



Education &  
Communities

## Teachers Health Fund

# *School Staff Health and Wellbeing Grants Program*

**Policy, Planning and Reporting Unit**



## Acknowledgements

Policy, Planning and Reporting would like to thank the following people for their time and expertise in assisting with the evaluation of *School Staff Health and Wellbeing Grants Program*.

- Jane Stower, National Industry Development Manager, Teachers Health Fund
- Amanda Ford, Sponsorship Unit, NSW Department of Education and Communities

The evaluation team wishes to thank the principals and staff of the following nine schools who shared their experiences of implementing the *School Staff Health and Wellbeing Grants Program*.

- Bangalow Public School
- Hamilton Public School
- Lismore Public School
- Lismore South Public School
- Muswellbrook High School
- Richmond River High School
- The Pocket Public School
- Valentine Public School
- Windale Public School

## Evaluation team

Meg Dione-Rodgers Evaluation Advisor  
Louise Taggart Evaluation Advisor  
Susan Harriman Leader, Quality Assurance

Program Evaluation Team, Quality Assurance  
Policy, Planning and Reporting Unit  
NSW Department of Education and Communities

© State of New South Wales  
May 2015

# Table of contents

- Table of contents..... i
- List of tables and figures ..... iii
- Summary of key findings ..... v
- Summary of key recommendations ..... vii
  
- Part 1 Introduction..... 1
  - 1. Evaluating School Staff Health and Wellbeing Grants Program..... 1
    - 1.1. Context ..... 1
    - 1.2. School Staff Health and Wellbeing Grants Program ..... 1
    - 1.3. The purpose of the evaluation ..... 1
    - 1.4. Previous evaluations ..... 1
    - 1.5. Terms of Reference of the evaluation..... 2
    - 1.6. Presentation of the evaluation findings ..... 2
  - 2. School Staff Health and Wellbeing Grants Program details..... 3
    - 2.1. Aim..... 3
    - 2.2. Background..... 3
    - 2.3. Features of the School Staff Health and Wellbeing Grants Program ..... 3
  
- Part 2 Evaluation findings ..... 5
  - 3. Implementation of Staff Health and Wellbeing Grants Program in schools ..... 5
    - 3.1. *The School Staff Health and Wellbeing Plans*..... 5
    - 3.2. Evidence-informed decision making ..... 7
    - 3.3. Strategies used to enhance the planned activities ..... 8
    - 3.4. Participation by staff ..... 9
    - 3.5. Involvement of the wider school community ..... 10
    - 3.6. Time allocated for activities over the term ..... 10
    - 3.7. Level of funding ..... 10
  - 4. Effects for school staff ..... 13
    - 4.1. Staff awareness of the importance of health and wellbeing ..... 13
    - 4.2. Impact on staff health ..... 14
    - 4.3. Impact on staff wellbeing ..... 15
    - 4.4. Effects on teaching practices..... 17
  - 5. Management of the program and future grants..... 19
    - 5.1. Communication with schools ..... 19
    - 5.2. Program development..... 19

Part 3	Evaluation Practice .....	23
6.	Methodology .....	23
6.1.	Data gathering .....	23
6.2.	Data recording and analysis .....	24
6.3.	Limitations of the methodology .....	24
6.4.	Attribution .....	25
	Glossary .....	27
Appendix 1:	Application form.....	29
Appendix 2:	Overview of activities .....	32
Appendix 3:	School evaluation report format .....	34
Appendix 4:	Interview schedules.....	36

# List of tables and figures

- Figure 3.1 Yoga class..... 7
- Figure 4.1 Promoting flexibility through Ortho-Bionomy ..... 14
- Figure 4.2 Relaxation through massage ..... 15
- Figure 4.3 Team building through outdoor challenges ..... 16
- Figure 4.4 Promoting team building through drumming workshop sessions..... 16
- Figure 5.1 Staff sharing information about healthy eating with students ..... 18
  
- Table 6.1: Summary of data gathering ..... 23



# Summary of key findings

The *School Staff Health and Wellbeing Grants Program* is a jointly sponsored initiative between the Department of Education and Communities and the Teachers Health Fund. The program aims to support schools to develop and maintain better health and wellbeing practices for staff and to promote practices that lead to better health and wellbeing outcomes across the organisation.

In 2014, schools in the Hunter area were invited to apply for one of ten grants of \$2000 each. The program was piloted by schools during Term 3, 2014 within the principals' networks of Maitland, Newcastle, Lismore, Lake Macquarie East, Wollemi, Barwon and Northern Tablelands.

## Key findings

The evaluation presents findings related to:

- the application process and program implementation in the pilot schools
- effects for staff participants in enhancing health and wellbeing
- the effect of the program on other aspects of the school, such as transferring the knowledge and skills gained to students, and relationships with colleagues and the wider community.

### 1. Grant application and implementation of the program

#### *Partnership communication*

**Finding:** Communication between the department's Sponsorship Unit and the Teachers Health Fund, and between the Sponsorship Unit and schools, worked well.

#### *Templates for plans and evaluation*

**Finding:** School contacts appreciated receiving the templates for the grant proposal, the evaluation report, and the financial reconciliation.

#### *Application time frame*

**Finding:** There was a limited period of time in which school leaders could identify the needs of individual staff members and plan activities and implementation. The application required details of proposed activities to enhance staff health and wellbeing. Three school contacts indicated that they would have liked more time between notification of the grant and submission of proposals to allow time for collaboration and research.

#### *Criteria for proposals*

**Finding:** In the application for the grant, schools were required to include activities that addressed some or all of the criteria which were: signs of consultation with staff; activities supported by medical or scientific evidence; make activities available to most staff in terms of time and place. School applications that addressed all three criteria indicated a better understanding of why they were implementing the program and what outcomes they expected to achieve.

#### *Suggestions for activities*

**Finding:** There were five suggestions for strategies and activities provided by the Teachers Health Fund and the Sponsorship Unit. These suggestions were appreciated by school staff.

#### *Range of activities*

**Finding:** Due to local planning each school had differences in the mix of activities conducted and consequently identified a different set of expected outcomes. Staff appreciated the sense of program ownership and individualised focus based on localised needs.

#### *Variations to plans*

**Finding:** Some schools made minor variations to original plans based on staff feedback.

#### *Grant funding*

**Finding:** All schools judged the level of funding as sufficient to pilot the program. Several schools commented that they could *not* have achieved the outcomes with any less funding.

#### *Implementation timeframe*

**Finding:** Some schools reported they would have liked to more time to implement their program in order to achieve greater change.

## **2. Effects for staff participants in enhancing health and wellbeing**

#### *Knowledge and awareness*

**Finding:** Sessions relating to knowledge and awareness of health and wellbeing assisted staff in understanding the rationale for action, and supported commitment to the program.

**Finding:** None of the schools collected data about staff prior knowledge in these areas.

#### *Health benefits*

**Finding:** A range of health benefits were reported by school staff, including increased fitness levels and improved flexibility.

#### *Wellbeing improvements*

**Finding:** All schools reported that participation in activities resulted in improvements in teacher wellbeing. Benefits for staff included reduced stress levels, staff feeling 'better' and looking forward to activities and feeling more confident about their own wellbeing.

**Finding:** More than half of the schools reported that staff appreciated working with other staff in the activities, leading to better staff morale, more social interaction and team building.

#### *Participation*

**Finding:** Some schools included both teaching and non-teaching staff. Two schools also involved parents in their after-school activities.

#### *Future plans in pilot schools*

**Finding:** Some schools indicated they intend to continue their programs or some of the activities in the future with local funding.

## **3. The effect of the program on other aspects of the school**

#### *Students*

**Finding:** Increased skills and knowledge among teachers and reported gains in physical fitness levels that resulted in changes in classroom activities and potentially to students.

**Finding:** Parents and community observed staff participating in physical activities and consequently being role models for students.

#### *School community*

**Finding:** The program in some schools included parental involvement in some of the activities which resulted in better relationships with the school community.



# Summary of key recommendations

## 1. Grant application and implementation of the program

### *Partnership communication*

**Recommendation 1.1:** That the partnership between the Teachers Health Fund and Sponsorship Unit continue.

### *Templates for plans and evaluation*

**Recommendation 1.2:** That future grants provide schools with templates which enable less workload for schools in planning and accountability, for example, pre and post surveys (refer to Recommendation 1.4).

### *Application time frame and criteria for proposals*

**Recommendation 1.3:** That more time be allowed to promote the program in order to provide more time for school leaders to consult with staff and address all criteria.

**Recommendation 1.4:** That the application include a draft staff survey for baseline data collection to identify staff needs, for example, types of activities and preferred time of day, and also to use at the end of the intervention to ascertain generalised outcomes across all schools.

### *Suggestions for a range of activities*

**Recommendation 1.5:** That a range of activities is recommended and included in the application materials to ensure schools have the information required to devise programs that are needs based.

### *Variations to plans*

**Recommendation 1.6:** That flexibility to modify programs based on changing staff needs be continued in future grant allocations.

### *Implementation timeframe*

**Recommendation 1.7:** That an extension of the implementation phase cover at least two Terms, so that change to health and wellbeing is embedded in staff lifestyle.

### *Grant funding*

**Recommendation 1.8:** That for future *School Staff Health and Wellbeing Grants Programs*, similar grant funding of \$2000 for each school be provided to implement a staff health and wellbeing program.

## 2. Effects for staff participants in enhancing health and wellbeing

### *Knowledge and awareness*

**Recommendation 2.1:** That the grant application provide a rationale for collecting baseline data and for including information sessions to support staff in their involvement.

### *Health benefits*

**Recommendation 2.2:** That the program continue as a support to school staff in enhancing health as it is effective for individual health and wellbeing.

### *Wellbeing improvements*

**Recommendation 2.3:** That activities specifically relating to staff wellbeing, including team activities, be programmed in school health and wellbeing plans.

*Participation*

**Recommendation 2.4:** That future grant provisions state the option to include participation by non-teaching staff.

*Future plans in pilot schools*

**Recommendation 2.5:** That future school reporting processes include any plans for continuation of activities based on successes gained.

**3. The effect of the program on other aspects of the school**

*Students*

**Recommendation 3.1:** That staff be made aware that involvement in the program is personal learning which can enhance their physical energy level and teaching capacity and provide a good role model for students.

*School community*

**Recommendation 3.2:** That staff be encouraged to consult with their communities to identify any specialist personnel to assist with their plans and hence strengthen community ties.

# Part 1 Introduction

This report is presented in three parts:

- Part 1 provides the background to the *School Staff Health and Wellbeing Grants Program* evaluation and to the program itself
- Part 2 details the findings and conclusions of the evaluation
- Part 3 outlines the methodology used in the evaluation.

## 1. Evaluating School Staff Health and Wellbeing Grants Program

### 1.1. Context

The NSW Department of Education and Communities (the department) sets out a number of objectives in its Work Health and Safety (WHS) Policy, including its commitment to “supporting and promoting health and wellbeing” (NSW DEC, 2013)<sup>1</sup>.

The *School Staff Health and Wellbeing Grants Program* aligns with the *Local Schools, Local Decisions* education reform, and acknowledges that schools are best placed to implement a program that will meet staff needs.

It is within this context that the Teachers Health Fund, in conjunction with the department, developed a pilot initiative to promote staff health and wellbeing.

### 1.2. School Staff Health and Wellbeing Grants Program

The objective of the *School Staff Health and Wellbeing Grants Program* is to increase staff health and wellbeing, through the provision of funding to develop a local program of activities. In mid-2014, schools in the Hunter area were invited to apply for one of ten grants of \$2000 each.

The department’s Sponsorship Unit took responsibility for the management of the grants program, including selection of the pilot schools and capturing the results through a school self-evaluation report.

### 1.3. The purpose of the evaluation

The purpose of the evaluation was to identify:

- the activities that were implemented in the pilot schools
- the impact of the activities on the health and wellbeing of staff.

The evaluation results will be used to assist the development of possible future grants programs and to generate ideas to assist in promoting health and wellbeing among staff across NSW public schools.

### 1.4. Previous evaluations

As this is a pilot program there have been no previous evaluations of this program.

A literature search revealed no similar staff health and wellbeing grant programs that have undergone an evaluation within NSW or other states of Australia.

---

<sup>1</sup> NSW Department of Education and Communities (2013). *Work Health and Safety (WHS) Policy*, Reference No. PD/2013/0454/V01. Retrieved December 2014 from <https://www.det.nsw.edu.au/policies/staff/WorkHealthSafety/PD20130454.shtml>

## **1.5. Terms of Reference of the evaluation**

The terms of reference for the evaluation were developed in consultation with the School Sponsorship Unit as the program manager, and the program owner, Teachers Health Fund.

It was agreed that the evaluation would determine:

- the type of activities that were implemented by the pilot schools
- the impact of these activities on staff awareness of the importance of health and wellbeing
- the impact of the activities on the health of pilot school staff (teaching and non-teaching)
- the impact of the activities on the wellbeing of pilot school staff (teaching and non-teaching)
- the suitability of the process for future grant roll-out.

## **1.6. Presentation of the evaluation findings**

The evaluation findings are presented in Part 2 of this report, in the following sections:

Section 3. Implementation of *School Staff Health and Wellbeing Grants Program* in schools

Section 4. Effects for school staff

Section 5. Management of the program and future grants

Section 6. Methodology

The grant application and reporting guidelines for schools are included in the appendices, in addition to the interview schedules used in the evaluation.

## **2. School Staff Health and Wellbeing Grants Program details**

This section provides an overview of the *School Staff Health and Wellbeing Grants Program* and has been drawn from program documentation and discussions with officers from the Sponsorship Unit and the Teachers Health Fund.

### **2.1. Aim**

The *School Staff Health and Wellbeing Grants Program* aims to improve the health and wellbeing of school staff, by building knowledge and increasing physical activity. This goal is supported by providing sponsorship funds to schools to develop locally-based programs to address specific staff needs.

### **2.2. Background**

The department has a responsibility under the Work Health and Safety Policy to support and promote the health and wellbeing of all staff. The Teachers Health Fund is also committed to this principle, and as a consequence the *School Staff Health and Wellbeing Grants Program* was developed.

It was suggested by both the department program manager and the Teachers Health Fund program owner, that better health and wellbeing for staff, such as improved fitness and motivation for day-to-day professional activities, might also contribute to better outcomes for students through teachers leading by example and improving classroom practices.

It was also suggested that better health for staff should lead to reductions in sick leave and possibly fewer stress-related workers compensation claims. A reduction in sick leave could have a positive impact on school finances and result in less disruption to schools as a consequence of less frequent employment of casual teachers.

### **2.3. Features of the School Staff Health and Wellbeing Grants Program**

#### **2.3.1. Implementation of the pilot in Hunter/Central Coast**

The program was piloted by nine schools during Term 3, 2014 within the principals' networks of Maitland, Newcastle, Lismore, Lake Macquarie East, Wollemi, Barwon and Northern Tablelands. One school withdrew from the program and returned the funds.

The Hunter area was chosen for the pilot program because the Teachers Health Fund has a health centre in Hamilton. The Hunter is also the residential area of the Teachers Health Fund Ambassador, Paralympian Kurt Fearnley, who offered to provide support for the program if schools needed assistance.

#### **2.3.2. Grant application process**

At the end of May 2014, all government schools within the selected networks were invited to submit an application for a \$2000 grant.

Submissions closed on 25 June 2014, providing approximately one month in which schools could identify the needs of individual staff members, plan activities and develop a *School Staff Health and Wellbeing Plan*. The application required details of proposed activities to enhance staff health and wellbeing.

### **Selection criteria for schools**

Schools applying for a grant were advised in the application form (Appendix 1) that preference would be given to proposals which *“included activities that have some or all of the following attributes”*:

- show signs of consultation with staff
- include activities that can be supported by medical or other scientific evidence
- make activities available to most staff in terms of time and place.

Schools did not have to address all three criteria.

In order to assist schools with their applications, the Teachers Health Fund and the Sponsorship Unit provided suggestions to assist with strategies that could be implemented to enhance staff health and wellbeing. These included awareness-raising sessions, as well as physical and mental health activities, such as:

- staff participation in the exchange of healthy eating recipes for lunches and other meals
- staff participating in group physical exercise sessions – yoga, running or walking, stretching sessions
- before or after school stress management sessions
- guest speakers giving talks to staff about physical and mental health and wellbeing
- professional learning courses.

Schools were advised in the application form that grants should be spent implementing *“staff health and wellbeing activities or developing a heightened awareness of staff health and wellbeing within your school.”*

### **Review and selection**

The school proposals were reviewed by a committee comprising a Teachers Health Fund representative, a DEC Sponsorship Unit representative, one primary and one secondary school teacher, and a health professional. Ten schools were selected to be involved in the pilot.

One of the selected schools withdrew from the program during the implementation phase, due to a series of changes to their staff, including the departure of the contact teacher looking after the grant. The funding was returned to the Sponsorship Unit.

The evaluation included the nine remaining schools that completed all aspects of the *School Staff Health and Wellbeing Program*.

#### **2.3.3. Implementation**

Schools were advised that:

- the program should be implemented over the course of a school term
- all funds were required to be spent by 7 November 2014
- the school self-evaluation and expenditure reconciliation details were expected no later than 10 November 2014.

#### **2.3.4. Evaluation requirement**

Schools were advised that in being awarded a grant they would be required to write a succinct self-evaluation of the program and activities implemented, as well as submitting an expenditure reconciliation form. Templates were provided by the Sponsorship Unit to assist in this process.

## Part 2 Evaluation findings

Part 2 presents the findings of the program evaluation, organised in terms of priority areas identified in the evaluation Terms of Reference and in response to issues that emerged through the data collection.

Section 3 sets out the findings related to the implementation of the *School Staff Health and Wellbeing Grants Program* in the nine schools, and provides advice for possible future implementation.

Section 4 examines the effects for staff involved in the activities organised by the school.

Section 5 provides information regarding the management of the program and advice for future grants.

### 3. Implementation of Staff Health and Wellbeing Grants Program in schools

The operation of the pilot program in each of the schools involved research and collaboration with staff to design the *School Staff Health and Wellbeing Plan*. A requirement of the grant was that schools would be required to write a succinct evaluation of the program activities as well as submitting an expenditure reconciliation form. A school contact person was nominated by each school to coordinate these requirements.

This section examines the plans made by schools, variations to plans during implementation, the levels of participation by staff, adequacy of the funding, time constraints, and management by the department. Individual schools have been de-identified and will hereafter be referred to using numerical representation, eg School 1.

#### 3.1. The School Staff Health and Wellbeing Plans

Schools were asked to indicate how the school would spend the \$2000 grant in implementing school staff wellbeing activities. The document created by schools, which included the planned activities, was known as the *School Staff Health and Wellbeing Plan*.

The ten schools awarded funding submitted proposals that detailed the types of activities for implementation, how staff would participate in the program, and operational aspects of the grants program such as funding and communication.

The evaluation found that due to local planning each school had differences in the mix of activities conducted and consequently identified a different set of expected outcomes.

Only nine schools completed the program, with one withdrawing and returning the funds.

The nine schools that submitted the Term 4 evaluation report and reconciliation details were asked to note variations to original planning. Few variations were made to the plans.

##### 3.1.1. Developing the plan

Four of the nine schools indicated that consultation was undertaken with staff to determine their needs prior to planning the activities. Two schools formally surveyed staff to identify needs. Based on the results from the survey conducted by one of the schools, they found it necessary to implement four different activities in order to meet staff needs and preferences, as follows, in order of staff preference:

1. Achieving work/life balance workshop
2. Yoga / Pilates classes
3. Kitchen garden cooking and home herbal remedy workshop
4. Drumming workshop.

Two other schools detailed how staff made decisions about the program, including discussion and decision-making with a group of staff or school committees (WH&S, social or welfare). For example, one school contact outlined discussions between *“interested groups of staff”* followed by consideration by the WHS committee, and involvement of senior executive. This led to a formal plan being developed.

One contact person acknowledged that their program might have worked better if an initial survey was used *“to gauge the preferences of staff over which activities and when they prefer to participate.”*

### 3.1.2. Range of activities

The number of activities provided by each school not only depended on staff needs, but also on the numbers of staff at each school. All schools involved in the pilot planned and implemented several different types of activities to meet the specific needs of their staff. A table of activities for each school, aligned with the Terms of Reference is available at Appendix 2.

The range of activities undertaken by schools in the pilot included:

- Achieving work/life balance workshops
- Teacher Wellbeing & Self-Care Program
- Time for Teachers wellbeing and self-care program
- Yoga, Pilates or Yogalates classes
- Nutritionist and remedial therapist workshops
- Individual nutrition plans
- Personal trainers to assist with diet and nutrition
- Healthy eating with the fruit and vegie garden
- Walking club
- Swimming
- Dragon boating
- Circuit training
- *Tree Tops* team and confidence building workshop
- Meditation classes
- Buddy program for exercise and building staff morale
- Ortho-Bionomy
- Staff information sessions about health and wellbeing
- Exercise classes with professional instructors
- Drumming workshops
- Weight training

The majority of schools identified physical exercise, group team building activities, and awareness raising sessions as priorities.

Group physical activities were commonly implemented, with most schools running activities such as Pilates or yoga (as shown in Figure 3.1), circuit training, ‘boot camp’ style fitness sessions, weight training, dragon boating or outdoor adventure activities to foster morale and build staff relationships.



**Figure 3.1** Yoga class



### **3.1.3. Variations to the original *School Staff Health and Wellbeing Plans***

While few changes were made to the planned activities, some schools made minor modifications to the detail of their programs. Variations to proposals included:

- alternative activities added due to staff demand, for example, boot camp, yoga, massages, weight training, circuit training, swimming
- increased frequency of sessions due to staff demand, to ensure all staff could participate
- flexibility in the timing of sessions to meet staff needs
- addition of strategies to boost staff participation, for example, a prize draw with staff given tickets for each time they attended a session, awarding of the weekly 'Trainer's Choice' trophy
- changes to venue to reduce noise levels for a quiet space to run yoga and meditation sessions.

Two schools indicated that if the program continued they would modify the time of day for activities. At one primary school, ten teachers commenced the before-school yoga program, but by the end of the term only four teachers were attending the sessions. The contact person suggested it would be preferable to conduct future activities after-school to enable more staff to participate.

One school contact commented on the need to recruit additional staff to run activities, stating: *"I will be seeking help from other staff to run walks in the morning or lunch times because I am restricted to being able to do this on some afternoons."*

## **3.2. Evidence-informed decision making**

Schools applying for a grant were advised that preference will be given to proposals which included activities that can be supported by medical or other scientific evidence. Nearly all schools referred to generalised outcomes that would be achieved through the engagement with activities organised.

Only one school provided scientific evidence in the grant proposal to support the activities chosen for the program. This school provided a rationale for the program including the following evidence-based reasons for exercising and improving fitness:

- |                     |                       |
|---------------------|-----------------------|
| 1. Improved memory  | 6. Increased energy   |
| 2. Improved posture | 7. Reduced sick leave |
| 3. Confidence       | 8. Longevity          |
| 4. De-stress        | 9. Happiness          |
| 5. Improved sleep   |                       |

The proposal also contained specific reference to consultation with Southern Cross University academics who advised that having a colleague to motivate action was an important strategy:

*“... having a buddy system, goal setting and accountability to your partner and goals is an important step in any program. We will be building this into our system.”*

In the school evaluation report, this school was able to refer to their research when outlining improvements to staff health and wellbeing. Their report included a number of documents including a PowerPoint presentation and an Excel exercise log. This background research and monitoring of activities as a strategy assisted to enhance staff knowledge and understanding of the benefits of the program, and *“will be continually promoted in the future as a result of the start made by the provision of this grant.”*

### **3.3. Strategies used to enhance the planned activities**

A number of strategies were used to encourage staff participation, including:

- involvement of health professionals
- use of pedometers
- development of personal plans
- use of a buddy system.

#### **3.3.1. Involvement of health professionals**

Health professionals such as personal trainers, yoga and Pilates instructors were employed to conduct activities in eight out of the nine school programs. Teachers reported that they appreciated the expertise provided by qualified personnel and that these professionals had contributed to the success of their programs. For example, one school contact stated that the personal trainer conducted: *“training [that] was motivating, safe, and all staff fitness levels and abilities/injuries were catered for.”*

Health professionals employed by schools included an Ortho-Bionomy instructor, Yogalates teacher, nutritionist, lifestyle and diet experts and remedial massage therapists

Seven of the eight schools used qualified personnel to run physical activities. The ninth school employed a health professional to present an information session to staff on the benefits of exercise for health and wellbeing.

#### **3.3.2. Use of pedometers**

One high school used their grant to buy pedometers for each member of staff, with the contact person suggesting that people using pedometers were likely to be *“more conscious of their activity and focus on exercising and moving more”* and that available evidence supported their use. This acquisition was reported to be *“extremely popular”* with staff *“as the models purchased included a heart rate monitor.”* It was reported that staff participation in fitness activities such as walking and circuit training *“were enhanced through the use of pedometers.”*

### 3.3.3. Personal plans

In two schools, each staff member was encouraged to develop a personal plan, outlining individual health needs and goals to be achieved.

The contact person from one of those schools outlined a range of strategies to assist participants in planning and maintaining their motivation and provided an exercise log for staff to chart their progress. The following suggestions were included in their plan:

- Monitor your steps for three days
- [Calculate] average number of steps per day
- Find a fitness buddy
- Set achievable goals to increase your steps, such as a goal of 10,000 steps per day for an active lifestyle
- Increase your incidental exercise, for example, take the stairs, walk to the shops, walk the dog, make walking a part of your social life... walk then coffee!
- Be very active on playground duty, for example, walk around [to] supervise well
- Get active with the students at school sport.

### 3.3.4. Use of a buddy system

Two schools encouraged staff to identify a buddy to help them stay engaged in the program. One school contact indicated that using a buddy system encouraged participants to set goals for their personal fitness and promoted accountability through the partner during the course of the program.

## 3.4. Participation by staff

Patterns of participation varied across the nine schools.

### 3.4.1. Range of participants

Most schools included both teaching and non-teaching staff, with four schools reporting that all staff participated in at least one activity.

- Seven schools indicated that casual teachers participated in activities.
- Five schools reported that support staff (including SASS) were involved in activities.
- Three schools indicated that some of their activities also involved parents, students or other family members.

### 3.4.2. Level of participation

The reported level of participation varied from 10% to 100%. It was suggested in school evaluation reports that staff involvement was influenced by a range of factors including after school commitments, individual health and wellbeing status, as well as interest and personal motivation. As an example, it was reported by one school that:

*“Many teachers would like to have attended but could not due to obligations in the morning before school.”*

Generally, schools indicated that participation in activities was high, as demonstrated by the following comments:

*“Staff involvement was 100% - three teaching staff, one SAM and two SLSOs. Numbers remained at 100%.”*

*“All staff members, including SAS staff and regular casuals, participated in at least two of the activities.”*

*“Over 50% of staff participated in at least one after-school health and wellbeing session, and 100% attendance for the in-school massage.”*

At one school the principal commented on the lower level of participation, saying:

*“The level of staff involvement was 50%... There were staff who didn't come and try any of the training. This was disappointing. I did try and organise with them a day that suited them (when we added another session) but they basically were not interested and came up with a series of reasons why they couldn't attend.”*

School size was not a contributing factor to the level staff involvement.

### **3.5. Involvement of the wider school community**

Two schools, one primary and one high school, included parents in their programs: School 1 involved the community in a team building activity, and School 5 utilised the skills and expertise of their parents to run specific sessions.

School 7 acknowledged the importance of school community relationships and expressed the desire to continue with *“the fitness program and incorporate a wider community (parents and students) as a long term goal.”*

### **3.6. Time allocated for activities over the term**

Preference for grant funding was given to schools that planned activities that would be available to most staff in terms of time and place. All proposals included plans for regular sessions – morning or afternoon – spread out over the term. Most schools ran regular sessions, at least weekly or fortnightly.

One school changed their activity schedule in response to demand, with fitness sessions proving to be more popular than yoga. The original plan of alternate weeks for yoga and fitness was extended to include an extra fitness session. This meant that three physical activities were run per fortnight – two fitness sessions and one yoga session.

### **3.7. Level of funding**

The \$2,000 grant was deemed sufficient in eight out of nine cases, at least for a seeding program. Examples of reflections on funding provided include:

- A large primary school – *“The staff wellbeing program was cost effective and well worth every dollar.”*
- A small primary school – *“I don't think we could have achieved the same results with less money.”*
- A high school – *“The grant total awarded to us was sufficient to run an effective program.”*
- One high school contact reported that they had money left over. He stated: *“The grant total was sufficient for the program. There are funds left over so I intend to purchase more pedometers and give them to new staff over the next few years until the money is exhausted.”*
- In one school, the contact person indicated that they could not have achieved the results with any less funding, saying: *“With less money we could not have employed such qualified teachers to run the program.”*

By contrast, another school contact indicated that they could have run the program with less money, as the school already owned the equipment for weight training and circuit classes.

Three schools reported that the funding was exactly what they required.

Two school contacts reported that, with additional funds, they could have expanded the program to run for longer, with one stating, *“for an effective program, we would need to fund the sessions over a more substantial amount of time.”* This implies that funding needs to align to the amount of time needed to run an effective program.

Only one school used its own funds to supplement the program, paying to release teachers to work on plans with a personal trainer.



## 4. Effects for school staff

The outcomes of the grant program for staff were reported through each school's evaluation report. Each school group was asked to identify their expectations of the program and how well the program met these goals.

There are many definitions for the terms 'health' and 'wellbeing'. Some definitions of health encompass wellbeing. For example, the World Health Organization (WHO) defined health in its broader sense in 1946 as "*a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity.*"<sup>2</sup> The definition has not been amended since 1948.

Schools reported outcomes related to:

- increased staff awareness of the importance of health and wellbeing
- health gains for staff in the areas of physical fitness and mental health, such as having a reasonable level of fitness, and increased flexibility, greater social interaction, increased morale and feeling less stressed
- improved general wellbeing, such as positive attitudes to work and enhanced relationships enabling staff to work productively, and to better deal with life's challenges and stresses.

### 4.1. Staff awareness of the importance of health and wellbeing

The grant application included creating an "*awareness of school staff health and wellbeing*" as an objective for the program. This section reports on the impact of the program on staff knowledge and understanding of practices that contribute to better health and wellbeing as defined above.

The evaluation found that formal sessions relating to knowledge and awareness about health and wellbeing (physical, mental and emotional) were components in three of the nine school programs. These were outlined in their applications as:

- achieving work/life balance workshop
- teacher wellbeing and self-care program
- staff meeting introduction to health and wellbeing.

In another four cases, while no formal awareness sessions were conducted, schools incorporated an awareness component within other activities. As an example, the *Time for Teachers* program at School 5 aimed to "create awareness of staff health and wellbeing through the implementation of several staff events which promoted the importance of being physically active and making social connections."

At School 3 the personal trainer met with staff individually to develop and explain the purpose of their individual fitness plans. Other schools focused on aspects of wellbeing in staff meetings, and had informal consultations with health and wellbeing experts.

None of the schools collected data about teachers' prior knowledge so it is not possible to formally measure changes in their levels of awareness. However, in each school's self-evaluation it was reported that all participating staff developed greater knowledge of the factors involved in being healthy and physically active, as a result of the program.

---

<sup>2</sup> Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.  
Retrieved Jan 2015 from <http://www.who.int/about/definition/en/print.html>

## 4.2. Impact on staff health

A range of health benefits was observed and reported by principals and school contact officers. Staff engagement in activities was reported as contributing to:

- changes in diet and adopting healthier lifestyles
- increased flexibility and fitness for participants
- increased levels of physical activity
- improved communication amongst staff, greater collaboration and teamwork
- improved staff morale
- improved injury recovery and illness prevention
- fewer sick days being taken was reported by one principal.

Six schools indicated that several staff were now focusing on healthier lifestyles. One school contact reported that staff were *“revisiting their fitness regimes.”* The contact person further stated that:

*“Staff reported that they did things in our training that they never thought they could do. A few women ran, who told me they haven’t run in over ten years...”*

Figure 4.1 Promoting flexibility through Ortho-Bionomy



The principal of School 2 reflected on her increased level of exercise due to involvement in the program, saying:

*“This program has increased the effort I put into my regular training. Whereas I used to exercise moderately, I now incorporate sprints and high impact cardio to really get my pulse rate up. A definite improvement for my own health and wellbeing.”*

At School 4, the contact reported that the school librarian was:

*“... hesitant to have a facial massage but she actually felt so much better afterwards. She said she felt her stress float away and physically felt her sinus being drained. She was so impressed she asked the practitioner for her business card to make further appointments in the new year.”*



**Figure 4.2 Relaxation through massage**



At School 10, the contact reported that the weekly yoga sessions assisted one staff member recover from a sore ankle. The school report detailed how learning *“yoga poses and sitting posture for computer use”* helped to prevent migraines, with a second member of staff having no migraines during the duration of the program.

The principal of School 7 stated that:

*“I actually found less sick days taken and a group of people who were excited and eager to share their experiences with each other.”*

Often ideas about health and wellbeing are treated together. In one school staff were surveyed regarding the impact of the program, with staff asked to rate any improvements to their overall health and wellbeing. The results included:

- 38% of staff reporting ‘a lot’ of improvement
- 56% of staff reporting ‘a little’ improvement
- 6% of staff reporting ‘no’ improvement.

### **4.3. Impact on staff wellbeing**

All school contacts reported that participation in activities resulted in many improvements in teacher wellbeing. Improvements were commonly reported, including:

- feeling better and less stressed reported in four schools
- high levels of enjoyment and staff satisfaction reported in five schools; for example, one school contact reported that *“staff really look forward to sessions”*
- increased social interaction reported in three schools; for example, one school reported that *“more out-of-school activities were organised”* as a result of the program
- more positive staff relationships; for example, one school indicated that activities brought staff together, *“young and old, fit and unfit”* while another reported that the program provided opportunities for staff to make connections based on common interests other than work reported in three schools
- gains in self-esteem and confidence; for example, some staff at one school *“surprised themselves in what they were able to achieve”* during activity sessions reported in four schools.

More than half of the school groups reported that staff appreciated the opportunity to join other staff in the activities. Participation was often viewed as team building which generated *“empathy, understanding and interest”*.

**Figure 4.3 Team building through outdoor challenges**



Seven out of the nine school contacts indicated that staff reported feeling better and more confident. For example, one school contact stated that the *“staff are healthier in all areas, especially as a result of not only the physical activity but the communication and collaboration that occurred.”*

**Figure 4.4 Promoting team building through drumming workshop sessions**



Feedback from the principal in School 2 exemplifies the impact on staff members’ confidence and wellbeing, stating:

*“I can see the look of pride on some people’s faces when they have finished a session and surprised themselves at how well they managed. You can (see) how happy they are as they tell you about how many laps they did or how much better they are getting at squats. Their self-confidence is blossoming.”*

Evidence from all schools suggested that the benefits of the program would continue for some staff after the program concluded, as illustrated by the following comments:

*“Staff [are] motivated to continue with some activities, for example, yoga, at their own cost.”*

*“I believe the majority of staff will continue to engage in practices leading to better health and wellbeing.”*

Although reports from schools indicated that the program was effective in enhancing and improving staff health and wellbeing, in one case the report suggested that more time would assist in achieving longer term benefits:

*“For an effective program, we would need to fund the sessions over a more substantial amount of time. Workplace health promotion is ‘reactive’ to treatment of existing illness. We hope to focus on preventative strategies to meet the health and wellbeing needs of the staff through initiatives like the one offered by the Teachers Health Fund.”*

Although the pilot program was aimed at school staff, it was acknowledged in one school report that:

*“Hopefully the organisation and activities that were demonstrated to staff throughout the program could be used by teaching staff for similar student activities.”*

#### **4.4. Effects on teaching practices**

School evaluations reported changes in teaching and learning, such as changes to classroom activities. It was reported that teachers were more willing and likely to include physical and health-related activities in their classrooms. Extra-curricular health and wellbeing activities for students were also implemented in four schools, as a consequence of being involved in the pilot.

School reports indicated that staff in six of the schools were willing to use knowledge and skills gained from the program to teach their students about the importance of health and wellbeing in the future. School 9, as an example, reported that as a result of the program, teaching and learning practices were starting to include:

- relaxation and yoga in class sessions
- an emphasis on being physically active, not just playing competitive sport
- fitness as part of a weekly timetable.

To achieve these changes, the school contact acknowledged that it had been important for teachers to understand *“what works for me”* and use this information to design programs for students.

The School 6 contact person indicated an intention to integrate his experience of wellbeing with his *“role as a mentor of Year 12 students so that they may have a thriving HSC year in 2015”*. The contact further described his intention to encourage Year 12 students to make use of exercise rewards in their study schedules.

At School 2 the PDHPE teacher was *“taking new knowledge and sharing it with students”* by adapting elements from the ‘cross-fit’ training sessions for use in primary PDHPE lessons. In addition, students and parents from this school observed staff during *“fitness lessons in the school grounds”* with this participation recognised as *“excellent modelling for students”*.

At School 8, a small rural community school, it was reported that as a result of the program, students were *“encouraged to ride to school (round trip of about 10kms) at least three times a week”* accompanied by a staff member.

Figure 5.1 Staff sharing information about healthy eating with students



School 1 teachers shared their newly acquired knowledge and skills in nutrition and healthy food choices by sharing *“cooking tips with the students in the Kids in the Kitchen Program.”*

## 5. Management of the program and future grants

The final set of findings relate to the suitability of the pilot process for future grant roll-out. Schools were asked to report on what improvements could be made based on their reflections of the implementation of the program. Findings are based on feedback from school reports.

### 5.1. Communication with schools

There were only eleven schools in the target area that expressed interest in obtaining grant funding to promote staff health and wellbeing. Three school reports identified the need for additional time to fully collaborate and consult with staff regarding the program and include a needs based survey.

The lead-in time between the notification of the grant and the deadline for submissions was approximately five weeks. Thus schools had limited time to complete their grant proposal, providing details of planned activities to address the set criteria, and very few applications were received. The program could attract more applicants by extending the promotional period for the program and allowing more time for applications to be submitted.

The department's program manager stated that phone calls and emails to school contacts were helpful in clarifying requirements and confirming ideas at the start of the program and at the stage where evaluations were completed, although she *"would have liked to do more"*. The program manager further reported that schools enquiring about the grants program were given a list of five suggested activities, which had been provided by the Teachers Health Fund.

The Teachers Health Fund program owner recommended that to strengthen the program, greater emphasis should be given to the application process, stating she *"would like to include evidence or school examples of what works"* to assist schools in developing their *School Staff Health and Wellbeing Plans*.

### 5.2. Program development

#### 5.2.1. Individual baseline data

Two schools used a health baseline data questionnaire to identify staff needs for their *School Staff Health and Wellbeing Plan*. In doing so, staff were able to individually monitor their progress over the term. An additional two school contacts advised that if they were to do the program again they would include a pre-program questionnaire. One high school contact stated,

*"If I was to do it again, I would have incorporated a pre and post-test of fitness. I would love for staff to see the gains that they have made from being involved in the sessions."*

It was noted by one primary school contact, however, that a barrier to collecting individual baseline data would be the fear of exposure for staff, *"that their fitness would be exposed – but this could be done one on one so other staff didn't see their fitness levels."*

#### 5.2.2. Information sessions

Three schools implemented formal information sessions about health and wellbeing issues and the program generally. It was suggested in all three schools that staff developed greater knowledge of the factors involved in being healthy and physically active as a result of the program. Health and wellbeing awareness is a vital component in enhancing the health and wellbeing of staff. Program guidelines could suggest that an introductory awareness session be included so that staff have enough information to make an informed decision about program involvement. The program owner stated that the focus of staff health and wellbeing program is *"I can't do my job if I'm not well"* which could be highlighted during information sessions.

Future staff health and wellbeing programs could provide more information about the expected benefits of workplace programs, such as improved staff morale. While schools were asked to list expected outcomes, it was evident that they had not considered the range of possible outcomes for such programs. For example, one school did not anticipate that increased staff morale would be an outcome, but later acknowledged improved morale as an *“unintended benefit”* for staff involved in the program. Another school reported that many out of school activities were being organised with parents as result of the grant initiative.

### **5.2.3. Activities**

School contacts indicated that suggested activities provided during the application process assisted staff to develop their program of planned activities. More detailed examples of projects and activities that have worked in other schools might be of benefit when staff are designing their *School Staff Health and Wellbeing Plans*.

Variations to original planned activities were minimal. Once programs were initiated in schools, further staff needs were identified and changes were made including offering a greater range of activities, increased frequency of sessions, and alternate delivery times. All modifications were based on local needs. The importance of assessing staff needs prior to implementation was identified by one school contact. In reflecting on their process, if they were to do it again they would undertake a survey *“to gauge the preferences of staff over which activities and when they prefer to participate.”*

Staff ownership of the program was seen to enhance commitment to planned activities. For example, one school contact reported, *“I will be enlisting the help or more staff [in the future] so that the school has a health and wellbeing program that is ‘owned’ by as many individuals as possible.”*

It was indicated in the application process that preference for grant selection would be given to schools whose planned activities were supported by appropriate research. Two schools provided research evidence to support their choice of activities. Rather than *“giving preference to”* schools that provided this information, consideration could be given in future to requiring evidence from schools to support their plan. This would ensure that staff understood the value of the activity being undertaken, and the implications for long term health and wellbeing.

The Teachers Health Fund program owner suggested that they would like each school to monitor their program and evaluate staff progress by collecting *“before and after results”*.

### **5.2.4. Timeframe**

Schools were required to implement activities over the period of one school term. A ten week program was seen as sufficient to enhance the health and wellbeing of staff by all schools involved, but not to achieve long term impacts.

Feedback from four schools indicated that they would have liked more time to implement activities in order to achieve real change. As one report indicated:

*“The only real changes would be to have more time to implement the program. Our calendar is very busy and to have received the grant at the beginning of the year and had 12 months to implement the program would have been ideal.”*

One school contact indicated that the only change they would make in the future would be to *“conduct the program over a whole year rather than [a] term”* in order to achieve more meaningful outcomes.

All schools involved in the grant pilot have plans to continue some or all of the activities implemented. In order to do this, many individual staff are now personally funding their activities. One principal commented,

*“The staff are really excited to continue this program in 2015 at their own expense, so I definitely see this program as having accomplished its aim of improving staff health and wellbeing.”*

#### **5.2.5. School self-evaluation report and financial reconciliation**

As required by the grant, schools provided a brief evaluation report of their program along with a financial reconciliation. The templates provided by the department were completed by nine of the ten selected pilot schools.

In asking each school to evaluate program effectiveness and justify expenditure, staff had to consider all possible benefits gained from the experience. This reflection enabled staff to identify what worked and what could be organised for the future to continue the program without grant funding.

In order for a comprehensive evaluation of pre and post measures, it is advisable to promote Teachers Health Fund supported tools<sup>3</sup> that include a wellbeing assessment. A questionnaire that calculates lifestyle and overall health helps individuals to shape their own wellbeing plan. Completing the same questionnaire pre and post program, would enable improvements to be more easily measured.

Staff indicated the need for such programs, with one contact person stating that,

*“Staff health and wellbeing will continually be promoted in the future as a result of the start made by the provision of this grant.”*

---

<sup>3</sup> Teachers Health Fund <https://www.teachershealth.com.au>





## Part 3 Evaluation Practice

### 6. Methodology

Evaluation of the *School Staff Health and Wellbeing Grants Program* was undertaken in Term 1, 2015, after the program was piloted in the selected schools. The evaluation employed a qualitative approach, as described below.

The methodology was developed by the evaluation team in Policy, Planning and Reporting in consultation with the DEC program manager in the Sponsorship Unit and the Teachers Health Fund program owner.

Evidence was gathered using:

- document reviews, for example, review of research and program materials
- interviews with the Teachers Health Fund program owner and the DEC program manager
- analysis of program proposals
- analysis of school evaluation reports.

The interview schedules and school evaluation reports were developed by the evaluation team, in consultation with officers from the Sponsorship Unit.

#### 6.1. Data gathering

Table 6.1 provides a summary of sources of data collected throughout the evaluation.

**Table 6.1: Summary of data gathering**

<b>Interviews</b>	<b>No. of interviews</b>	<b>No. of participants</b>
Program owner interview (Teachers Health Fund)	2	1
Program manager interview (DEC Sponsorship)	1	1
<b>Documentation</b>	<b>No. of documents received</b>	<b>No. of documents approved</b>
School proposals	11	10
School evaluation reports	9	NA

##### 6.1.1. Background document review

Prior to the commencement of the evaluation, the evaluation team undertook a review of program materials and associated literature related to state and national health and wellbeing programs, to better inform their understanding of the program.

##### 6.1.2. Interviews with the Teachers Health Fund program owner and DEC program manager

The evaluation team met with the Teachers Health Fund National Industry Development Manager, Jane Stower, at the start of the evaluation. Ms Stower offered insights into the program's development, and undertakings of the Sponsorship Unit in the roll-out of the pilot program. Ms Stower was also interviewed after the pilot had concluded to assess the impact of the program in schools and determine future directions of the program.

Members of evaluation team interviewed the DEC program manager from the Sponsorship Unit to better understand the stages of the grants program and their role in managing the roll-out of the pilot program.

### **6.1.3. School proposals**

Applications for the grant were required by the end of June 2014. All 11 grant proposals were analysed to establish intentions. Grants were awarded to ten schools who met the criteria set by the Sponsorship Unit and the Teachers Health Fund. A copy of the school proposal template is attached at Appendix 1.

### **6.1.4. School evaluation reports**

The evaluation team led the design of the school self-evaluation template, which includes seven questions for addressing the terms of reference of the evaluation. The form was designed so that information could be obtained with minimal time required for completion. The evaluation template for schools is attached at Appendix 3.

School contacts in the pilot schools were not expected to provide detailed numerical data about their participation in the program.

## **6.2. Data recording and analysis**

A set of categories based on the Terms of Reference and a review of the grant proposals was generated. These categories were refined based on common issues and themes emerging from school evaluation reports.

Information from the school evaluation reports was ordered and analysed according to the common themes.

The pre-pilot interview with the Teachers Health Fund program owner was recorded using note taking. The post-pilot interviews with the Teachers Health Fund program owner and the department program manager used audio recordings. The notes and recordings were consolidated into a single record of interview, which was quality reviewed before analysis commenced. Interview data was analysed and common themes identified.

## **6.3. Limitations of the methodology**

Due to time and financial limitations, and the need to make the process easy for the school staff involved, it was decided that the evaluation of the pilot would only involve responses provided by school contacts in their proposals and self-evaluation reports. Self-reporting is relatively easy, quick and inexpensive. It also involves the stakeholder in observing and recording change. However, self-reporting has the disadvantage of possible measurement bias.

As there were only a small number of schools involved in the pilot, it was decided that the collection of quantitative responses from survey data would not assist in reaching a wider understanding of the program impact.

The pilot group of nine schools is relatively small and this limits the strength of the generalisations which can be drawn from the data.

Evidence of long term benefits was not obtained due to the limited timeline of the program.

#### **6.4. Attribution**

Concurrent with the introduction of the grants program, each individual staff member could have undertaken other activities outside the school environment that influenced their health and wellbeing.

A challenge exists in attributing effectiveness to any one program or intervention exclusively, and in isolating that effect from other influences.

The evaluation process did not identify other factors influencing improvements to staff health and wellbeing.

\*\*\*



# Glossary

TERM	DESCRIPTION
Activity	Direct experience in program exercise
DEC, the department	NSW Department of Education and Communities
Effective	Producing a desired result
Goals	Specific targets to achieve a defined objective
Health	Health is the general condition of a person's mind and body, usually meaning to be free from illness, injury or pain, and having a reasonable level of fitness.
Ortho-Bionomy	Ortho-Bionomy is described as a gentle, non-invasive method of therapeutic bodywork which addresses pain and stress patterns and promotes structural balance and ease.
PDHPE	Personal Development, Health and Physical Education
Pilates	Pilates is a physical fitness system developed in the early 20th century by German-born Joseph Pilates. It puts emphasis on alignment, breathing, developing a strong 'powerhaus' or core strength, and improving coordination and balance.
PPR	The Policy, Planning and Reporting Unit sits within Learning and Business Systems in the School Operations and Performance portfolio (DEC)
SASS	School Administrative and Support staff
School	An institution which includes a group of educational leaders and teachers engaged in teaching and learning processes.
School contact	The staff member nominated by each school to coordinate the program requirements.
Sponsorship Unit	The Sponsorship Unit sits within Learning and Business Systems in the School Operations and Performance portfolio (DEC)
Strategy	Action to achieve a goal in a particular program
THF	Teachers Health Fund
ToR	Terms of reference
Wellbeing	Wellbeing includes emotional and social wellness. It is an active process of becoming aware of and making choices toward a more successful existence. A state of positive wellbeing enables people to work productively and fruitfully, use their abilities to reach our potential and better deal with life's challenges and stresses.
Yoga	Yoga is a practical aid, not a religion. Yoga is an ancient discipline based on a Hindu philosophy to develop the body, mind, and spirit. It involves a series of postures and breathing exercises practiced to achieve control of the body and mind, and inner peace.
Yogalates	An exercise system that combines elements of yoga (postures and breathing techniques) and Pilates (exercises to strengthen the deep muscles of the body's core).



# Appendix 1: Application form

## *Teachers Health Fund and NSW Department of Education and Communities School Staff Health and Wellbeing Grants Program*

The Department of Education and Communities, in conjunction with *Teachers Health Fund* invites schools to participate in a pilot of the *School Staff Health and Wellbeing Grants Program*.

Schools in selected principals' networks (Maitland, Newcastle, Lismore, Lake Macquarie East, Wollemi, Barwon and Northern Tablelands) are encouraged to apply for a \$2,000 grant to implement school staff health and wellbeing activities.

### **OBJECTIVE**

To create awareness of school staff health and wellbeing and to implement activities that will enhance staff health and wellbeing.

### **CRITERIA**

Preference will be given to schools whose application includes activities that have *some or all* of the following attributes:

- shows signs of consultation with staff
- includes activities that can be supported by medical or other scientific evidence
- makes activities available to most staff in terms of time and place

### **HOW TO APPLY**

Schools may submit only one application. Applications may be submitted by email or fax.

- **Email** your application to: [amanda.ford8@det.nsw.edu.au](mailto:amanda.ford8@det.nsw.edu.au) ; or
- **Fax** your application to the attention of AMANDA FORD: (02) 9244 5020.

**Applications close 5:00pm Wednesday 25 June 2014.**

Don't forget that your application needs the endorsement of your Principal.

The application form is on the next page.



**APPLICATION FORM**  
*School Staff Wellbeing Grants Program*

**School code:**

**School name:**

**Address:**

**Program Contact Person:**

**Contact Person DEC email address**

(All correspondence concerning your application will be emailed to this address)

**Does your school currently engage in school staff health and wellbeing activities? Yes/No**

If Yes, please write a brief description of these activities

---

---

---

---

**YOUR SCHOOL'S APPLICATION**

In this section please indicate how your school would spend the \$2000 grant in implementing school staff wellbeing activities. The document you create will be known as your *School Staff Health and Wellbeing Plan*.

---

---

---

---

---





## EVALUATION

Each school awarded a School Staff Health and Wellbeing Grant will be required to write a succinct evaluation (no more than 500 words) of the program/activities the school implemented.

An Evaluation Form will be sent to the program contact person in those schools that were awarded a grant.

## EXPENDITURE RECONCILIATION FORM

Schools awarded a grant will be required to submit an Expenditure Reconciliation Form. Any unspent funds must be returned.

An Expenditure Reconciliation Form will be sent to the program contact person in those schools that were awarded a grant.

The **Evaluation Form** and the **Expenditure Reconciliation Form** need to be returned no later than **Monday 10 November 2014**.

## PRINCIPAL'S ENDORSEMENT

I certify that

- if a *School Staff Health and Wellbeing* grant is awarded to my school the funds will not be used to meet the costs of normal school activities.
- funds from this grant will be spent by **Friday 7 November 2014**.
- any unspent funds will be returned to the Sponsorship Unit of the department **within one month of the conclusion of the program**.
- the **Evaluation Form** and **Expenditure Reconciliation Form** for the *School Staff Health Wellbeing Program* will be completed and returned by the due date, 10 November 2014.

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Code

Please submit your application by email to: [amanda.ford8@det.nsw.edu.au](mailto:amanda.ford8@det.nsw.edu.au) or by fax attention to AMANDA FORD to: 02 9244 5020

Applications must arrive by COB Wednesday 25 June 2014. Late applications cannot be considered.

## Appendix 2: Overview of activities

School	Wellbeing workshop	Yoga / Pilates	Diet/ Nutrition	Physical exercise	Meditation	Massage	Personal Trainer	Team building	ToR target
1	Achieving work/life balance workshop	Bangalow Yogalates Studio exercise program	Nutritionist and remedial therapist workshops					Drumming workshop Dragon boating	<input checked="" type="checkbox"/> Awareness <input checked="" type="checkbox"/> Physical and Mental Health <input checked="" type="checkbox"/> Wellbeing
2		Yoga classes (to include a meditation component)		Physical exercise (cross-fit) classes	Meditation – as a component of the yoga classes				<input type="checkbox"/> Awareness <input checked="" type="checkbox"/> Physical and Mental Health <input checked="" type="checkbox"/> Wellbeing
3			Nutritionist – individual plans	Staff meeting exercise option			Personal Trainer – individual plans	Buddy-up program Staff meeting wellbeing focus	<input checked="" type="checkbox"/> Awareness <input checked="" type="checkbox"/> Physical and Mental Health <input checked="" type="checkbox"/> Wellbeing
4	<b>Teacher wellbeing and self-care program</b>					Massage sessions		Whole staff focus on aspects of anxiety and staff morale	<input checked="" type="checkbox"/> Awareness <input checked="" type="checkbox"/> Physical and Mental Health <input checked="" type="checkbox"/> Wellbeing
5	<b>Time for Teachers' (TfT) program</b> focus on belonging			<b>TfT</b> program focus on lifelong physical activity awareness				<b>TfT</b> focus on teamwork, communication	<input checked="" type="checkbox"/> Awareness <input checked="" type="checkbox"/> Physical and Mental Health <input checked="" type="checkbox"/> Wellbeing
6				Staff walking club  Monitoring exercise with pedometers  Weight training  Circuit training classes				Buddy program	<input checked="" type="checkbox"/> Awareness <input checked="" type="checkbox"/> Physical and Mental Health <input checked="" type="checkbox"/> Wellbeing

School	Wellbeing workshop	Yoga / Pilates	Diet/ Nutrition	Physical exercise	Meditation	Massage	Personal Trainer	Team building	ToR target
7		Ortho-Bionomy sessions	Personal trainer assisting with diet and nutrition  School fruit & vegie garden			Ortho-Bionomy practioner – physical / mental / emotional	Personal Trainer to assist with personal health		<input checked="" type="checkbox"/> Awareness <input checked="" type="checkbox"/> Physical and Mental Health <input checked="" type="checkbox"/> Wellbeing
8*			Base line data questionnaire on nutrition	Base line data questionnaire on physical habits  Weekly exercise class  <i>Half-way point Move-a-thon</i> focus on continuous exercise				<b>Health transformation program</b> inclusive of everyone in the district  Weekly progress charts	<input checked="" type="checkbox"/> Awareness <input checked="" type="checkbox"/> Physical and Mental Health <input checked="" type="checkbox"/> Wellbeing
9				Physical fitness trainer to run weekly exercise classes		Massage session for all staff	Personal Trainer	Team building and confidence building workshop at <i>Tree Tops</i> adventure centre	<input type="checkbox"/> Awareness <input checked="" type="checkbox"/> Physical and Mental Health <input checked="" type="checkbox"/> Wellbeing
10		Yoga classes (to include a meditation component)			Meditation – as a component of the yoga classes				<input type="checkbox"/> Awareness <input checked="" type="checkbox"/> Physical and Mental Health <input checked="" type="checkbox"/> Wellbeing

\* While School 8 planned three different activities; it withdrew from the program before implementation due to personnel changes at critical times.

# Appendix 3: School evaluation report format



## *Teachers Health Fund School Staff Health and Wellbeing Grants Program*

**School name:**

**Program contact:**

### **Evaluation Guidelines**

Using the following headings and prompts as a guide, evaluate the effect of the program introduced in your school. Please try to limit your total response to about 500 words.

#### **1. Program Outcomes**

- What outcomes did you expect from the program?
- What variations, if any, did you make to your original plan?

#### **2. How well did the program meet the expectations set for it?**

- What was the level of staff involvement? How many teaching and non-teaching staff were involved? Did numbers increase over time?
- In your judgement, are these staff 'healthier' (mentally, physically, emotionally)?
- Did you obtain any baseline data of staff health and wellbeing? Did you obtain data to ascertain change, either during or after the program? What were the results?

#### **3. Could the program you implemented work better? If so, how?**

- If you were to do it again what changes would you make?
- Could you foresee any barriers to implementing these changes?

#### **4. Was the expenditure justifiable?**

- Cost effectiveness: in your judgement was the grant total sufficient to propose and implement an effective program?
- Would it have been possible to achieve the same results with less?
- Did you need more? For example, did you have to supplement from school funding?

#### **5. Have lessons been taken on board for the future?**

- Are there aspects of the program that you want to sustain with or without funding? If so, what are they?

## 6. Did the program activities contribute to better practice?

- In your judgement, will individual staff continue to engage in practices leading to better health and wellbeing? Are there plans in place?
- Will staff use lessons learned to encourage students to engage in health and wellbeing activities? Do you have evidence of this?
- Were there any unintended benefits observed as a result of the program, for example, change to school culture?

## 7. Other comments if needed.

- Please attach any evidence that may help support your evaluation. This may include fitness data, photographs, video imaging or extracts from personal diaries.
- Such evidence, along with this report, may be used for promotional purposes therefore data should be de-identified. Photo and video permissions will be required.
- Teachers Health Fund will recognise the three most comprehensive reports and the department's Media Unit will assist with publicity.

**Please return evaluation by email by Friday 14 November, 2014** to Amanda Ford in the department's Sponsorship Unit. [amanda.ford8@det.nsw.edu.au](mailto:amanda.ford8@det.nsw.edu.au)

*Thank you for your feedback.*

## Appendix 4: Interview schedules

### *4a. Program manager discussion guide*

1. What role do you as part of the Sponsorship Unit play in the roll-out of the THF *School Health and Wellbeing Grants* program?  
Prompt: Consider application process; implementation phase; evaluation report.
2. What criteria was used to select schools i.e. grant recipients?
3. Working as Sponsorship Officer in supporting schools with THF grants, what factors do you consider helped or hindered school participation in the program?  
Prompt: Consider program design; application process; implementation phase; evaluation of the program.
5. Are there any “good news stories” you would like to share?  
Prompt: Schools reporting short term outcomes (health and wellbeing); changes in their activities to suit staff; changes in organisation; intention to continue?
6. Based on feedback from schools and information from school evaluation reports, are there any changes that you can see that would benefit the program?  
Prompt: If the program were to be introduced now, what would you do differently?

### *4b. Program owner discussion guide*

1. What was the intention of the THF *School Health and Wellbeing Grants* program?  
Prompt: What issues does it seek to address?
2. What role did the THF have in the program?  
Prompt: In the selection of schools i.e. grant recipients.
3. What interaction have you had with schools, in your role as National Industry Development Manager with oversight of the pilot program?  
Prompt: Any “good news stories”? Any schools reporting short term outcomes; changes in their activities, changes in organisation; intention to continue?
4. From your contact with schools, what factors helped or hindered school participation in the program?  
Prompt: Consider stages from application process; implementation phase; evaluation report.
5. Based on your feedback from staff and information from school evaluation reports, are there any changes that you can see would benefit the program?  
Prompt: If the program were to be introduced now, what would you do differently?





Policy, Planning and Reporting Unit  
Level 1, 1 Oxford Street  
Darlinghurst NSW 2010  
[www.dec.nsw.gov.au](http://www.dec.nsw.gov.au)  
© May 2015  
NSW Department of Education and Communities



Education &  
Communities