputation - all those sorts of things. So it's a difficult job."

There have been clear changes made to this school's practice when considering suspension. "We have changed our policy on the suspension of students around drugs. It doesn't mean automatic suspension or even stand down at this stage. Basically the procedure is the parents are brought in for a meeting and I will basically say 'I've got two options here - your child has been involved with drugs; we've got the contract which means we work with you, the whānau as well, the child works with our drug and alcohol counselling - that would be [the AOD practitioner]. We can work with you or we can go the suspension line and put you before the board and they can decide what you going to do.' And no-one yet has chosen to be suspended above the contract."

The school has also changed its approach around tobacco issues. "We've worked on our smoking procedures as well and tried to make them more pastoral care and working with the kid, rather than just stand-down ... and detentions. They do still have those. There's a process in place that means things can now be worked through. Yeah, I guess it has changed those and the support of 'High on Life' has been vital in that. Because it means that we can put the counselling in hands of professional people, rather than just say 'go to the guidance counsellor.' Not saying that he's not professional, but specifically related to drug and alcohol counselling."

“So I guess in the long term I’m much more optimistic, but it is a major issue for us.”

For the other school, a safe and supportive school culture has meant communication with students and involving its senior students. **“There’s a really strong message amongst our seniors - particularly the leaders. You know, the whole leadership team in the school wants the school clean. And they know that [the youth worker] is there to help them do that. Obviously we’ve talked with the staff... with the Board... talked in assemblies... and brought speakers in.... so yep, the message’s certainly getting out there”.**

This school continues to wrestle with the balance between the pastoral care approach and the discipline-based approach. **“I think one of the greatest strengths has been that whole concept that let’s keep our school clean and let’s try and help those kids who we know are bringing stuff to school. [But] if you whakaiti⁸ our school by bringing illegal substances on here or worse still using them, or worse still giving them to someone else to use with you... then what are you going to do to whakamana⁹ us again? But at the same time [we’ve got] that whole idea of we are here to help. You know, you got a mate who needs help - let’s talk about it. Let’s get it out into the open. We have involved the youth aid officer. And so - I think what’s really important to us is - we haven’t minimised the seriousness of drug use and of drug sharing”.**

The struggle to achieve clarity and consistency here is reflected in this school’s policy work. **“What we haven’t done yet is put in writing that... if it’s a drug incident, particularly if it’s bringing out and sharing with anyone... it’s immediate suspension to the board. And I think we’ve seen there’s a need to have a care underneath the board [suspension] level that copes with those practices or those misdemeanours before it gets to board [suspension] level. That’s something that we need to pursue and put in place rather than doing the direct, ‘Oh my God! They’ve got drugs! We better suspend them straight away.’ You know.”**

3. Effective drug education

In both schools, the youth workers have done a little work in some health classes alongside teachers. This has helped to establish the youth workers’ profiles and sparked some informed discussion and debate about alcohol and other drugs. This evaluation has not focussed on the quality of classroom drug education.

4. Health promotion / community action with young people

The health promotion work seeks to engage all young people – not just those with AOD issues - in thinking about AOD issues in our communities, and by doing this, to prevent or lessen AOD related harm at a population level. The community action approach helps young people talk about and take action on the AOD issues that they see in their community. The youth workers have a community action role alongside the health promotion work done by DHB staff.

⁸ Literally: “to make small”, to belittle.

⁹ to give authority to, give effect to, give prestige to, confirm, enable, authorise, legitimise, empower.

Schools regularly promote and communicate the importance of having an environment free of alcohol and other drugs. The youth worker role has reinforced this. **“I think it’s clear to the kids, community and the staff that [the youth worker] is quite clear that the use of alcohol and drugs is a no-no here. You know, it’s not a good choice in life and that she’s there to help kids who want to make better choices for themselves. And I think that that’s like part and parcel of the culture of our school - that whole understanding”.**

The community action role allowed contact with the youth workers to be “normalised”. Many young people could therefore have informal contact with the youth workers and discuss AOD issues. Young people and staff could “catch” values from the youth workers as they worked on community action projects. **“[She’s worked] with the staff. She’s worked in the health classes, in the Hauora, even when the kids go off site to camp. She’s always giving the message across... she does lots of extra curricula involvement with the kids. Be it sports or culture, she’s always there involved in helping and at all times her I guess her philosophy, her kaupapa is part and parcel of who she is and the kids know that, you know. And they appreciate that. I think one of the greatest strengths is the fact that the kids trust her.”**

The community action / health promotion work has made ‘High on Life’ more visible. **“The activities that have been run within the school with the help of our youth workers, that are coming in from Whanganui, has been absolutely outstanding. So they’re being role models for our seniors and for our junior kids, and they created leadership opportunities for some of our other kids to step up. Also with that smokefree message and again it’s worked really well with staff. ‘High on Life’ has given us the opportunity to have people here assisting us with that understanding - that it’s a social problem that we’re dealing with here.”**

The health promotion / community action roles seem to have created a more resilient culture among students and to have made it easier for young people to seek AOD help if and when needed.

5. Links with whānau

Both principals were clear that most illegal drug supply to young people comes from family members. **“We’ve got a lot of parents who are the problem.... and just about every time we catch a kid with drugs, the parents are users.”**

This creates a challenge for the way the ‘High on Life’ work develops in future. **“The drug was very much available at home and the parents were themselves [users].... So I think that that is probably the next step with ‘High on Life’. It’s working with the whānau isn’t it? That, to me, is a very important thing.”**

6. Work to reduce AOD supply

Both principals commented that the drug issues are now more apparent in their school. **“I would say probably there were drugs coming to school, none of us knew about before. Now, we do know. They can’t get away with it anymore. And that’s good.”** This increased awareness among the school

community may even serve to reduce the supply of cannabis to students. **“The drugs, you see, it’s hard. I think that because we’re more public about it... and I think probably one of the positives is that people are being more honest in reporting it, and talking about it more. And we are even sharing it with the senior kids in the school. So, it’s probably a reduction [in supply], but we’re hearing more about it because people are not too frightened to talk about it now.”**

Both principals were very concerned about alcohol misuse among students and families. **“Drinking this year, as far as I know, wasn’t a problem. It has been in the past ... very rarely at school; but drinking after school on the weekends - the binge drinking thing is very much a culture.... But alcohol is a bigger problem in terms of the majority of the kids. The majority of the kids are more likely to be drunk than they are stoned.”**

7. Improvements to ‘High on Life’

Both principals were asked about how the ‘High on Life’ work could be improved. Both focused on the continuity of the youth worker role and the role’s importance in driving long term change in the school and among students. **“We do need a driver like [the youth worker] to help us to implement it into the school.”**

‘High on Life’ **“needs to keep growing ... I’d hate to think that we ever couldn’t have [a youth worker] as part of helping the youth of our community. I think that the more entrenched that [the youth worker’s] role is, and her messages become more and more spread out to the community, [it will] have greater impact. It’s a bit like staff professional development you know. People think, ‘Ah, a year is enough.’ It’s not, you know. You need a good five solid years on anything to make [sustainable] change. I know that.”**

“It’s about so that in 15 to 20 years time when their kids are at this age, their parents have given them the message about the advantages and disadvantages of whatever it is that they’re going to do and are being good role models, and are dealing with it in a way that assists the kids rather than bashing them or something like that. So for me that is probably the key thing... and the only [improvement needed] would be more [youth worker] time. Having people here on a full time basis or even extending [it] within the community so there is the ongoing support within the community.”

The schools were glad to share the responsibility in achieving this social change. **“I think using the inter agency approach has been really helpful.” “It’s about working with [the students], so I guess we have to share part of that responsibility with the [‘High on Life’] programme. I think the kids have enjoyed having the [youth workers] here and I do think it’s made a difference.”**

8. Summary

The principals see great benefit in students having easy access on site to youth workers and AOD practitioners. Some issues about regularity of service and the place of compulsory drug testing arose and were worked through. The principals saw that the students’ trust in the youth workers was vital to their effectiveness.

One principal was very clear about the school's policy and practice changes. They found they can get the required outcomes – students addressing their AOD issues, a safe school environment, and students retained and engaged in school – without a highly punitive approach. This approach had support from the board, teachers and parents. The other school had relied more on trying to keep AOD problems out of the school and on a more punitive approach when drug issues arose. The need for more effective interventions prior to suspension was seen and acknowledged.

The youth workers' community action role allowed young people to have informal contact with them. This built a healthier culture among young people, and the normalised contact seemed to make it easier for young people to seek AOD help when and if needed.

Further work with whānau and on out-of-school alcohol issues are priorities for future work. Continued funding of the youth worker roles is seen as vital to the long term work to reduce AOD related harm in our wider school communities.

Part 5: The experiences of the youth workers and AOD practitioners

“Anyway, no drug, not even alcohol, causes the fundamental ills of society. If we're looking for the source of our troubles, we shouldn't test people for drugs, we should test them for stupidity, ignorance, greed and love of power.”
PJ O'Rourke

The AOD practitioners and 'High on Life' youth workers gave their feedback in December 2008 by way of an anonymous written survey with open ended questions. Responses were received from 4 of the 5 relevant staff invited to participate.

1. Access to early intervention and AOD services on the school site

The AOD practitioners and youth workers all saw the value of the on-site provision of services. They sensed from their work that the outcomes for students who use the AOD and youth worker services are very good. These outcomes are listed in Part 2 of this report.

They saw the easy access to the HoL youth workers working well for students. **“The students respond well to the youth worker and value the informal contact.”** The youth workers **“provide an informal level of intervention”**, normalise talking and thinking about AOD issues and provide an **“ease of access to information.”** They saw that it was important that the youth workers are approachable and are seen as independent from school staff.

The youth workers and AOD practitioners saw challenges in the **“limited capacity of the service – more time would be useful”** and in the alignment of the AOD services with school procedures.

2. Supportive school culture, practices and policies

All of the AOD practitioners and youth workers commented specifically on the importance of the school culture and systems. One AOD practitioner noted that the trend for more students to use the service via self-referral showed young people trust the school systems and the offer of help without punishment.

“ ‘High on Life’ has provided an alternative procedure to addressing substance abuse... the ‘High on Life’ approach enabled students to address their substance use and make positive changes without fear of being excluded.”

One worker had noticed clear changes in the school. **“I’ve seen a culture change within the school, especially at senior management level... They get help for their students and support them to stay at school.”** One appreciated the **“improved retention of students”**. The AOD support has **“enabled positive outcomes for students as an alternative to being suspended/excluded from school - which often exacerbates substance use [and has] subsequent negative impacts on communities (like violence, unemployment, crime etc.)”**

One respondent stated that students had **“access to an awesome youth worker”**, but that this work **“has not really been supported by the school [systems].”** It was therefore seen as working well for individual students and small groups who seek help, without deeply impacting the school culture. There was some frustration that the policy work undertaken by HoL team members and school staff had not resulted in less **“punitive and erratic”** procedures being adopted by the school.

At one school, AOD practitioners and youth workers were (rightly) confident that the HoL work had resulted in fewer students being suspended for AOD issues. At the other school, there was little confidence that the HoL work had made a difference in this way.

3. Health promotion / community action with young people

The AOD practitioners and youth workers appreciated the support and challenge offered to the young people involved in community action projects. These projects were seen as successful and seemed to have a positive side-effect on the school cultures.

4. Improvements to 'High on Life'

All of the AOD practitioners and youth workers believed more time would be useful for reinforcing good school systems, for providing the necessary help for individuals and small groups, and to advance the community action / school culture work. The workers worried about the sustainability of some of the work and about where future funding might come from.

Other suggestions were for **“more involvement of school key staff at the ['High on Life'] Steering Group level”**, spreading consistently **“good practice across all schools”**, and getting the policy/procedures and staff practices right more often.

Part 6: Evaluation approach

“Be not too hasty either with praise or blame; speak always as though you were giving evidence before the judgment-seat of the Gods.”
Seneca (Roman philosopher 5 BC - 65 AD)

1. Evaluation objectives

The Whanganui ‘High on Life’ Project evaluation set out to build on SHORE’s evaluation of school based alcohol and other drug interventions by:

- Exploring the way in which the SHORE identified characteristics of effective practice (ref Overview section, page 5 above) are currently being addressed in Whanganui HoL practice; and
- Identifying the impact of this on school communities.

An earlier evaluation of the HoL Project in Taranaki, and to a lesser extent Whanganui (McClelland, 2006)¹⁰, had highlighted the strengths of collaborative, multi-level intervention. The current Whanganui HoL evaluation also sought to:

- Further identify how various project strategies are working and
- Where improvements can be made with particular reference to the more recent inclusion of both youth worker and hapū worker components in the intervention; a hitherto unexplored development.

2. Process and impact evaluations

The HoL evaluation used both process and impact evaluation approaches. Process evaluation primarily describes what happens during an intervention. Process evaluation activities can include document review, feedback from stakeholders and participants about the intervention, resource use analysis, making project information available to others who may be running similar interventions and ascertaining how and if the target group is being catered for (Gifford & Pirikahu, 2008).

Impact evaluation is concerned with the effects an intervention strategy has had on participants. It reviews project objectives and the contribution a particular strategy may have made to adequately achieving these. Impact evaluation data collection, including key informant interviews and participant surveys, was carried out across a number of project strategies.

This HoL evaluation relied primarily on the use of qualitative methods with limited use of quantitative methods through, for example, the baseline and follow up surveys of year 9 students in Terms One and Four 2008 respectively. Though this contributed to ensuring adequate triangulation,¹¹ in the main the

¹⁰ Some of the data collection tools developed by McClelland (2006) have been adapted for use in our evaluation work.

¹¹ Triangulation involves minimising the bias inherent in single method, single observer, single theory research. Adequate triangulation contributes to verifying and validating qualitative data analysis (Patton, 2002).

latter was achieved through the consistent use of mixed qualitative data collection methods, verification of data through the use of different data sources within the same method and using multiple researchers to review findings (Patton, 2002).

3. Evaluation Working Group & researchers

This evaluation was planned, designed, carried out and written up by the Whanganui HoL Project Evaluation Working Group (EWG), as a collaborative process, over a period of 18 months. The Group, a subset of the Project Steering Group, was established in October 2007 for the specific purpose of evaluating Project work.

Key EWG establishment drivers were (a) the expectation of the funder that the newly added youth worker component of the Project would be specifically evaluated and (b) the results of the SHORE (2008) evaluation which had indicated a need for further evaluation research around the application of interventions such as HoL. The Whanganui HoL Project Group established that such work was unlikely to be undertaken externally in the near future. Given the critical importance of this however, the Group decided to assume some responsibility for spearheading it. This evaluation report is the result.

Steering Group members self selected to participate in the work of the EWG which was made up of both Māori and Pakeha practitioners. A senior management staff member from a secondary school outside the evaluation sites was directly involved along with an AOD practitioner, an MoE staff member, several Nga Tai O Te Awa staff over the course of the evaluation (both CAYAD workers and management), a staff member from Whakauae Research Services and a Public Health Centre health promoter (ref Appendix 6 attached).

The research experience of EWG members varied from novice to previous involvement with ‘hands on’ programme evaluations as part of wider team initiatives. Regular, monthly meetings of the EWG were held throughout the period of the evaluation. These were documented and all minute records have been retained. In the main, the evaluation work undertaken by the EWG was over and above the usual employment responsibilities of the members in their various workplaces.

4. Participants

The EWG identified potential evaluation participant groups. These included:

- The Year 9 student cohort at both colleges (‘low end’ students);
 - Students who had had contact with HoL related practitioners outside generic class based activities (described as ‘service users’);
 - HoL related ‘front line’ workers such as AOD practitioners and youth workers;
 - School staff;
-

- School principals.

Participants were engaged in a range of ways. These included via direct kanohi ki e kanohi contact, via telephone calls, panui, at staff meetings and in class. Participation rates are discussed below.

5. Ethics

Project strategies were evaluated using data collected from individuals using a range of data collection tools. Much of the evaluation work was at a level meeting the requirements of an audit and was low risk according to guidelines from the Observational Studies and Ethics Committee Review outlined by the Health and Disability Commissioner. This involved collecting anonymous data of a non-personal nature.

Principals were consulted regarding the research in the first instance. Permission to proceed was given. Subsequently, the principals were regularly advised of planned data collection work and were provided with drafts of data collection tools, supporting documents developed, proposed collection timeframes and names of the intended researchers.

Information sheets were prepared and provided to potential participants and informed consent was also sought from participants. Prior to interviews commencing, the rights of participants were also discussed with them.

To supplement data gathered via such mechanisms as self-administered questionnaires, focus group interviews were also held with service users aged 16 and over. The latter data collection method potentially enhances data quality for several reasons. These include drawing upon interactions between the participants as a way of moderating the extremes of view which may be expressed by a single participant. This limits the likelihood of extreme perspectives distorting the data gathered (Patton, 2002).

The Evaluation Working Group debated the pros and cons of involving younger students in these focus group interviews. The key dilemma identified concerned the benefit of using an 'opt in' rather than an 'opt out', or passive consent process, for recruiting participants, thereby respecting students' privacy and freedom of choice (Alderson, 2004) versus the risk of harm. Inevitably, all the potential focus group interview participants at each relatively small school already knew each other and had a variety of relationship histories. Patton (2002) contends that the dynamics of a focus group made up of participants with these kinds of prior established relationships are complex and potentially problematic.

A decision was eventually made by the EWG to issue an 'opt in' invitation only to students aged 16 years and over on the assumption that they would be more mature than younger service users and therefore more likely to successfully negotiate the focus group interview experience. Though this could be interpreted as 'gate-keeping' and a way of denying a voice to younger teens (France, 2004), the Evaluation Working Group was the most comfortable with this option. It was recognised that this decision was less than ideal; however, it was the option the EWG was most comfortable with.

6. Limitations

Several limitations have been identified which impacted on the evaluation work. They include:

- Resource constraints, in terms of both capacity and capability. At times, a focus on the delivery of project strategies over-rode the requirement to carry out evaluation tasks alongside this. Consequently data collection opportunities were missed. All EWG participants had competing demands on their time and evaluation work was not always a priority. Exacerbating this was limited evaluation experience and knowledge;
- Negotiating the challenges of working successfully as a collaborative. Whilst, on the one hand, the mix of researchers contributed to validating evaluation results, on the other, it also meant having to commit more time to reaching consensus around key issues;
- Lack of a data collection tool designed to be flexible enough to capture the full breadth of the work undertaken by the non-clinical practitioners (the youth workers and hapū worker) as well as the AOD practitioners. We largely used tools adapted from McClelland's (2006) evaluation work, which had had a strong clinical practice focus. The EWG recognised the drawbacks of this only in the later stages of evaluation implementation;
- Lack of evaluation input from the wider communities of each school. Though the EWG recognised the value of including whānau, board of trustees etc in the evaluation process, lack of time and capacity precluded this.

7. Research design

Given the limited evaluation capacity of the EWG, it was practical to focus evaluation work on a purposeful, criterion determined sample (Patton, 2002) of school sites; those implementing all HoL project strategies and including a youth worker component. Two schools were therefore selected for inclusion.

Data collection tools used were:

- a) Year 9 / Low end self administered student survey;
- b) Service user self-administered survey;
- c) Service user focus group interviews;
- d) Key stakeholder self-administered survey; and
- e) Key stakeholder interviews.

These are further discussed below.

a) Year 9 / Low end self administered student surveys

The year 9 student cohort, in both schools, completed the same self-administered survey during Term One 2008 and again in Term Four 2008. Students had not formally been given information about HoL prior to the first survey. The first survey was used to gather baseline data about student HoL related awareness. The follow up survey was used to gather data to compare with the baseline measures.

HoL youth workers were asked by the EWG to liaise with school management and Year 9 classroom teachers to administer the survey during class time. A survey form, participant information form and administration form (attached as Appendix Two) were developed by the EWG and copies provided to the youth workers. The latter were also briefed about the data collection process. The purpose of the administration form was to clearly document how the survey should be administered and to ensure some standardised data collection process was in place. At Rangitikei College surveys were administered by school teachers and at Ruapehu College they were administered by the youth worker.

Completed survey forms were placed in a collection box in each classroom at the conclusion of the session and returned by the youth workers to the EWG for collation and analysis.

At Ruapehu College, responses were received from 34 students in Term One representing almost the entire Year 9 student cohort. 28 students completed the survey in Term Four, the slight decrease reflecting changes in the school roll. At Rangitikei College, responses were received from 61 students in Term One, again representing almost the entire Year 9 cohort, and from 58 students in Term Four.

b) Service user self-administered survey

The evaluation design included the collection and analysis of information rich data from service users via two different data collection tools; a self administered survey (attached as Appendix Three) and focus group interviews (interview schedule, information sheet and consent form attached as Appendix Four). Service users were those student who had self-referred, or been referred by another party, to HoL Project related support services. These services were those provided by the school sited AOD practitioners, youth workers and the hapū worker (the latter at Rangitikei College only).

Often students presenting to the AOD practitioner on site at their school had been referred by someone other than themselves, commonly a school staff member. In the case of the youth workers and the hapū worker however, contact may not necessarily have been formal in the sense of utilising a referral process, making an appointment etc. Rather, in many instances, students came within the orbit of the latter practitioners via activity based settings and sought support, information etc in that context. The practice of building a profile within the student community, by engaging with students in cultural and sporting related activities etc, was specifically intended to enhance access for students to the support services of the youth workers and the hapū worker by normalising contact.

Two separate mechanisms were subsequently used to gather feedback from students. The student self-administered survey combined the use of open-ended questions with fixed response questions using a measure similar to a traditional Likert scale. The latter provided for respondents to choose from a range of pre-determined responses along a continuum from strongly agree to strongly disagree.

HoL Project youth workers, AOD practitioners and the hapū worker were requested by the EWG to distribute the survey form among service users they had had contact with. They were asked to make it clear to students that completing the survey was entirely voluntary.

The survey form explained the aims of the survey and assured the anonymity of the students' responses. Students' names and personal identifiers were not asked for. Students who consented to completing a survey form were also given pre-addressed, postage paid, individual envelopes in which to seal their responses. These students returned their completed surveys via the external post, to the EWG which stored, collated and later analysed these.

The overall student service user response rate was unable to be reliably calculated because the size of the potential pool of participants was an estimate only. Though the AOD service use and smoking cessation service use components of this pool were statistically recorded, student contacts with these practitioners and with the youth workers included a much broader range of non-clinical interventions, as indicated above. Many of these were not documented. As a result, the exact number of students making up the service user student group could only be estimated. A significant proportion of these students also left school during the course of the study and were not followed up for inclusion in the evaluation.

At Rangitikei College, nine of the ten surveys distributed were returned within the study timeframe. The ages of respondents ranged from 13 – 16 years inclusive with most stating their age as either 14 or 15 years. Two students did not specify their age.

Sixteen of the 20 surveys distributed among 'high end' students at Ruapehu College during August 2008 were returned within the study timeframe. The ages of respondents ranged from 13 – 17 years. Seven students stated that they were 15 years of age and four stated that they were 13 years of age. A further four students were aged 14, 16 or 17. One student did not specify their age.

The survey response rate, of 25 returned from a total of 30 distributed at both schools, was high enough for us to draw some meaningful conclusions from data generated. A manual content analysis was used to identify key themes.

c) Service user focus group interviews

One focus group interview was held at Ruapehu College and one at Rangitikei College in August 2008. In each instance, the focus group comprised fewer than five students. Students participating in the focus group were assured that their anonymity would be preserved with no information which could potentially identify them being included in the evaluation report or related documentation.

All students offered the opportunity to 'opt in' to this phase of the study were given an information sheet explaining the research intent and their rights should they choose to participate in a focus group interview. Informed consent was gained from those who took part in these interviews.

d) Key stakeholder self-administered surveys

In November 2008, staff from both Ruapehu and Rangitikei Colleges completed an anonymous survey (ref Appendix Five attached) about the process and impact of HoL work in their respective school communities. The survey included questions with fixed option responses and space for comments.

The EWG liaised with the HoL youth workers to ensure the survey was distributed, self-administered and collected during a routine school staff meeting at each college. The completed surveys were then returned by the youth workers to the Evaluation Working Group for analysis.

The same survey tool was sent to HoL related practitioners who were invited to offer feedback. Four of these practitioners completed the survey and returned it for inclusion in the analysis. Though names were not requested from the participants, the size of the group and the nature of their responses meant that anonymity could not be guaranteed. Participants were aware of this limitation.

e) Key stakeholder interviews.

Both school principals were interviewed in January 2009. Their comments were recorded and transcribed prior to analysis. The comments have again been grouped under the headings from the SHORE (2008) research (ref Overview section above) where these fitted with key themes identified. The interview schedule and supporting data collection documents are attached here as Appendix Five.

8. Analysis

Depending on the type of data collected, statistical or qualitative data analysis processes were utilised. Statistical analysis of quantitative data and manual thematic analysis of qualitative data was undertaken by individual researchers and reviewed by other EWG members. The EWG placed emphasis on the voices of participants being heard and accordingly have chosen to include much of the original material in this report rather than only our translations and summaries of this.

The evaluation results and analysis are presented in Parts 1 – 5 above and are synthesized in Parts 7 - 8 of the report which now follow. Part 8 also includes recommendations for future 'High on Life' Project development resulting from the evaluation work.

Part 7: Discussion and interpretation: what does all this mean?

“Don't accept your dog's admiration as conclusive evidence that you are wonderful.” Ann Landers.

In the past, students with AOD issues have often been suspended from school until their AOD issues have been dealt with. This strategy has been employed to ensure the safety of the school community and to reinforce the value of AOD treatment to young people. However, this strategy has not decreased the incidence of AOD problems in school communities, and may have contributed to poorer outcomes for students with AOD issues. Suspended students tend to seek the company of their AOD using peers, are more likely to offend, and are often difficult to engage in AOD treatment.

HoL has shown that it is possible to enable students to deal with their AOD issues while still engaged in school. This evaluation suggests that the approach is more efficient and more helpful to both the school and its students. The culture and expectations of the student body can be influenced through health promotion / community action work. This seems to lessen the likelihood of AOD problems in school and to increase the likelihood of issues being self-referred or quickly reported to school staff.

Students with AOD issues respond to this supportive school environment by using the AOD services available. The structure, relationships, and routines of school are vitally protective factors for students with AOD issues, and the high success rates from the on-site interventions gives school staff confidence that it's “worth the risk” to retain students in school while they deal with their AOD issues.

The evaluation also shows that HoL provides an efficient and effective means for AOD clinicians and youth workers to gain access to their target population. It's easier to engage students with AOD problems in a change process when they're engaged in school. Students don't have the barriers of complex referral processes or travel to an AOD clinic. From the AOD clinicians' viewpoint, the supportive and consistent school systems were vital in achieving good AOD outcomes with individual students. From the schools' angle, staff appreciated the regular service and support from AOD clinicians.

The evaluation findings also mean that early intervention options are worth exploring in other schools. Students seek help when they trust the people – in this case, the youth workers – involved. Students were eagerly involved in the community action work, and this normalisation of contact with the youth workers gave students another option to seek less formal AOD related help.

The description of the HoL work above also shows that teachers are supportive of a school-wide strategy on AOD issues. Staff see the harm of AOD issues among their students and appreciate having some effective options to use when these issues arise. School staff have also actively supported community action and health promotion strategies work among the students.

This evaluation does not show that suspensions for AOD issues necessarily decrease as an outcome of HoL intervention. While AOD suspensions decreased in one school, they did not in the other school. A wider analysis across more schools would be needed to demonstrate HoL effects on AOD suspension rates.

The evaluation findings do not mean that teachers, principals, youth workers and AOD clinicians think alike about tobacco, alcohol and other drug issues. For example, there have been different views, at times, about the place of drug testing in a therapeutic process and about the most effective school processes to support the work. But there has been strong agreement on most of the issues most of the time, and many good systems are in place. It is about preventing problems where we can and intervening well where we need to. All parties appreciate the value of schools and community agencies working towards common goals.

The evaluation findings indicate that there is a lot of time, communication, and goodwill involved in the implementation of the HoL work. There's time and effort involved in talking about AOD issues with students, in getting the best value from the wallet cards, in planning and implementing the health promotion / community action work, in adapting policy and in supporting individual students with AOD issues. All of these can be major implementation challenges in busy school and clinical environments.

The evaluation does not show how sustainable the HoL work is after changes in key personnel like principals or youth workers.

The feedback from all parties is clear about the need for the youth workers to be trusted and respected by students and staff. Getting the right people has been vital. The youth workers have been able to relate to students from an independent perspective and also respect the culture and vision of the school. Losing the trust of either the students or the key school staff would reduce the effectiveness of the work.

The evaluation shows that the youth workers have added greatly to the scope and effectiveness of the HoL approach in these two schools. A HoL approach is certainly possible without the youth worker resource, but the youth workers have added depth and breadth to the work. Further investment in the youth worker roles is likely to benefit many young people and their schools.

The way the HoL model worked at each school was slightly different. This means that the people involved have been thinking about how to adapt the basic model to the needs of the young people in each school community. This seems important for any school or area considering a HoL approach – we must think about the outcomes we want for our students and our schools, and use this thinking to inform our actions.

Part 8: Summary & recommendations

Don't fear failure so much that you refuse to try new things. The saddest summary of a life contains three descriptions: could have, might have, and should have. Louis E. Boone

1. Summary

The consensus among the students, teachers, principals, AOD practitioners and youth workers who participated in this evaluation is that 'High on Life' is a highly effective way of reducing alcohol and other drug harm in their school communities.

Students at both schools were aware that AODs are not allowed at their school and that help is available via the HoL work. The awareness of HoL was particularly high at Ruapehu College, where the full time youth worker is based. Almost all of the students who sought help for their AOD issues got the promotional wallet card and were aware of the offer of help without punishment. They said that HoL made it easy to get help.

The outcomes for the students who sought AOD help were very good. Between 80% and 95% of these students agreed that the interventions had helped them take better care of themselves, had given them a good chance to change their AOD use and had helped them get into less trouble at school. Almost all students would recommend the help to their friends, when needed. More than half of the students had noticed things going better at home.

The high-trust profile of the youth workers and the easy access to on-site help were both important to students. Students valued the chance to participate in strengths-based community action projects, and this had benefits for the school culture.

Both principals were supportive of the youth workers and of the on-site AOD clinical services. Both had seen significant changes in young people and appreciated the effectiveness of the services. One school's management and Board had made significant and specific changes to school policy and practice, and the other school had identified this work as a priority. Both principals recommended more youth worker time and more whānau and community involvement as keys to even greater effectiveness.

Teachers at both schools were highly supportive of the basic concepts behind HoL. They trusted the youth workers and saw important changes in their students. Teachers thought it was vital that the youth workers be seen to be independent from the school and not linked with any control based or punitive processes. Teachers, particularly at one school, were less aware of policy changes. AOD suspensions had trended down in one school but not the other.

The AOD practitioners and youth workers appreciated the HoL scope for less formal AOD interventions and the normalised contact between AOD youth workers and young people. They associated the easy access to on-site AOD help and supportive school environment with effective outcomes for young people. They saw continued engagement in school as vital for their clients.

The youth workers' roles have benefited both schools, provided another earlier intervention option, and have enabled a higher level of youth participation in HoL. The challenge for the future is to involve families and communities more, and to increase the youth worker time available for the work with students and their schools.

2. Recommendations

Ki te hamama popora te tangata e kore e mau te ika: Those who yawn don't catch the fish. (Said of people who begin a work without the perseverance to finish).

The following recommendations result from the evaluation findings:

- Annual distribution of HoL wallet cards is an important mechanism for communicating with students about HoL related issues. It's vital for young people to understand the way HoL works. We should continue, with young people, to refine the design of the wallet cards and methods of distribution for maximum impact.
- Communication and co-operation between the adults makes HoL work well. Some systems for structured reflection and planning of the HoL work in each school would be useful.
- Effective AOD interventions and supportive school systems combine to produce good outcomes for young people seeking help. We need to keep developing our practices and our systems to get even better outcomes. The structured reflection and planning mentioned above is likely to be useful for refining these systems.
- The youth workers' roles have provided significant benefits for individuals, groups of young people, and for the school communities. This is an efficient and effective use of the resources that have been allocated to support their work. Further investment in the youth worker roles, in these schools and others using a HoL model, is likely to produce similar excellent outcomes.
- Investment in youth worker roles in schools without a HoL type model is likely to be less effective. This is because of the way the supportive school systems, early intervention AOD work, community action / health promotion and effective drug education combine to reduce AOD harm in school communities.
- The HoL team should consider ways that youth workers could have more impact on whānau and communities. This should be considered in the context of the youth workers' role descriptions, the existing resources, and the analysis of the needs of the young people they work with.

List of references

- Alderson, P. (2004). 'Ethics' in Fraser, S., Lewis, V., Ding, S., Kellet, M. & Robinson, C. (eds.) *Doing Research with Children and Young People*, London: Sage Publications & Open University Press.
- Casswell, S., Liggins, S. & Dickinson, P. (2008). *School Based Education on Alcohol and Drugs- what to do now the evidence is in?* New Zealand: Social and Health Outcomes Research and Evaluation (SHORE) for ASB Community Trust (unpublished report).
- France, A. (2004). 'Young People' in Fraser, S., Lewis, V., Ding, S., Kellet, M. & Robinson, C. (eds.) *Doing Research with Children and Young People*, London: Sage Publications & Open University Press.
- Gifford, H. (2003). *He Arorangi Whakamua: Reducing the uptake of tobacco in Ngāti Hauiti rangatahi*, unpublished PhD thesis: Massey University.
- Gifford, H. & Pirikahu, G. (2008). *Engaging Māori whānau: evaluation of a targeted parenting programme*, Innovative Practice Report No 3 /08, Wellington: Families Commission / Komihana a Whānau.
- McClellan, V. (2006). *Evaluation of 'High on Life': A secondary school-based alcohol and other drug intervention initiative*, New Zealand: Alcohol Advisory Council of New Zealand.
- Ministry of Education. (2004). *Guidelines for Principals and Boards of Trustees on Stand-Downs, Suspensions, Exclusions, and Expulsions*, New Zealand: Ministry of Education.
- Oreopoulos, P. (2005). *Do Dropouts Drop Out Too Soon? Wealth, Health and Happiness from Compulsory Schooling*, Canada: University of Toronto.
<http://www.economics.utoronto.ca/oreo/research/dropouts/do%20dropouts%20drop%20out%20too%20soon.pdf>
- Patton, M. (2002). *Qualitative Research and Evaluation Methods*, 3rd edition, USA : Sage.
- Robinson, V. (2007). *School Leadership and Student Outcomes: Identifying What Works and Why*.
<http://www.educationcounts.govt.nz/publications/series/2515/13723>
- Runanga Whakapiki Ake i Te Hau Ora o Aotearoa / Health Promotion Forum of New Zealand. (2001). *Health Promotion Competencies*, Auckland: Runanga Whakapiki Ake i te Hau Ora o Aotearoa / Health Promotion Forum of New Zealand.
- Waa, A., Holibar, F. & Spinola, C. (1998). *Programme Evaluation: An Introductory Guide for Health Promotion*. New Zealand: University of Auckland.

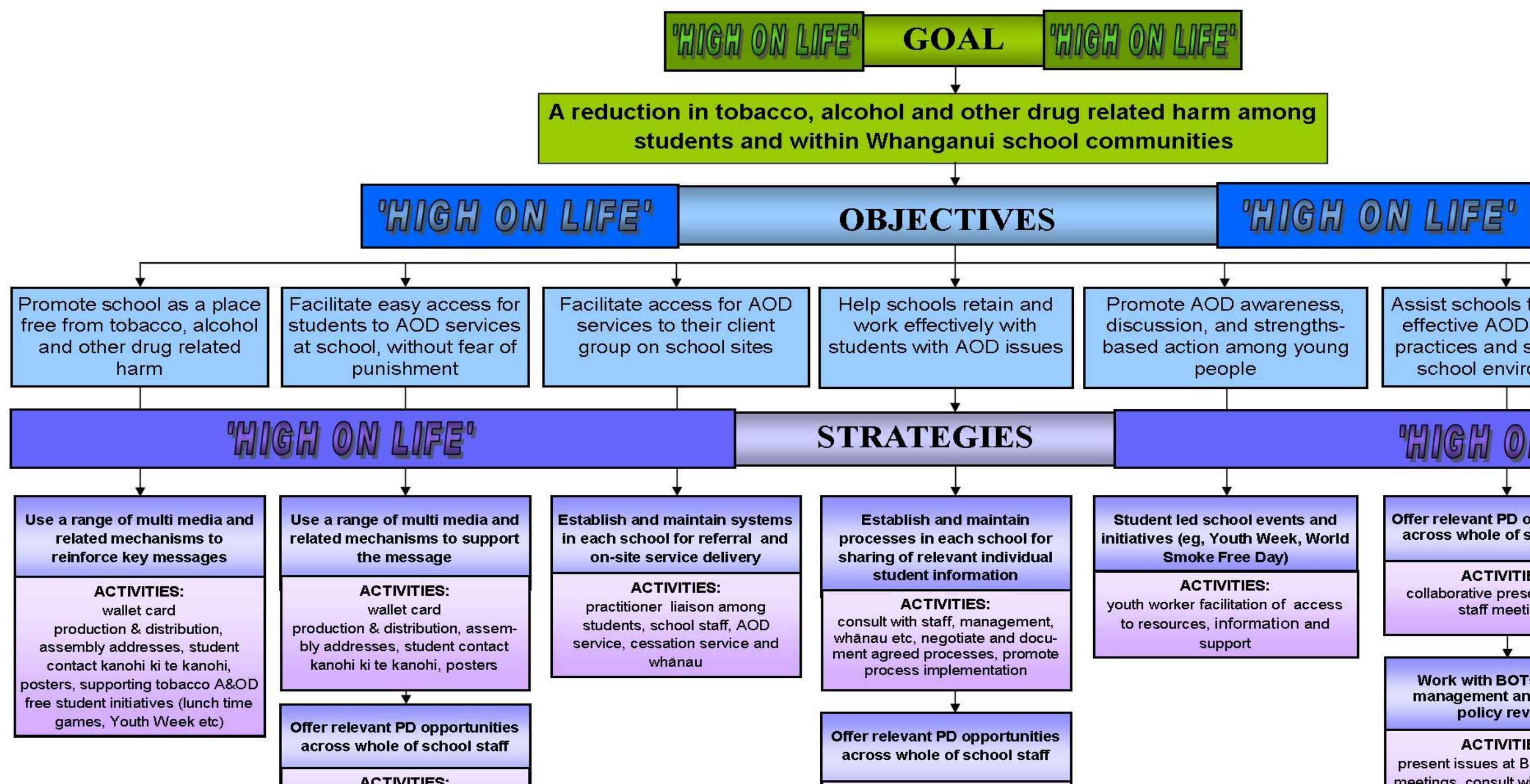
Glossary

AOD	Alcohol and other Drugs
CAYAD	Community Action on Youth and Drugs
EWG	Evaluation Working Group
FTE	Full time equivalent
HoL	‘High on Life’
MoE	Ministry of Education
SHORE	Centre for Social and Health Outcomes Research and Evaluation (Massey Univ)
WDHB	Whanganui District Health Board

List of appendices

Appendix One:	'High on Life' Project Model
Appendix Two:	Year 9 student survey documents
Appendix Three:	Service user survey
Appendix Four:	Service user interview schedule, information sheet & consent form
Appendix Five:	Key stakeholder survey and interview documents
Appendix Six:	List of Evaluation Working Group (EWG) participants

WHANGANUI 'HIGH ON LIFE' PROJECT



Whanganui 'High on Life' Project

YEAR 9 STUDENT SURVEY INFORMATION
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- Year 9 students at your school are being asked to do this survey.
- It is about the tobacco, alcohol and other drugs project at your school called 'High on Life'.
- The survey is **anonymous**. This means we don't need to know your name. There is no way that we can connect your survey answers to you personally.
- We ⁱ are doing the survey to find out how the project is going in your school. The survey is one way of helping us to do this.
- Later in 2008, we also want to interview some people at your school, like teachers and members of the board of trustees, about how they see the project working.
- After we have collected all this information we will report back to you and your school about the results.

Thank you for taking part in this survey.

Whanganui 'High on Life' Project Evaluation Working Group (March 2008)

ⁱ Project workers include people from Taumata Hauora Trust, Whakauae Research Services, Ministry of Education and the Whanganui District Health Board.

Whanganui 'High on Life' Project

YEAR 9 SURVEY :

NOTES FOR THOSE ADMINISTERING THE SURVEY

- This survey will be administered to all Year 9 students at this school and at one other secondary school in the Whanganui region. It is therefore important that we maintain a standard method of administration. Given the nature of the questions, it is also important that students can feel confident that their responses are confidential ie. Not seen by teachers or by other students.
- Could you please administer as follows:

(1) give out the Student Survey Information Sheet & go over each of the points listed;

(2) before handing out the survey form say :

“This survey is anonymous. That means that you don’t write your name on your survey. No-one else here will see what you have written. Please read each question carefully and answer all the questions. When you have finished please put the survey form in the box provided here (indicate location) ”.

(3) Then hand out the survey form to each Year 9 student in the classroom. Please make sure that students are well-spaced apart and that there is a minimum of talking while they complete the survey form.

Thank you

Whanganui 'High on Life' Project Evaluation Working Group

Whanganui 'High on Life' Project

Year 9 Student Survey

This is an **anonymous** survey about the work of the 'High on Life' Project at your school. **We do not need to know your name** and will not connect your survey answers to you personally. Please circle your answer to each of the questions below. Thank you for taking part.

Q1. If I needed information about tobacco, alcohol or other drug issues there are people who work at my school who could help me.

Yes

I don't know

No

Q2. An alcohol and other drug worker runs a clinic at my school.

Yes

I don't know

No

Q3. Tobacco, alcohol and other drugs are banned at my school.

Yes

I don't know

No

Q4. I know about the work the 'High on Life' Project does at my school.

Yes

I don't know

No

Q5 I have been given information at my school about who to go to for help with any tobacco, alcohol or other drug issues.

Yes

I don't know

No

Q6 I know how to contact the 'High on Life' Project youth / whanau support worker at my school.

Yes

I don't know

No

Q.7 The 'High on Life' Project youth / whanau support worker at my school works to cut down on tobacco, alcohol and other drug problems at school.

Yes

I don't know

No

Q8. The 'High on Life' Project youth / whanau support worker at my school works to cut down on tobacco, alcohol and other drug problems in my community.

Yes

I don't know

No

Q9. My school gets help for students with tobacco, alcohol or other drug issues.

Yes

I don't know

No

Thank you for taking part in this survey. Please hand in when finished.

Student feedback: *High on Life* Project Work

High on Life helps students get help at their school for tobacco, alcohol and other drug issues. We'd like your opinions to help us do this as well as we can. Please use this form to give us your ideas. You don't have to fill in it if you don't want to. We don't need to know your name & no-one at your school will see the form if you do fill it out.

When you have answered the questions please put the form into the envelope you have been given, seal it and give it to the school office for us to collect. Thanks ☺

My age is years. I last used the alcohol & other drug service or the 'High on Life' youth worker service (please circle one of the following) :

In 2008

In 2007

In 2006

My tobacco, alcohol or other drug use

Q1 Below are some comments about the service/s (alcohol & other drugs worker or the High on Life Project youth worker) you have used at school (*Please circle the number after which best fits with your opinion.*)

	Strongly agree	Agree	Disagree	Strongly disagree
A They helped me to think about how to take better care of myself.	1	2	3	4
B I'm getting into less trouble now.	1	2	3	4
C Things have improved for me at school.	1	2	3	4
D Things have improved for me at home.	1	2	3	4

E	It gave me a good chance to think about my tobacco, alcohol and / or other drug use.	1	2	3	4
F	It gave me a good chance to make changes to my tobacco, alcohol and / or other drug use.	1	2	3	4
G	I'd tell my friends to go to the alcohol & other drug worker (Deanna or Mark) or the High on Life youth worker (Julie or Chrissy) if they needed help.	1	2	3	4

Anything else?

Q2. *High on Life* is about changing the way schools deal with alcohol and other drug issues, and about helping all young people think about the issues. Here are some more statements for you to rate (*Please circle the relevant number*).

		Strongly agree	Agree	Disagree	Strongly disagree
A	My school told all students that we could get help without fear of punishment	1	2	3	4
B	I got the wallet card.	1	2	3	4
C	I liked the wallet card.	1	2	3	4
D	<i>High on Life</i> made it easy for me to get help for my tobacco, alcohol and / or other drug use.	1	2	3	4
E	School felt more supportive.	1	2	3	4

Anything else?

Q3 How do you think the *High on Life* work could be improved?

Thanks for completing this form. Please remember put it in the envelope provided & give it to the school office for us to collect.

If you have any questions or concerns about this survey please contact the 'High on Life' Project Evaluation Working Group : Lynley Cvitanovic @ the Public Health Unit Ph : (06) 348 1789 or Mark Corrigan @ Ministry of Education Ph : (06) 349 6305.

HoL : INFORMATION SHEET FOR FOCUS GROUP PARTICIPANTS

The 'High on Life' Project in the Whanganui region involves community agencies and schools working together to address alcohol and other drug related issues. We want to talk to lots of people – students, staff etc – to help us get an idea of how well the Project is working.

Why are we inviting you to take part?

We want to talk with groups of young people who have used the school-based alcohol and other drug service (the service is a 'High on Life' Project partner) and / or the whanau / youth worker service. We understand that you have used one, or both, of these services.

What will we ask you about?

We are interested in talking with you about your views on offering services on school sites, how useful you found the services you used, how things could be improved etc.

What is a focus group interview?

A focus group interview is basically a discussion between an interviewer and a small group of people. Ours will include around 6 people who have all used the service/s. It will take about an hour and will be held during school time. Two Project Group workers will be at the interview. One will lead the discussion and the other will take notes. We will also record the discussion so we don't miss anything. These records will be destroyed after we have written our report.

Is it confidential?

Yes. Nobody outside the evaluation team will listen to the tape or see our interview notes. We won't give your name, or any information which could identify you, to anyone including your school.

What will happen to the information we get?

We will use the information to help us build a picture of how the 'High on Life' Project is going in your area. A report will be prepared for the Project Group which includes schools. We may also prepare conference papers and journal articles. We will not use your name, or any information which could identify you, in any of this material. A summary of the findings will be available to you when the report is finished.

Thanks for thinking about this issue. We'd love to include your views in the evaluation. If you have any questions or concerns about the research you can contact:

Lynley Cvitanovic
Public Health Unit
Ph (06) 348 1789

Mark Corrigan
Ministry of Education Whanganui
Ph (06) 349 6305

WHANGANUI 'HIGH ON LIFE' PROJECT

CONSENT FORM FOR INDIVIDUAL INTERVIEW PARTICIPANTS

I have had this study explained to me. I understand what it is about. My questions about the study have been answered to my satisfaction. I understand that I am also free to ask for more information at any stage.

I know that:

- My participation in this study is entirely voluntary
- I can withdraw from the study at any time without disadvantage
- Interview records will be destroyed at the end of the study
- Study results may be published, drawing from the evaluation report, at some point in the future
- Any information which could potentially identify me will only be used in the evaluation report with my permission
- Notes may be taken during the interview
- The interview will be recorded with my permission

I _____

Agree to take part in this interview as part of the 'High on Life' Project evaluation.

(Signature of Participant)

(Date)

WHANGANUI 'HIGH ON LIFE' PROJECT

FOCUS GROUP INTERVIEW SCHEDULE

1. What do you think are the good and not so good things about having A & OD clinics on site at school?

2. What do you think are the good and not so good things about having a High on Life youth worker working in your school?

3. What changes, if any, have you made in your life which the school's A & OD practitioner and / or High on Life youth worker have influenced?

Prompts : Practicing better self-care / less risk taking?
: A & OD use patterns?

4. How have things been for you at school since working with the A & OD practitioner and / or High on Life youth worker?

Prompts : Feel the school has been supportive?
: Getting into less / more trouble at school?

5. How useful has working with the A & OD Practitioner and /or High on Life youth worker been for you?

6. If this has been helpful for you in changing your AOD use, what made it work so well?

Prompts : How come it worked so well for you?
: Was it different to what you expected?
: If it was not so helpful, what would it take to make it work better?

7. How could the school's A & OD Service and / or High on Life youth worker service be improved?

HoL KEY STAKEHOLDER INFORMATION SHEET
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As you are aware, the 'High on Life' Project in the Whanganui region involves community agencies and schools working together to address tobacco, alcohol and other drug related issues. We are talking with lots of people – students, school staff, and youth workers etc – to help us to get an idea of how the Project is working from a range of perspectives.

Why are we inviting you to complete this self-administered survey?

We want to talk with people who have played some sort of key role in Project work. You have been identified as being one of those people; someone who has a high level of awareness about Project work and who is likely to have views around it which can contribute to our collective knowledge.

What will we ask you about?

We are interested in your views on a range of issues including : whether the Project is making any kind of difference and why / why not, whether offering services on school sites is useful, what things could be improved and how etc.

Is it confidential?

Nobody outside those carrying out the data analysis (Mark.C. & Lynley) will see your completed survey form. We will not use your name, or any information which could link specific comments to you, without your agreement. It is our intention to share the draft evaluation report with you and to negotiate any amendments with you. Returned surveys will be destroyed once report content has been finalised.

What will happen to the information we get?

We will use the information to help us build a picture of how the 'High on Life' Project is going. A report will be prepared for the Project Steering Group which includes schools. The evaluation report may also be used in negotiating ongoing funding for Project continuation. We may also prepare conference papers and journal articles at a later date.

Thank you for your interest and assistance.

If you have any questions or concerns about the research you can contact:

Lynley Cvitanovic
Whakauae Research Services
Te Maru O Ruahine Trust
Ph (06) 347 6772

Mark Corrigan
Ministry of Education
Whanganui
Ph (06) 349 6305

WHANGANUI 'HIGH ON LIFE' PROJECT

CONSENT FORM FOR KEY STAKEHOLDER RESPONDENTS

I have been provided with information about the 'High on Life' Project evaluation. I understand what it is about. I understand that I am free to ask for more information about the evaluation at any stage.

I know that

- My participation in this study is entirely voluntary
- I can withdraw from the study at any time without disadvantage
- Survey records will be destroyed at the end of the study
- Study results may be published, drawing from the evaluation report, at some point in the future
- Any information which could potentially identify me will only be used in the evaluation report with my permission

I _____

Agree to complete this survey as part of the 'High on Life' Project evaluation.

(Signature of Participant)

(Date)

HoL Key Stake-Holder Interview Schedule :

The '*High on Life*' school communities-based project is a multi-agency / school partnership which aims to reduce tobacco, alcohol & other drug related harm. The project helps students to identify and address tobacco, alcohol and other drug issues and provides a range of other 'on site' supports to school communities.

1. What impact is the High on Life Project youth worker role having in the school you work in? Why?

2. What impact are alcohol and other drug school based services having in the school you work in? Why?

3. In what ways, if any, has the Project's focus on a pastoral care approach to dealing with tobacco, alcohol & other drug related issues benefited the school community?

4. Please comment on how the High on Life Project has helped the school you work in to address its policy / procedures around management of students' drug related misdemeanours.

5. How effective has the 'High on Life' Project approach been in helping to reduce tobacco, alcohol & other drug related stand downs and suspensions in the school you work in? Why?

6. What do you like most about the 'High on Life' approach?

7. Is there anything about the 'High on Life' approach that you don't like? Why?

8. What aspects of 'High on Life' Project work could be improved? How

9. Do you have any other comments regarding the 'High on Life' Project?

'High on Life' Key Stake-Holder Survey

The '*High on Life*' school communities-based project is a multi-agency / school partnership which aims to reduce tobacco, alcohol & other drug related harm. The project helps students to identify and address tobacco, alcohol and other drug issues and provides a range of other 'on site' supports to school communities.

We'd appreciate your feedback to assist with project development. Please use this survey form to give us your ideas. You don't have to fill in it if you don't want to. We don't need to know your name & no-one at your school will see the form if you do fill it out. **Please circle the response to each of the questions below which best reflects your opinion.** Add comments too if possible. Thanks ☺

1. The 'High on Life' approach has been effective in raising our students' awareness of the tobacco, alcohol & other drug help available should they want it.

Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree
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Comments:

2. Having a 'High on Life' Project worker (Chrissy /Julie or Awhi) based at school has had a positive impact on our school community.

Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree
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Comments:

3. Having Alcohol & other Drug Service practitioners (Mark or Deanna) providing services on the school site has had a positive impact on our school community.

Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree
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Comments:

4. The 'High on Life' Project's focus on a pastoral care approach to addressing tobacco, alcohol & other drug related issues has benefited our school community.

Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree
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Comments:

5. Our school has made changes to its policy / procedures regarding the management of students' drug related misdemeanours since the introduction of 'High on Life'.

Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree
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Comments:

6. The 'High on Life' Project approach has been effective in helping to reduce tobacco, alcohol & other drug related stand downs and suspensions at our school.

Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree
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Comments:

7. What do you / your school like most about the 'High on Life' approach?

8. Is there anything about the High on Life approach that you / your school doesn't like? Why?

9. What aspects of 'High on Life' Project work could be improved? How?

Thanks for completing this survey. If you have any questions or concerns regarding it please contact: Lynley Cvitanovic @ the Public Health Unit Ph : (06) 348 1789 or Mark Corrigan @ Ministry of Education Ph : (06) 349 6305.

Appendix Six: List of Evaluation Working Group (EWG) participants

The following participants contributed to the evaluation work for either the entire 18 month evaluation period or for parts thereof :

Mark Corrigan	Ministry of Education
Lynley Cvitanovic	Whakauae Research Services (Te Maru O Ruahine Trust)/previously Public Health Unit (WDHB)
Julie Herewini	Nga Tai O Te Awa
Geoff Hipango	Taumata Hauora Trust
Deanna Hollis	Alcohol & Other Drug Service (WDHB)
Awhi Kingi-Tapa	Whakauae Research Services (Te Maru O Ruahine Trust)
Jay Rerekura	Nga Tai O Te Awa
Sandy Taylor	Nga Tai O Te Awa
John Scudder	Cullinane College
Mark Wood	Alcohol & Other Drug Service (WDHB)