ACT AUDITOR–GENERAL'S REPORT

ACT CHILDHOOD HEALTHY EATING AND ACTIVE LIVING PROGRAMS

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Audit Team

Megan Hemming

Matthew Bowden

Produced for the Office of the ACT Legislative Assembly by the ACT Audit Office, ACT Government.

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ACT Audit Office

AUDITOR-GENERAL AN OFFICER OF THE ACT LEGISLATIVE ASSEMBLY

PA 22/09

The Speaker
ACT Legislative Assembly
Civic Square, London Circuit
CANBERRA ACT 2601

Dear Madam Speaker

I am pleased to forward to you a Performance Audit Report titled 'ACT Childhood Healthy Eating and Active Living Programs' for tabling in the Legislative Assembly pursuant to Subsection 17(5) of the *Auditor-General Act 1996*.

The audit has been conducted in accordance with the requirements of the *Auditor-General Act 1996* and relevant professional standards including *ASAE 3500 – Performance Engagements*.

Yours sincerely

Michael Harris
Auditor-General
9 November 2022

The ACT Audit Office acknowledges the Ngunnawal people as traditional custodians of the ACT and pays respect to the elders; past, present and future. The Office acknowledges and respects their continuing culture and the contribution they make to the life of this city and this region.

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SUMMARY

Access to healthy eating and active living in childhood is important for healthy growth and development and lays a foundation for life-long health.

The audit considered the activities of ACT Government agencies to support childhood healthy eating and active living through:

- the establishment of comprehensive preventive health strategies;
- the effective planning for, and management of, preventive health programs; and
- the effective delivery of treatment services.

Terminology used in this report

This report refers to, and presents excerpts from, documents that use potentially stigmatising weight-based terms to describe the size of peoples' bodies. The Audit Office acknowledges the potentially harmful nature of weight-based terminology and has used non-weight-based terms wherever possible.

In this report the terms 'children' and 'childhood' mean infants, children and young people between birth and 17 years-old. The term 'families' means parents, carers, guardians and any other children or adults who form part of a child's biological and cultural family.

Conclusions

ACT PREVENTIVE HEALTH PLAN

The *Healthy Canberra ACT Preventive Health Plan 2020-2025* identifies objectives to improve childhood healthy eating and active living in the ACT. The Plan is not a comprehensive strategy to support healthy eating and active living for all children in the ACT because it does not address:

- professional learning support and practice guidelines for ACT Government staff to prevent weight stigma and discrimination;
- the needs and priorities of the population groups with the most to gain from increased healthy eating and active living; or
- early access to treatment for children with atypical eating or activity behaviours, atypical weight gain and related health concerns.

The development of the second three-year action plan for the *Healthy Canberra ACT Preventive Health Plan 2020-2025*, currently in progress in the latter half of 2022, represents an opportunity for the ACT Health Directorate to develop further and specific actions to support healthy eating and active living for all children in the ACT and to track progress through effective performance measures.

ACT CHILDHOOD HEALTHY EATING AND ACTIVE LIVING PROGRAMS

Between 2013-14 and 2020-21, ACT Government agencies have spent approximately $25 million on programs supporting childhood healthy eating and active living. Programs have been delivered in early childhood education and care settings, primary and secondary schools and in community settings. The programs have been effective in directing effort to improving food and activity environments for children and building skills and knowledge for children and families, but have not effectively supported core family needs for food security and financial access to active living.

The quality of program planning across the ACT childhood healthy eating and active living programs has been variable. There has also been variability between programs in the degree to which they provide equity of access for disadvantaged and at-risk population groups.

Although ACT childhood healthy eating and active living programs have generally been well received by schools, educators and communities, it is not clear whether, or to what extent, they have contributed to increased healthy eating or active living, either for the ACT, or for disadvantaged and at-risk population groups.

The second three-year action plan of the *Healthy Canberra ACT Preventive Health Plan 2020-2025* provides an opportunity to re-focus programs to meet the needs of disadvantaged and at-risk population groups, who have the most to gain from increased healthy eating and active living.

ACT CHILDHOOD TREATMENT SERVICES

The School Kids Intervention Program provides a single multidisciplinary healthcare service for children aged four to 12 years-old with atypical weight gain and associated health concerns. There are no healthcare services of this type in the ACT for children between birth and three years-old or young people between 13 and 17 years-old.

The School Kids Intervention Program uses an evidence-based, effective and responsive service model and has demonstrated positive impact for children and families. However, the effectiveness of the program is limited by its capacity. The program provides access to a dietitian, exercise physiologist and paediatric registrar but lacks embedded mental health supports and has limited capacity to support children and families with complex needs. The capacity of the program is insufficient to meet demand in the eligible age group in the ACT.

There is a high risk that the current service offerings do not meet the scale or breadth of the ACT community's need for healthcare services treating atypical eating or activity behaviours, atypical weight gain and related health issues in childhood. Unmet demand and incomplete service delivery increase the risk of poor health outcomes for children, young people and adults and increase the cost and complexity of healthcare required later in life.

Key findings

ACT PREVENTIVE HEALTH PLAN

Paragraph

In 2020 the ACT Government launched the *Healthy Canberra ACT Preventive Health Plan 2020-2025* (ACT Preventive Health Plan). The Plan is broadly aligned to the *National Preventive Health Strategy 2021-2030* and the *Australian National Obesity Strategy 2022-2032*. The Plan identifies guiding principles, a 'framework for action', priorities and objectives. Five of the objectives are directly related to childhood healthy eating and active living. The Plan seeks to support children and families from pregnancy through childhood to increase the consumption of vegetables, reduce consumption of energy-dense, nutirent-poor foods and drinks, increase physical activity and have early access to appropriate healthcare. 2.21

The *ACT Preventive Health Plan* is intended to be implemented through three-year action plans. The *First Three Year Action Plan* identifies 15 strategic actions that support childhood healthy eating and active living. These strategic actions provide for interventions that both improve the social and physical environment experienced by children and families and build the skills and knowledge they need to make healthy choices. The strategic actions are broadly aligned to the *National Preventive Health Strategy 2021-2030* and the *Australian National Obesity Strategy 2022-2032* and are consistent with better practice in designing and implementing preventive health interventions. However, the strategic actions do not address, or otherwise acknowledge, improved early access to specialist healthcare services for children with atypical eating or activity behaviours, atypical weight gain and related health concerns. 2.28

Tackling weight stigma and discrimination is one of four guiding principles in the *Australian National Obesity Strategy 2022-2032.* Evidence from research, and from the lived experience of people with larger bodies, shows that weight stigma and discrimination can have serious negative impacts on peoples' health and wellbeing. The *First Three Year Action Plan* does not include any strategic actions directed towards addressing weight stigma and discrimination. This is a missed opportunity to address a guiding principle of the *Australian National Obesity Strategy 2022-2032*. There is an opportunity to introduce strategic actions for introducing or strengthening professional development opportunities and practice guidelines, to build capacity of the ACT workforce to approach issues of healthy eating, active living, body size and health sensitively and without bias, blame, discrimination, or stigma. 2.36

The *ACT Preventive Health Plan* identifies population groups who may have different health needs and priorities, including Aboriginal and Torres Strait Islander people, people with a physical or intellectual disability, people with a mental illness, people experiencing homelessness, people living with domestic and family violence, people who are LGBTIQ+, and people from culturally and linguistically diverse communities. The *First Three Year Action Plan* identifies some of the barriers experienced by disadvantaged families, including geographic, socio-economic and safety barriers 2.43

and food insecurity. However, neither the *ACT Preventive Health Plan* nor the *First Three Year Action Plan*:

- describe the specific needs and priorities of the identified population groups with higher health risks and/or different needs; or
- articulate an engagement strategy to reach these groups or specific activities to maximise the likelihood of these groups accessing programs and services.

Cross-directorate working groups have provided oversight for the implementation and evaluation of the *ACT Preventive Health Plan*. The working groups have provided an authorising environment and forum for high-level information sharing and coordination among key stakeholders. Activities delivered through schools by the ACT Health Directorate, Canberra Health Services and the Education Directorate have also benefitted from the establishment of a cross-directorate governance committee and an Education Health Promotion Manager role, which was funded by the ACT Health Directorate and embedded in the Education Directorate up to 31 December 2021. The cross-directorate committee and the embedded role contributed to long-term operational connectivity between the two directorates in implementing health programs in schools. There are no similar cross-directorate committees or roles between the ACT Health Directorate and the Chief Minister, Treasury and Economic Development Directorate or Transport Canberra and City Services Directorate. 2.52

The *Healthy Canberra ACT Preventive Health Plan 2020-2025 Program Logics* identify intermediate outcomes for activities supporting the strategic actions identified in the *First Three Year Action Plan*. The intermediate outcomes describe the target behaviour and the direction of change in a high-level, general way, e.g. 'more children safely commuting to and from school using active modes'. The intermediate outcomes do not specify: the size of the desired behaviour change; the timeframe in which it is to be achieved; or sources of baseline or post-implementation data. The intermediate outcomes are not specific, measurable or time-bound and are not sufficient to monitor progress towards the Plan's objectives. 2.65

Formal reporting against the *ACT Preventive Health Plan* is expected through annual activity reports, a mid-term evaluation report (due towards the end of the first three-year action plan in late 2022) and a final evaluation report (due towards the end of the second three-year action plan). At the time of audit reporting in September 2022, an annual activity report for 2020 had been published and a draft annual activity report for 2021 had been prepared. The annual activity reports do not report progress against the intermediate outcomes articulated in the program logics or against other specific targets. The annual activity reports provide a high-level overview of activities that support the priorities and objectives of the *ACT Preventive Health Plan* but do not provide insight into progress towards achieving strategic actions or changes in childhood healthy eating and active living. The value of the reports is also diminished by a lack of completeness in reporting all activities undertaken by ACT Government agencies to support childhood healthy eating and active living. Activities undertaken by the Chief Minister, Treasury and Economic Development Directorate have not been included in the reports. 2.72

ACT CHILDHOOD HEALTHY EATING AND ACTIVE LIVING PROGRAMS

Paragraph

The extent to which programs' planning documents supported effective program management and administration was variable. Programs administered by the ACT Health Directorate used the ACT Health Directorate's *Preventive and Population Health Project Plan/Proposal* template, which prompted a more comprehensive consideration of elements of program management. Programs administered by the Transport Canberra and City Services Directorate used different project plan templates and were less comprehensive. There are opportunities to improve the quality and consistency of program planning documents, including: 3.43

- linking program activities to the priorities and strategic actions of the *Healthy Canberra ACT Preventive Health Plan 2020-2025*;
- identifying population groups with the most to gain from program activities, including those identified in the *Healthy Canberra ACT Preventive Health Plan 2020-2025*, and describing activities to reach these groups and meet their needs;
- providing mechanisms for regular reporting about program activities, outputs and outcomes to the cross-directorate governance and oversight bodies for the *Healthy Canberra ACT Preventive Health Plan 2020-2025*;
- linking financial and staffing resources to specified program activities and outputs;
- identifying performance measures that can be used to monitor program outputs and outcomes; and
- identifying formal performance reporting mechanisms, including the *Healthy Canberra ACT Preventive Health Plan 2020-2025* Annual Activity Reports and Evaluation Reports.

Programs supporting healthy eating and active living in early childhood education and care settings can help establish health-promoting behaviours. The Kids at Play Active Play program provides professional learning modules and resources to early childhood educators, to support increased physical activity and development of fundamental movement skills in early childhood education and care, preschool and early primary school settings. Kids at Play Active Play has been delivered collaboratively by the ACT Health Directorate, Education Directorate and Community Service Directorate. The Kids at Play Active Play program has been monitored and evaluated through comprehensive participant surveys and has been well received by educators. 3.51

Schools provide opportunities for activities supporting childhood healthy eating and active living to reach large numbers of children in settings where they spend significant time. Schools have been the main setting in which ACT childhood healthy eating and active living programs have been delivered. Between 2013-14 and 2020-21, the ACT Health Directorate, in collaboration with the Education Directorate, delivered two long-term programs supporting healthy eating in primary and secondary schools. The Fresh Tastes program has supported healthy eating in primary schools, and the It's Your Move program has supported both healthy eating 3.77

and active living in high schools. There is evidence that both programs have been well received by schools, educators and communities and that program activities have been effective in supporting positive change in school eating and activity cultures and environments and in embedding healthy eating and active living into school educational programs. It is not clear whether the programs have contributed to sustained changes in childrens' eating behaviours. The implementation of these programs, and other school-based programs and activities, had been supported by an Education Directorate-based Education Health Promotion Manager and by the ACT Nutrition Support Service. These had been funded by the ACT Health Directorate up to December 2021; the Education Health Promotion Manager role no longer exists and the school-based aspects of the Nutrition Support Service are no longer supported.

A significant element of support for childhood active living in the ACT has been encouraging more children to travel actively to and from school. Between 2013-14 and 2020-21, the ACT heHealth Directorate and the Transport Canberra and City Services Directorate have supported active travel to school for primary-aged students through the Ride or Walk to School program and provided safe travel infrastructure through the Active Streets and School Crossing Supervisors programs. The Safe Cycle component of the It's Your Move program has supported active travel to school for high school students. Together, these programs have provided promotional and educational activities and resources, educator professional learning modules and improved active travel infrastructure around schools. There is evidence that the active travel programs have been well received by schools, educators and communities. Effective collaboration between individual schools and the Transport Canberra and City Services Directorate has supported individualised improvements to travel infrastructure. However, none of the active school travel programs have been recently or comprehensively evaluated and it is not clear if individual programs, or the complete portfolio of school active travel programs, have led to sustained changes in the number of children travelling actively to and from school. 3.112

Some children have more to gain from increased healthy eating and active living. This includes children living with socio-educational disadvantage. The Fresh Tastes, Ride or Walk to School, and Active Streets programs have been made available to all ACT schools enrolling primary-aged students and the It's Your Move program has been available to all ACT schools enrolling high school-aged students. Participation in these programs has been equitably distributed across schools where student cohorts have different levels of socio-educational advantage. Most of the ACT schools with the least socio-educationally advantaged student cohorts have participated in Fresh Tastes, Its' Your Move, Ride or Walk to School and Active Streets. 3.113

The School Crossing Supervisors program currently provides crossing supervisors for 25 crossings, serving 27 schools. The School Crossing Supervisors program has been delivered primarily as a road safety program. The selection criteria used to allocate crossing supervisors have prioritised mitigation of road safety risk over the potential health benefits of increased active travel and have not included consideration of the relative socio-educational advantage of student cohorts. There is no formal mechanism for review of eligible crossings or reallocation of School Crossing Supervisors. 3.114

Outside of early childhood education and care and school settings, there are opportunities to support childhood healthy eating and active living in community settings where children and families are likely to spend time, including in sports clubs and food outlets. Between 2013-14 and 2020-21, ACT Government agencies have supported childhood healthy eating and active living through programs delivered through sports clubs, local businesses and social messaging. These activities are currently delivered through the Healthier Choices Canberra program. Although Healthier Choices Canberra aims to support the whole ACT community, several program components focus on childhood settings, such as junior sports clubs. There is evidence that program activities have been well received by individual clubs and businesses, but little evidence of resulting sustained changes in eating or activity behaviour. 3.123

Childhood healthy eating and active living programs delivered by ACT Government agencies since 2013 have focused on improving childhood food and activity environments and building child and family skills and knowledge. There has been comparatively less effort directed to supporting core family needs for food security and financial access to active living. ACT Government agencies have played a limited role in delivery of food and financial relief, other than during the Covid-19 public health emergency. There is a risk that significant numbers of children in the ACT cannot access healthy eating and active living because of poverty and food insecurity. These children and their families are unlikely to benefit from childhood healthy eating and active living programs focused on building skills and knowledge. 3.139

Since 2013, the ACT Health Promotion Grants Program has been the primary mechanism through which non-government organisations have been funded to deliver childhood healthy eating and active living programs. The Nature Play Grants Program has also funded infrastructure and activities supporting active play and recreation. Assessment criteria for the ACT Health Promotion Grants Program and Nature Play Grants Program have not included reach to disadvantaged and at-risk population groups. Distribution of funding to activities targeting disadvantaged and at-risk population groups has varied between programs. Between 2013-14 and 2020-21, 34 per cent of Healthy Canberra Grants funding supported programs targeting identified disadvantaged and at-risk population groups. Approximately 23 per cent of Health Promotion Innovation Fund funding between 2013-14 and 2018-19 was provided for activities with likely reach to disadvantaged and at-risk population groups and approximately 8 per cent of play equipment and spaces funded through the Nature Play Grants Program are likely to be accessible to disadvantaged and at-risk population groups. 3.158

The Kindergarten Health Check is the only ACT population health survey that collects information about individual children for the purpose of connecting children and families to healthcare services. The Kindergarten Health Check is available to all children enrolled in their first year of full-time school in the ACT. It represents a significant investment in population health survey and preventive health, reaching up to 6,000 children annually and providing valuable longitudinal data, including about childhood healthy eating and active living. There is significant potential for the Kindergarten Health Check to contribute to early intervention by detecting problems early and connecting families to appropriate healthcare services. The components of 3.185

the Kindergarten Health Check that measure healthy eating, active living and body size have not been evaluated for effectiveness, despite mixed evidence for the effectiveness and impact of similar programs in other jurisdictions. It is not known whether this component of the Kindergarten Health Check is effective in providing information to families and general practitioners about childhood health, or in connecting families to specialist healthcare services.

The ACT Health Directorate collects and reports population-level data about childhood healthy eating and active living and childhood body size through the Kindergarten Health Check, through two other school-based surveys, conducted in Years 6 and 7, and through the ACT General Health Survey. These data allow changes and trends in childhood healthy eating and active living in the ACT to be tracked over time. 3.190

ACT CHILDHOOD TREATMENT SERVICES

Paragraph

Atypical eating and activity behaviours and atypical weight gain in childhood are complex health issues that require early, intensive and sustained multidisciplinary healthcare. Canberra Health Services provides a single multidisciplinary healthcare service for children aged four to 12 years-old with atypical weight gain and associated health concerns; the School Kids Intervention Program. There are no healthcare services of this type in the ACT for children between birth and three years or young people between 13 and 17 years. If children are not referred to the School Kids Intervention Program before reaching the upper age-limit restriction of 12 years-old, they need to wait until they are 18 years-old to become eligible for adult treatment services. Lack of access to appropriate treatment during childhood risks increasing demand for adult services and risks people developing very high weight and complex health concerns. 4.20

The School Kids Intervention Program provides access to dietetics, exercise physiology and medical support and uses a family-based approach that considers overall health and wellbeing. Delivery of the program is informed by the *School Kids Intervention Program (SKIP) Child Obesity Service Model*. The service model has many elements of better practice in the treatment of children with atypical weight gain and associated health concerns. However, some elements of better practice not provided through the service model include: mechanisms to support family retention and sustained engagement, with long-term follow-up of child and family outcomes; access to embedded mental health services; and age-appropriate settings and models of care to address the different and increased complexity of needs and behaviours for adolescents, teenagers, and young people. This may limit the effectiveness of the program, especially for families with complex needs. 4.29

The School Kids Intervention Program was commenced in 2015 because of service gaps identified in the Canberra Hospital and Health Services *Obesity Service Redesign Project Services Proposal 2012*. It was proposed that the service would commence at a small scale using existing resources and then be expanded over time, to form a Child and Adolescent Obesity Management Team. Despite this intention, resourcing for the School Kids Intervention Program has remained static since 2015-16. 4.33

Between February 2015 and June 2022, 351 children were referred to the School Kids Intervention Program. Of these, 188 children (54 per cent) subsequently commenced the treatment program (between 12 and 33 children annually). Following a high number of referrals to the School Kids Intervention Program on its commencement in 2015, the number of referrals received by the School Kids Intervention Program was lower between 2016-17 and 2021-22. Representatives from the Women, Youth and Children Nutrition Service and School Kids Intervention Program told the Audit Office that the decrease in referrals partially reflects impacts of the Covid-19 pandemic on healthcare services, but also that referrals may have slowed because of healthcare practitioner and community beliefs that wait times were untenable. The average waiting time for access to the program was between 46 and 49 weeks in the three years to 2016-17, but has subsequently decreased to 12 weeks in 2021-22. 4.45

Families on the School Kids Intervention Program waiting list are offered support through the Women, Youth and Children Nutrition Service. Families can access information and advice about their child's diet from the Women, Youth and Children Nutrition Service but cannot access case co-ordination, exercise physiology or medical assessment. The support offered through the Women, Youth and Children Nutrition Service, while useful, does not meet the needs of these children and their families. Representatives from the Women, Youth and Children Nutrition Service told the Audit Office that they do not have capacity to provide high frequency appointments and therefore the service is ineffective in supporting behaviour change for children and families on the waiting list. 4.46

Resourcing for the School Kids Intervention Program has remained at 0.6 of a full-time equivalent staff member and an annual budget of $82,000 since 2015-16. This resourcing provides capacity for enrolling approximately 25 children annually. Demand has exceeded capacity and the service has recorded annual average waiting times of up to 49 weeks. Using data collected by the ACT Health Directorate's Kindergarten Health Check and ACT Physical Activity and Nutrition Survey, the Audit Office estimates there are likely to be approximately 2,000 children aged four to 12 years-old in the ACT who could be classified as 'obese', based on Body Mass Index. A significant number of these children may require a multidisciplinary healthcare service for atypical weight gain and related health concerns. This estimate, and the long waiting times recorded, suggest that the ACT's only multidisciplinary healthcare service for children aged four to 12 years-old with atypical weight gain does not have capacity to meet demand in the eligible age group. 4.52

The School Kids Intervention Program has been effectively managed and administered for the treatment services it provides. The School Kids Intervention Program has a fit-for-purpose governance structure and established and well-documented policies and service processes. The effectiveness of the School Kids Intervention Program service model has been monitored using specific, informative and timely performance measures. These measures, and client surveys, have confirmed that the service achieves positive outcomes for children and families, including positive changes in healthy eating, active living, and general wellbeing. Performance data have been used to inform continuous program re-design; 4.66

formalised through updates to the service model. Additional performance measures that will add value to future evaluative reviews include waiting list volume, length of waiting times, length of engagement with the program, number of families completing the expected period of service, and number of families disengaging before completion.

Recommendations

RECOMMENDATION 1 PROFESSIONAL LEARNING AND GUIDELINES

The ACT Health Directorate should include strategic actions for introducing or strengthening professional learning opportunities and practice guidelines about weight stigma and discrimination in the second three-year action plan for the implementation of the *Healthy Canberra ACT Preventive Health Plan 2020-2025*. The professional learning opportunities and practice guidelines should support the ACT workforce to approach issues of healthy eating, active living, body size and health sensitively and without bias, blame, discrimination or stigma.

RECOMMENDATION 2 PLANNING FOR EQUITY OF ACCESS

The ACT Health Directorate should include strategic actions in the second three-year action plan for the implementation of the *Healthy Canberra ACT Preventive Health Plan 2020-2025* with respect to:

a) understanding the needs and barriers experienced by the priority population groups identified in the Plan;

b) designing activities to maximise the likelihood of the identified priority population groups accessing programs and services;

c) obtaining evidence for whether activities have effectively reached and met the needs of identified priority population groups; and

d) ensuring the needs and barriers experienced by Aboriginal and Torres Strait Islander people in the ACT are addressed specifically.

RECOMMENDATION 3 STRATEGIC MONITORING AND REPORTING

The ACT Health Directorate should improve monitoring and reporting for the *Healthy Canberra ACT Preventive Health Plan 2020-2025* by:

a) ensuring annual activity reports include all programs and services delivered by ACT Government agencies that contribute to the priorities, objectives and strategic actions of the *Healthy Canberra ACT Preventive Health Plan 2020-2025*; and

b) reporting progress against specific performance measures or targets, to provide evidence of what works and evidence for the comparative value of different activities.

RECOMMENDATION 4 EVALUATING SCHOOL ACTIVE TRAVEL PROGRAMS

The Transport Canberra and City Services Directorate should, as part of its forthcoming evaluation of school active travel programs, review the impact of the programs on different cohorts of children, including the most disadvantaged and at-risk student cohorts. As part of the evaluation, the Directorate should measure the number of children travelling actively to school, both before and after program interventions.

RECOMMENDATION 5 SCHOOL CROSSING SUPERVISORS

If the School Crossing Supervisors program is continued beyond 2022, then the Transport Canberra and City Services Directorate should:

a) review allocation of school crossing supervisors to crossings and schools; and

b) publish information about the allocation process and selection criteria.

RECOMMENDATION 6 FOOD RELIEF AND FINANCIAL SUPPORT FOR ACTIVE LIVING

The ACT Health Directorate should, in consultation with responsible ACT Government agencies and community organisations, include strategic actions in the second three-year action plan for the *Healthy Canberra ACT Preventive Health Plan 2020-2025* for addressing poverty and food insecurity in the ACT that consider:

a) ongoing measurement of poverty and food insecurity in the ACT;

b) provision and/or co-ordination of food relief and financial supports for active living; and

c) provisions of accessible, coordinated and current information about food and financial relief options supporting childhood healthy eating and active living.

RECOMMENDATION 7 KINDERGARTEN HEALTH CHECK

The ACT Health Directorate should evaluate the eating, activity, weight, height and Body Mass Index components of the Kindergarten Health Check. The evaluation should consider:

a) whether the method of collecting data about the size of children's bodies and reporting this to families is consistent with better practice;

b) whether the information provided is accessible and culturally safe for families from culturally and linguistically diverse backgrounds;

c) whether the information provided has unintended negative consequences for either the child or family, such as increased body dissatisfaction, risky dietary restriction or disordered eating;

d) whether the information provided effectively supports families to safely increase healthy eating or active living; and

e) whether the information provided effectively supports families to access appropriate healthcare.

RECOMMENDATION 8 EVALUATING COMMUNITY NEED FOR TREATMENT SERVICES

Canberra Health Services should evaluate community need for multidisciplinary healthcare services for children aged 0 to 17 years-old with atypical eating and activity behaviours, atypical weight gain and associated health concerns, to address the risks of unmet demand and incomplete service delivery present in current service design. Options for addressing these risks should be presented for government consideration.

Response from entities

In accordance with subsection 18(2) of the *Auditor-General Act 1996* entities were provided with a draft proposed report for comment. All comments were considered and required changes were reflected in the final proposed report. A final proposed report was provided for further comment. Entities provided with the draft and final proposed report were:

- ACT Health Directorate;
- Canberra Health Services;
- Education Directorate;
- Transport Canberra and City Services Directorate; and
- Chief Minister, Treasury and Economic Development Directorate.

The following comment was provided for inclusion in the Summary chapter.

ACT Health Directorate

The Health Directorate (ACTHD) notes the Childhood Healthy Eating and Active Living Programs audit and its findings. The Programs are delivered through a whole of government effort, and the audit findings are relevant to a number of different portfolios. We also note that health outcomes for children and young people are influenced by many factors outside the Programs, including services offered by primary care providers such as General Practitioners (GPs). We will work collaboratively across the ACT Public Service to respond to its findings and recommendations in the context of government priorities. We are already considering the report's recommendations as we support the government to develop the Second Preventive Health Action Plan.

1 INTRODUCTION

Childhood healthy eating and active living

1.1 Access to healthy food and drink and a physically active life is important for childhood growth, development, health and wellbeing. Forming healthy eating and activity habits in childhood lays a strong foundation for life-long health and lowers the risk of chronic disease. Supporting healthy eating and active living from childhood through to old age are priorities for Australian preventive health strategies.[1]

1.2 Childhood healthy eating means having enough nutritious food for healthy growth and development. What constitutes healthy eating can be defined in many ways and is influenced by social, cultural and religious traditions, practices and beliefs. In Australia, guidelines for healthy eating are provided by the *Australian Dietary Guidelines*, which were produced by the National Health and Medical Research Council in 2013. Although setting-specific interpretation and application of the *Australian Dietary Guidelines* can vary, in general, Australian healthcare practitioners and dietitians view healthy eating as being access to sufficient nutrient-rich foods and drinks and minimal consumption of low nutrient, high-energy discretionary foods and drinks.[2]

1.3 Childhood active living means being physically active in play, leisure, sport, recreation and transport. The Australian Government Department of Health and Aged Care's *Physical Activity and Exercise Guidelines for all Australians* provide guidance about levels of physical activity and sleep and limits on screen time and sedentary behaviour. The guidelines consider childhood physical activity as including both formal sport and recreation and informal play and leisure, such as running, jumping, climbing, dancing, going to the park with friends and walking to school. In general, Australian healthcare practitioners and educators view competence and confidence with movement, and safe, supportive and inclusive settings as being necessary for childhood active living.[3]

Access to childhood healthy eating and active living in the ACT

1.4 The ACT Audit Office consulted with representatives of ACT community and healthcare services, advocacy groups and peak bodies as part of the audit. Through this consultation the Audit Office gained insight into the needs that must be met for families in the ACT to access healthy eating and active living opportunities for their children.

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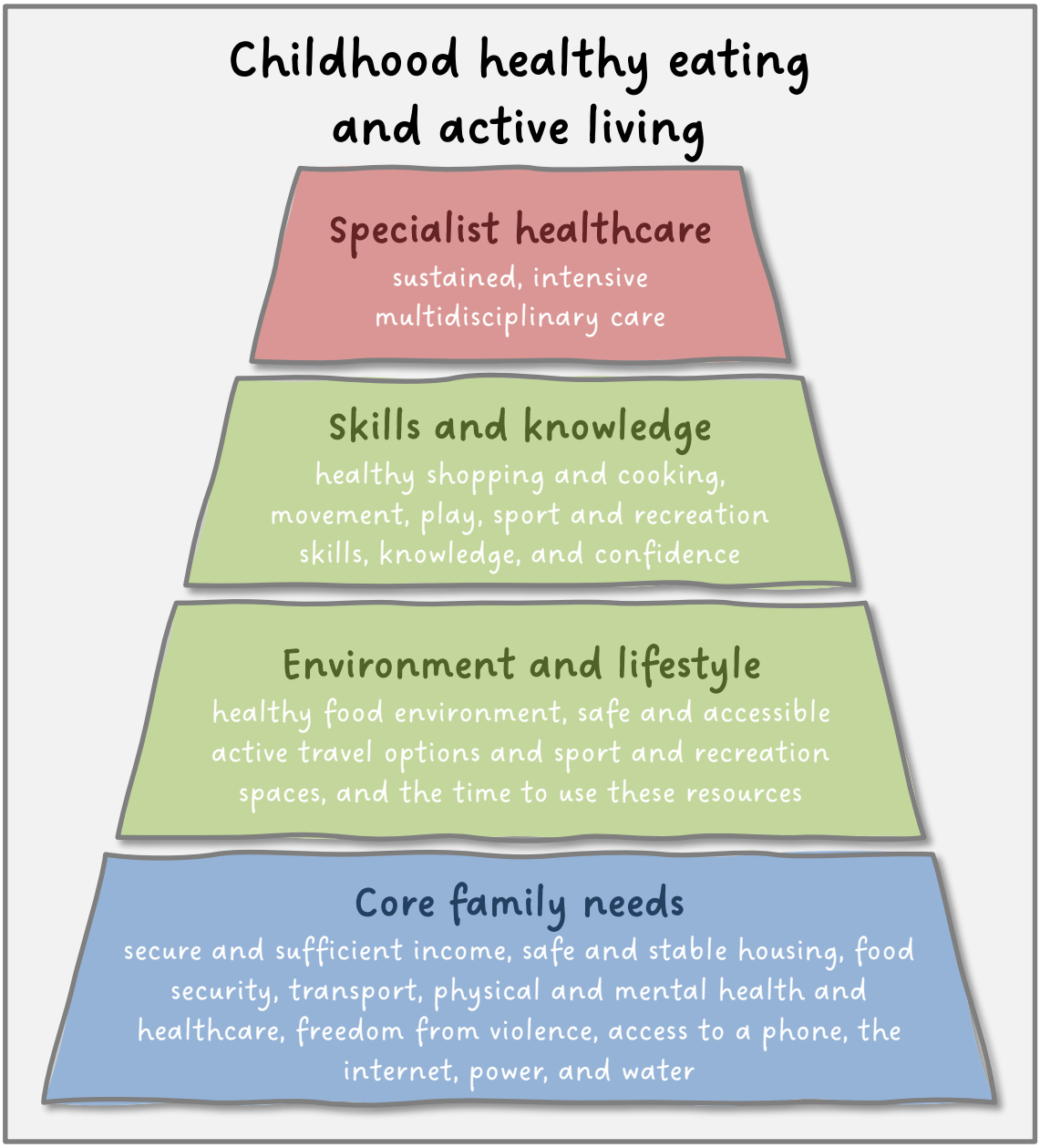
[1] *National Preventive Health Strategy 2021-2030*; *Australian National Obesity Strategy 2022-2032*.

[2] National Health and Medical Research Council (2013) *Australian Dietary Guidelines*.

[3] Australian Government Department of Health and Aged Care (2021) *Physical Activity and Exercise Guidelines for all Australians*.

1.5 Figure 1-1 is a model developed by the ACT Audit Office, following consultation with these groups. The figure illustrates the needs of ACT families in relation to childhood healthy eating and active living. The needs are organised into four tiers in a hierarchy. The needs in each tier can only be met when the needs in the tiers lower in the hierarchy have also been met. The different types of needs in each tier of the hierarchy are described below in further detail.

Figure 1-1 Hierarchy of needs for childhood healthy eating and active living



Source: ACT Audit Office.

Core family needs

1.6 Representatives of ACT community and healthcare services, advocacy groups and peak bodies explained that for children to have access to healthy eating and active living, families'

core needs must first be met. These core family needs are the first tier in the hierarchy of needs illustrated in Figure 1-1. Core family needs include:

- access to sufficient and secure income;
- safe and stable housing;
- enough food;
- suitable transport;
- ability to pay for access to a phone, the internet, power, water and healthcare.

1.7 When these core needs are met, then families are able to consider their childrens' needs for healthy eating and active living.

1.8 The most substantial and widespread barriers to families meeting their core needs are lack of money and lack of time. Representatives of ACT community and healthcare services, advocacy groups and peak bodies explained that many ACT families lack the time and money needed to shop for and prepare healthy food, to walk children to and from school and to take part in regular sport and recreation. Financial and time poverty moves families off footpaths and cycleways into cars, shifts families away from healthy fresh and home-made foods to cheaper, faster, and less healthy alternatives and deprives families of time to be physically active.

1.9 The ACT Council of Social Services has estimated in its *2021* and *2022 ACT Cost of Living Report* that 9 per cent of people, including children, in the ACT may be living in poverty, limiting their ability to meet their core family needs.

Environment and lifestyle

1.10 Barriers to childhood healthy eating and active living include the nature of the social and physical environment families live in. Figure 1-1 illustrates the environment and lifestyle needs of ACT families as the second tier in the hierarchy of needs.

1.11 To eat well, families need access to healthy food and drink in the places they spend time, including shops and supermarkets, early childhood education and care centres, schools, sports facilities and entertainment venues. To be active, families need access to safe and accessible footpaths and cycleways, parks and open spaces, sport and recreation facilities and public transport.

Skills and knowledge

1.12 For some families, there are additional barriers to childhood healthy eating and active living. Figure 1-1 illustrates the skills and knowledge needs of ACT families as the third tier in the hierarchy of needs. Some families need extra support to learn healthy shopping and cooking skills, while others need support to meet the different eating and activity needs of children with a disability. All families need resources, supports and services that are linguistically accessible, culturally safe and designed to meet their specific needs.

Specialist healthcare

1.13 The first touchpoints in the ACT healthcare system for families with concerns about their child's eating or activity behaviours and related health concerns are general practitioners or other primary healthcare providers. Primary healthcare providers, including general practitioners and paediatricians, were not considered as part of the audit.

1.14 A small number of families need specialised supports for children with atypical eating or activity behaviours, atypical weight gain and associated health concerns. These families need access to individualised, intensive, sustained, multi-disciplinary healthcare services that can support them to manage their child's health needs. Figure 1-1 illustrates the needs of these families as the top tier of the hierarchy of needs.

Structure of the report

1.15 Chapter 2 of this report considers whether ACT Government agencies have established comprehensive strategies that address and strike a balance across all levels of the hierarchy of needs for childhood healthy eating and active living.

1.16 Chapter 3 considers whether ACT Government agencies have effectively planned and managed programs addressing the first 3 tiers of the hierarchy:

- core family needs
- environment and lifestyle; and
- skills and knowledge.

1.17 Chapter 4 considers whether ACT Government agencies have effectively planned and managed specialist healthcare services addressing the top tier of the hierarchy.

Increasing poverty and food insecurity in the ACT

1.18 There is evidence that the number of families experiencing poverty and food insecurity in the ACT is increasing. Poverty is defined by the ACT Council of Social Services as the experience of both deprivation and exclusion, compared with the standards of living of the community in which a person lives.[4] In its *2022 ACT Cost of Living Report*, the Council estimated that approximately 38,000 people, including 9,000 children, could be living in poverty in the ACT. The report described how continued increases in the cost of essential goods and services and cessation of income supports introduced during the Covid-19 public health emergency are disproportionately impacting low-income households. The Council's *2021 Australian Community Sector Survey* found that community services organisations in the ACT were reporting increased poverty and disadvantage in the populations they support as well as increased demand for services.

[4] ACT Council of Social Services, *Poverty*, actcoss.org.au/policy/poverty.

1.19 Food security is defined by the United Nations Food and Agriculture Organisation as being when people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.[5] The ACT Council of Social Services *2019 Food Security, Food Assistance and the Affordability of Healthy Food in Canberra* report identified barriers to food security for families living in poverty and disadvantage in the ACT, including cost of living increases, lack of access to housing, transport, electricity and gas, healthcare and healthy foods such as fruits, vegetables and meat.

1.20 Poverty and disadvantage can also limit access to active living. A survey of socio-economically disadvantaged people in the ACT commissioned by the Chief Minister, Treasury and Economic Development Directorate's Sport and Recreation Branch identified both economic and social barriers to accessing active living for families in the ACT.

ACT Government preventive health strategies, programs and services

ACT Government preventive health strategy

1.21 In October 2013, the ACT Government launched the *Towards Zero Growth Healthy Weight Action Plan 2013-2019*, to address commitments made in the *National Partnership Agreement on Preventive Health*. The goal of the plan was zero growth in levels of 'overweight' and 'obesity' in the ACT through increased healthy eating and active living.

1.22 Upon conclusion of the *Towards Zero Growth Healthy Weight Action Plan 2013-2019*, the ACT Government launched the *Healthy Canberra ACT Preventive Health Plan 2020-2025*, which was supported by the first of two three-year action plans. The *Healthy Canberra ACT Preventive Health Plan 2020-2025* has three priorities relating to childhood healthy eating and active living:

- supporting children and families;
- enabling active living; and
- increasing healthy eating.

ACT Government programs and services

1.23 The audit considered programs and services delivered by ACT Government agencies since 2013 to support childhood healthy eating and active living. The audit also considered population health surveys used to monitor childhood eating and activity behaviours.

[5] Food and Agriculture Organization of the United Nations, *Declaration of the World Summit on Food Security*, UN, Rome, 16-18 November 2009, fao/org/home/en.

1.24 The programs considered by the audit are:

- Kids at Play Active Play;
- Fresh Tastes Healthy Food at School;
- It's Your Move;
- Ride or Walk to School;
- Active Streets;
- School Crossing Supervisors;
- Healthier Choices Canberra; and
- Nature Play CBR.

1.25 The grants programs considered by the audit are:

- Healthy Canberra Grants;
- Heath Promotion Innovation Fund; and
- Nature Play Grants Program.

1.26 The population health surveys considered by the audit are:

- Kindergarten Health Check;
- Year 7 Health Survey; and
- ACT Physical Activity and Nutrition Survey.

1.27 The specialist healthcare service considered by the audit is the School Kids Intervention Program.

Roles and responsibilities

ACT Health Directorate

1.28 The ACT Health Directorate's Preventive and Population Health Branch is responsible for developing and implementing preventive health policy and delivering preventive health programs. The Preventive and Population Health Branch coordinates governance, oversight and reporting activities for the *Healthy Canberra ACT Preventive Health Plan 2020-2025*.

1.29 The ACT Health Directorate's Data Analytics Branch is responsible for the delivery of population health surveys.

Canberra Health Services

1.30 Canberra Health Services delivers healthcare services supporting healthy eating and active living for children and families, including Maternal and Child Health Nurses, the Women, Youth and Children Nutrition Service and the School Kids Intervention Program.

Education Directorate

1.31 The Education Directorate's Service Design and Delivery Group partners with other directorates to facilitate healthy eating and active living programs and population health surveys in early childhood education and care services and schools.

Transport Canberra and City Services Directorate

1.32 The Transport Canberra and City Services Directorate's School Safety Program is responsible for delivering minor infrastructure works around schools, such as improvements to paths, road crossings and vehicle speed reduction measures. The School Safety Program is also responsible for programs encouraging active travel through provision of resources, education and events.

Chief Minister, Treasury and Economic Development Directorate

1.33 The Chief Minister, Treasury and Economic Development Directorate's Sport and Recreation Branch is responsible for delivering programs to increase participation in sport (social through to high-performance). The Community Participation Section is responsible for programs and grants supporting clubs, organisations and associations to provide quality sport and recreation participation opportunities for everyone in the ACT.

Audit objective and scope

Audit objective

1.34 The objective of the audit was to assess the effectiveness of planning, management and delivery of ACT Government programs and services to support childhood healthy eating and active living.

Audit scope

1.35 The audit considered activities undertaken by ACT Government agencies since 2013 to support childhood healthy eating and active living. This included consideration of:

- cross-agency preventive health strategies;
- programs supporting childhood healthy eating and active living: and
- treatment services for children with atypical eating and activity behaviours, atypical weight gain and related health concerns.

1.36 The audit considered the following aspects of strategy, program and service design and delivery:

- whether strategies, programs and services are sufficiently comprehensive to meet the needs of the ACT community;
- whether programs and services are effectively administered and joined up;
- whether strategies, programs and services are designed using evidence for what works;
- whether effective monitoring, performance management, evaluation and reporting is conducted; and
- whether strategies, programs and services consider the needs and barriers experienced by disadvantaged and at-risk population groups and provide equity of access.

1.37 The audit did not consider:

- programs and services for young people or adults older than 17 years-old;
- matters of national responsibility, including food industry regulation and income support; and
- matters of urban and environmental planning.

Audit criteria, approach and method

Audit criteria

1.38 To form a conclusion against the objective, the following criteria were used:

- Have ACT Government agencies established comprehensive strategies to support childhood healthy eating and active living?
  - Do the strategies articulate the programs and services to be delivered and the linkages between them?
  - Do the strategies identify the specific needs and barriers experienced by disadvantaged and at-risk population groups, and do the strategies address their need for equity of access to programs and services?
- Have ACT Government agencies effectively planned and managed programs supporting childhood healthy eating and active living?
  - Have relevant and appropriate objectives and outcomes been identified for the programs?
  - Is there effective operational and business planning for the programs?
  - Is there effective monitoring, reporting and evaluation of the programs?

- Is the management and administration of the School Kids Intervention Program effective for the treatment and management of children with atypical eating and activity behaviours, atypical weight gain and related health concerns?
  - Has Canberra Health Services effectively planned for the delivery of the School Kids Intervention Program?
  - Is the School Kids Intervention Program meeting the needs of the ACT community? Is it accessible to community members who most need assistance?

Audit approach and method

1.39 The audit approach and method consisted of:

- interviews and discussions with key staff in the ACT Health Directorate, Canberra Health Services, Education Directorate, Transport Canberra and City Services Directorate and the Chief Minister, Treasury and Economic Development Directorate;
- interviews and discussions with representatives of community services and healthcare providers, advocacy groups and peak bodies;
- identifying and reviewing relevant information and documentation associated with the design and implementation of preventive health strategies and management and administration of program and services;
- analysis of data about programs and services; and
- reviewing relevant research undertaken on this subject internationally and in other Australian jurisdictions to identify better practice.

1.40 The ACT Audit Office engaged external subject matter experts, Applied Management Consultants, to provide advice with respect to research undertaken on this subject internationally and in other Australian jurisdictions. The consultants identified research evidence for better practice and reviewed findings made by the audit that were based on this research evidence. Applied Management Consultants is an Australian consulting firm with expertise in preventive health interventions, including interventions supporting childhood healthy eating and active living in the Australian context.

1.41 Community and healthcare services, advocacy groups and peak bodies were invited to contribute to the audit by providing their insights into the effectiveness of ACT Government strategies, programs and services. Representatives from six organisations met with the Audit Office and shared:

- their understanding of the needs and barriers experienced by the ACT community, including disadvantaged and at-risk communities; and
- their understanding of the effectiveness of current ACT Government programs and services.

1.42 The audit was performed in accordance with *ASAE 3500 – Performance Engagements.* The audit adopted the policy and practice statements outlined in the Audit Office's *Performance*

Audit Methods and Practices (PAMPr) which is designed to comply with the requirements of the *Auditor-General Act 1996* and *ASAE 3500 – Performance Engagements.*

1.43 In the conduct of this performance audit the ACT Audit Office complied with the independence and other relevant ethical requirements related to assurance engagements.

2 ACT PREVENTIVE HEALTH PLAN

2.1 This chapter presents information on the policy intent, scope and implementation of the *Healthy Canberra ACT Preventive Health Plan 2020-2025*, in relation to childhood healthy eating and active living.

Summary

Conclusions

The *Healthy Canberra ACT Preventive Health Plan 2020-2025* identifies objectives to improve childhood healthy eating and active living in the ACT. The Plan is not a comprehensive strategy to support healthy eating and active living for all children in the ACT because it does not address:

- professional learning support and practice guidelines for ACT Government staff to prevent weight stigma and discrimination;
- the needs and priorities of the population groups with the most to gain from increased healthy eating and active living; or
- early access to treatment for children with atypical eating or activity behaviours, atypical weight gain and related health concerns.

The development of the second three-year action plan for the *Healthy Canberra ACT Preventive Health Plan 2020-2025*, currently in progress in the latter half of 2022, represents an opportunity for the ACT Health Directorate to develop further and specific actions to support healthy eating and active living for all children in the ACT and to track progress through effective performance measures.

Key findings

	Paragraph
In 2020 the ACT Government launched the *Healthy Canberra ACT Preventive Health Plan 2020-2025* (ACT Preventive Health Plan). The Plan is broadly aligned to the *National Preventive Health Strategy 2021-2030* and the *Australian National Obesity Strategy 2022-2032*. The Plan identifies guiding principles, a 'framework for action', priorities and objectives. Five of the objectives are directly related to childhood healthy eating and active living. The Plan seeks to support children and families from pregnancy through childhood to increase the consumption of vegetables, reduce consumption of energy-dense, nutirent-poor foods and drinks, increase physical activity and have early access to appropriate healthcare.	2.21
The *ACT Preventive Health Plan* is intended to be implemented through three-year action plans. The *First Three Year Action Plan* identifies 15 strategic actions that support childhood healthy eating and active living. These strategic actions provide for interventions that both improve the social and physical environment experienced	2.28

by children and families and build the skills and knowledge they need to make healthy choices. The strategic actions are broadly aligned to the *National Preventive Health Strategy 2021-2030* and the *Australian National Obesity Strategy 2022-2032* and are consistent with better practice in designing and implementing preventive health interventions. However, the strategic actions do not address, or otherwise acknowledge, improved early access to specialist healthcare services for children with atypical eating or activity behaviours, atypical weight gain and related health concerns.

2.36 Tackling weight stigma and discrimination is one of four guiding principles in the *Australian National Obesity Strategy 2022-2032.* Evidence from research, and from the lived experience of people with larger bodies, shows that weight stigma and discrimination can have serious negative impacts on peoples' health and wellbeing. The *First Three Year Action Plan* does not include any strategic actions directed towards addressing weight stigma and discrimination. This is a missed opportunity to address a guiding principle of the *Australian National Obesity Strategy 2022-2032*. There is an opportunity to introduce strategic actions for introducing or strengthening professional development opportunities and practice guidelines, to build capacity of the ACT workforce to approach issues of healthy eating, active living, body size and health sensitively and without bias, blame, discrimination, or stigma.

2.43 The *ACT Preventive Health Plan* identifies population groups who may have different health needs and priorities, including Aboriginal and Torres Strait Islander people, people with a physical or intellectual disability, people with a mental illness, people experiencing homelessness, people living with domestic and family violence, people who are LGBTIQ+, and people from culturally and linguistically diverse communities. The *First Three Year Action Plan* identifies some of the barriers experienced by disadvantaged families, including geographic, socio-economic and safety barriers and food insecurity. However, neither the *ACT Preventive Health Plan* nor the *First Three Year Action Plan*:

- describe the specific needs and priorities of the identified population groups with higher health risks and/or different needs; or
- articulate an engagement strategy to reach these groups or specific activities to maximise the likelihood of these groups accessing programs and services.

2.52 Cross-directorate working groups have provided oversight for the implementation and evaluation of the *ACT Preventive Health Plan*. The working groups have provided an authorising environment and forum for high-level information sharing and coordination among key stakeholders. Activities delivered through schools by the ACT Health Directorate, Canberra Health Services and the Education Directorate have also benefitted from the establishment of a cross-directorate governance committee and an Education Health Promotion Manager role, which was funded by the ACT Health Directorate and embedded in the Education Directorate up to 31 December 2021. The cross-directorate committee and the embedded role contributed to long-term operational connectivity between the two directorates in implementing health programs in schools. There are no similar cross-directorate committees or roles between the ACT Health Directorate and the Chief Minister,

Treasury and Economic Development Directorate or Transport Canberra and City Services Directorate.

The *Healthy Canberra ACT Preventive Health Plan 2020-2025 Program Logics* identify intermediate outcomes for activities supporting the strategic actions identified in the *First Three Year Action Plan*. The intermediate outcomes describe the target behaviour and the direction of change in a high-level, general way, e.g. 'more children safely commuting to and from school using active modes'. The intermediate outcomes do not specify: the size of the desired behaviour change; the timeframe in which it is to be achieved; or sources of baseline or post-implementation data. The intermediate outcomes are not specific, measurable or time-bound and are not sufficient to monitor progress towards the Plan's objectives. 2.65

Formal reporting against the *ACT Preventive Health Plan* is expected through annual activity reports, a mid-term evaluation report (due towards the end of the first three-year action plan in late 2022) and a final evaluation report (due towards the end of the second three-year action plan). At the time of audit reporting in September 2022, an annual activity report for 2020 had been published and a draft annual activity report for 2021 had been prepared. The annual activity reports do not report progress against the intermediate outcomes articulated in the program logics or against other specific targets. The annual activity reports provide a high-level overview of activities that support the priorities and objectives of the *ACT Preventive Health Plan* but do not provide insight into progress towards achieving strategic actions or changes in childhood healthy eating and active living. The value of the reports is also diminished by a lack of completeness in reporting all activities undertaken by ACT Government agencies to support childhood healthy eating and active living. Activities undertaken by the Chief Minister, Treasury and Economic Development Directorate have not been included in the reports. 2.72

History and policy intent

Australian Government preventive health strategy

2.2 Australian Government preventive health strategy in relation to childhood healthy eating and active living is embodied in:

- the *National Preventive Health Strategy 2021-2030*; and
- the *Australian National Obesity Strategy 2022-2032*.

2.3 The *National Preventive Health Strategy 2021-2030* and the *Australian National Obesity Strategy 2022-2032* aim to support healthy eating and active living for all Australians. Both strategies seek to address the systemic, social and socio-economic determinants of health and provide equity of access for disadvantaged population groups who have higher health risks. The *Australian National Obesity Strategy 2022-2032* also seeks to address weight stigma and discrimination.

The *Australian National Obesity Strategy 2022-2032*

2.4 The *Australian National Obesity Strategy 2022-2032* was developed by the Australian National Obesity Strategy Working Group, which consisted of representatives of the Australian Government and state and territory governments. Sources of evidence informing the strategy were:

- the *2018 Australian Senate Committee Inquiry into the Obesity Epidemic in Australia*;
- the 2019 Australian Obesity Summit;
- two evidence reviews conducted by the Australian Government Department of Health and Aged Care;
- analysis of Australian and international strategic plans, government commitments and global consensus documents, including World Health Organisation guidelines; and
- two national public consultations (ahead of commencing development of the Strategy and on the draft Strategy).

2.5 The *Australian National Obesity Strategy 2022-2032* describes guiding principles, objectives, ambitions and enablers.

2.6 The guiding principles for the *Australian National Obesity Strategy 2022-2032* are:

- creating equity;
- tackling weight stigma and discrimination;
- addressing the wider determinants of health and sustainability; and
- empowering personal responsibility to enable healthy living.

2.7 Table 2-1 shows the objectives, ambitions and enablers of the *Australian National Obesity Strategy 2022-2032.*

Table 2-1 *Australian National Obesity Strategy 2022-2032* objectives, ambitions and enablers

Objectives	Ambitions	Enablers
People increase their consumption of healthy food and drinks and decrease their consumption of discretionary foods	All Australians live, learn, work, play and age in supportive, sustainable, and healthy environments	Collaborative government providing strong leadership and fostering partnerships and social responsibility across all sectors at all levels
	All Australians are empowered and skilled to stay as healthy as they can be	Contribute to strengthening the evidence base and data systems for overweight and obesity monitoring and support
People increase their physical activity and reduce their sedentary behaviour		
	All Australians have access to early intervention and supportive health care	Appropriate and sustained funding to prevent and treat overweight and obesity and to build workforce capability for change across sectors

Source: ACT Audit Office, based on *Australian National Obesity Strategy 2022-2032*.

2.8 The *Australian National Obesity Strategy 2022-2032* also describes 23 individual strategies that are intended to be progressed. The strategies are aligned to the ambitions and informed by the guiding principles. Each of the 23 strategies provides example actions for governments, non-government organisations and communities to consider for implementation. The example actions are intended to provide tangible examples of how the different strategies could be progressed.

2.9 Collectively, the guiding principles, objectives, ambitions, enablers, strategies and example actions of the *Australian National Obesity Strategy 2022-2032* are intended to create a pathway towards healthy eating and active living for all Australians. For children, the strategy primarily aims to support:

- increased consumption of fruits and vegetables and decreased consumption of low-nutrient, energy-dense, high-sugar and high-fat foods and drinks; and
- less time spent in sedentary and screen-based leisure activities and more time in physically active sport and recreation.

2.10 For children, the *Australian National Obesity Strategy 2022-2032* identifies the key settings in which activities supporting healthy eating and active living should be delivered as being early childhood education and care services, schools, public travel infrastructure, sports and recreation facilities, food outlets, residential environments and advertising and marketing spaces.

2.11 Some activities and settings supporting childhood healthy eating and active living are primarily matters of national responsibility and are outside of the control of ACT Government agencies, including food industry regulation and income support. Issues primarily regulated or administered at the national level are outside the scope of the audit.

2.12 There are also a variety of urban planning and environmental settings that can generally influence the ability of a community to access active living, such as provision of public transport options or maintenance of nature reserves. ACT Government activities to influence these settings for the general community were not considered as part of the audit.

ACT Preventive Health Plan

2.13 In October 2013 the ACT Government launched the *Towards Zero Growth Healthy Weight Action Plan 2013-2019* (later known as the Healthy Weight Initiative). In 2020 this was replaced by the *Healthy Canberra ACT Preventive Health Plan 2020-2025.* Both strategies include an intent to increase childhood healthy eating and active living.

The *Towards Zero Growth Healthy Weight Action Plan 2013-2019*

2.14 The policy intent of the *Towards Zero Growth Healthy Weight Action Plan 2013-2019* was to achieve 'zero growth' in rates of 'overweight' and 'obesity' in the ACT through increased healthy eating and active living. 'Overweight' and 'obesity' were conceptualised as being causal for chronic disease. The intended outcome of increased healthy eating and active living was thus a reduction in the size of peoples' bodies.

2.15 The *Towards Zero Growth Healthy Weight Action Plan 2013-2019* identified 19 actions to be taken, across six focus areas of food environment, schools, workplaces, urban planning, social inclusion and evaluation, to increase healthy eating and active living. The 19 actions covered a breadth of activity, some of which were specifically focused on ACT Government agencies and their staff, while others were relevant to the broader ACT community.

The *Healthy Canberra ACT Preventive Health Plan 2020-2025*

2.16 The policy intent of the *Healthy Canberra ACT Preventive Health Plan 2020-2025* (known as the *ACT Preventive Health Plan*) is to support all Canberrans to be healthy and active at every stage of life. The *ACT Preventive Health Plan* identifies guiding principles, which are intended to guide the implementation of the Plan. The guiding principles are:

- evidence-based policy;
- health at every stage of life;
- equity; and
- innovation.

2.17 The *ACT Preventive Health Plan* also identifies a 'framework for action', which:

- outlines the principles underlying the plan's prevention focus;
- recognises population groups with different health needs and priorities; and
- describes five priority areas for coordinated action.

2.18 Table 2-2 shows the *ACT Preventive Health Plan* 'framework for action'.

Table 2-2 *Healthy Canberra ACT Preventive Health Plan 2020-2025* framework for action

Framework for action	
A prevention focus	**Better health for all**
Empowering Canberrans with the knowledge, skills and attitudes to live well Creating healthier places where we live, work, learn and socialise Where harms from unhealthy behaviours have already occurred, prioritising early detection and intervention to reset pathways and minimise ongoing harm	Working in partnership with the ACT community to tailor responses that meet the needs of all population groups at all stages, including: - Aboriginal and Torres Strait Islander people; - people with a physical or intellectual disability; - people with a mental illness; - people experiencing homelessness; - people living with domestic and family violence; - people who are LGBTIQ+; and - people from culturally and linguistically diverse communities.

Source: ACT Audit Office, based on *Healthy Canberra ACT Preventive Health Plan 2020-2025*.

2.19 The *ACT Preventive Health Plan* describes five priorities:

- supporting children and families;
- enabling active living;
- increasing healthy eating;
- reducing risky behaviours (tobacco smoking, risky drinking, sexually transmissible infections and blood borne viruses); and
- promoting healthy ageing.

2.20 Fifteen objectives are described against the priorities identified in the *ACT Preventive Health Plan*. Five of these objectives are directly related to childhood healthy eating and active living:

- families are supported to optimise the healthy development of their children in the first 1,000 days;
- more adults and children using active modes of transport;
- more people participating in sports and recreation across all stages of life;
- lower intakes of energy-dense, nutrient-poor (discretionary) foods and drinks; and
- increased consumption of vegetables.

2.21 In 2020 the ACT Government launched the *Healthy Canberra ACT Preventive Health Plan 2020-2025* (ACT Preventive Health Plan). The Plan is broadly aligned to the *National Preventive Health Strategy 2021-2030* and the *Australian National Obesity Strategy*

2022-2032. The Plan identifies guiding principles, a 'framework for action', priorities and objectives. Five of the objectives are directly related to childhood healthy eating and active living. The Plan seeks to support children and families from pregnancy through childhood to increase consumption of vegetables, reduce consumption of energy-dense, nutrient-poor foods and drinks, increase physical activity and have early access to appropriate healthcare.

The First Three Year Action Plan

2.22 The *ACT Preventive Health Plan* is intended to be implemented through three-year action plans. The first three-year action plan (2020-2022) is active, and the second three-year action plan (2023-2025) is currently in development.

2.23 Against each of the three priorities and five objectives supporting childhood healthy eating and active living identified in the *ACT Preventive Health Plan 2020-2025*, the *Healthy Canberra ACT Preventive Health Plan 2020-2025 First Three Year Action Plan* (*First Three Year Action Plan*) identifies focus areas and strategic actions to be undertaken. Each strategic action is assigned a 'lead' and 'supporting' directorate.

2.24 Table 2-3 shows the 15 strategic actions supporting childhood healthy eating and active living that are articulated in the *First Three Year Action Plan*, against the relevant priorities and objectives.

Table 2-3 Strategic actions supporting childhood healthy eating and active living in the *Healthy Canberra ACT Preventive Health Plan 2020-2025 First Three Year Action Plan*

Priority	Objective	Strategic action
Supporting children and families	Families optimise the healthy development of their children in the first 1,000 days	**1** Review best practice evidence on the key behavioural factors that influence the healthy development of infants
		2 Identify opportunities to optimise the healthy development of children during the first 1,000 days of life
		6 Implement population health surveys to increase understanding of child and adolescent health
Increasing healthy eating	Lower intakes of energy-dense, nutrient-poor (discretionary) foods and drinks Increased consumption of vegetables	**12** Accelerate the review and implementation of healthy food and drink choice policies in ACT Government workplaces, schools and public health facilities
		13 Improve the availability and promotion of free drinking water in public places, sports facilities and food outlets
		14 Continue to implement and monitor ACT healthy food and drink marketing policies on public buses and light rail, explore opportunities to limit unhealthy food and drink marketing in other ACT Government facilities and settings
		15 Implement, monitor and evaluate all components of the Healthier Choices Canberra initiative
		16 Strengthen urban design to enable easier access to community gardens, fruit and vegetable outlets and healthy food and drink
		17 Sustain investment and best practice initiatives to improve the food and drink environment in around schools
		18 Scope opportunities to strengthen evidence-based approaches to increase access to healthy foods and address food insecurity
Enabling active living	More adults and children use active modes of transport More people participate in sport and active recreation across all stages of life	**7** Invest in evidence-based policies and initiatives to build physical activity opportunities into the day and support movement skills in early childhood settings and schools
		8 Increase and promote active recreation opportunities for all Canberrans, particularly those do not regularly participate in any form of physical activity
		9 Continue to promote and prioritise active travel for people of all ages and abilities and enhance active travel infrastructure to improve safety and connectivity of the active travel network
		10 Ensure sporting facilities are accessible to community members of all ages and abilities and promote healthy behaviours
		11 Identify and reduce barriers to utilising open spaces, nature and amenities to enable positive active living experiences for people of all ages and abilities

Source: ACT Audit Office, based on *Healthy Canberra ACT Preventive Health Plan 2020-2025 First Three Year Action Plan*.

Relevance and appropriateness of strategic actions

2.25 The *National Obesity Strategy 2022-2032* describes a suite of strategies and actions that can be implemented by state and territory governments to support childhood healthy eating and active living. Recent evidence reviews have identified elements of better practice in designing and delivering activities supporting childhood healthy eating and active living at the local government level. Key features of better practice include:

- activities that are accessible to families across the life course, beginning in pregnancy and extending into early adulthood;
- a settings-based approach that reaches children and families in the places where they spend time, such as schools, sports clubs and public transport;
- a portfolio of complementary activities (targeting both environment and lifestyle and skills and knowledge), delivered at different scales; and
- activities that are co-designed with intended audiences, such as young people or culturally and linguistically diverse communities.[6]

2.26 The 15 strategic actions supporting childhood healthy eating and active living that are articulated in the *First Three Year Action Plan* provide for interventions across a range of child and family settings, including early childhood settings, schools, healthcare facilities, sports and recreation facilities, food outlets and transport infrastructure. The 15 strategic actions also provide for interventions that both improve the environment and lifestyle experienced by children and families and build the skills and knowledge they need to make healthy choices. This is consistent with the strategies and example actions provided by the *Australian National Obesity Strategy 2022-2032*, and with evidence for better practice in designing and implementing such activities.

2.27 However, the 15 strategic actions supporting childhood healthy eating and active living that are articulated in the *First Three Year Action Plan* do not address, or otherwise acknowledge, improved early access to specialist healthcare services for children with atypical eating or activity behaviours, atypical weight gain and related health concerns. This represents a missed opportunity to recognise and acknowledge the importance of these services, as part of the suite of healthy eating and active living supports that are available to children and their families. Accordingly, there is an opportunity to improve the alignment of the *ACT Preventive Health Plan* with the *Australian National Obesity Strategy 2022-2032* by

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[6] McGill, B., Sweeting, J., Surkalim, D.L., Phongsavan, P., Thomas M., Bellew, B. (2020). *New developments in the prevention of obesity among children and young people aged 0-18 years: Rapid evidence review update*. Prepared for the NSW Ministry of Health: Sydney by the Physical Activity Nutrition Obesity Research Group, The University of Sydney, 2020.

McGill, B., Cranny, L., Nguyen, B., Thomas, M. (2021). *Effective healthy eating and active living interventions in secondary schools: A Rapid Evidence Review*. Prepared for the NSW Ministry of Health: Sydney by the Physical Activity Nutrition Obesity Research Group, The University of Sydney, 2021.

National Institute for Health and Care Research (2022*) How can local authorities reduce obesity? Insights from NIHR research*. doi: 10.3310/nihrevidence_50720.

specifying strategic actions in relation to specialist healthcare. This would be consistent with the policy intent of the *ACT Preventive Health Plan* to prioritise early detection and intervention to reset pathways and minimise ongoing harm where harms from unhealthy behaviours have already occurred.

2.28 The *ACT Preventive Health Plan* is intended to be implemented through three-year action plans. The *First Three Year Action Plan* identifies 15 strategic actions that support childhood healthy eating and active living. These strategic actions provide for interventions that both improve the social and physical environment experienced by children and families and build the skills and knowledge they need to make healthy choices. The strategic actions are broadly aligned to the *National Preventive Health Strategy 2021-2030* and the *Australian National Obesity Strategy 2022-2032* and are consistent with better practice in designing and implementing preventive health interventions. However, the strategic actions do not address, or otherwise acknowledge, improved early access to specialist healthcare services for children with atypical eating or activity behaviours, atypical weight gain and related health concerns.

Consideration of weight stigma and discrimination

2.29 Tackling weight stigma and discrimination is one of four guiding principles in the *Australian National Obesity Strategy 2022-2032.* Evidence from research, and from the lived experience of people with larger bodies, shows that weight stigma and discrimination can have serious negative impacts on peoples' health and wellbeing. The concept of weight stigma and discrimination is relatively new in preventive health and may be unfamiliar to some policy makers and health care practitioners. Appendix A provides a summary of evidence for the existence and impacts of weight stigma and discrimination and implications for preventive health policy and strategy.

2.30 The Final Report of the *2018 Australian Senate Select Committee Inquiry into the Obesity Epidemic in Australia* provided two recommendations in relation to weight stigma and discrimination:

> 2.25 The committee recommends that Commonwealth funding for overweight and obesity prevention efforts and treatment programs should be contingent on the appropriate use of language to avoid stigma and blame in all aspects of public health campaigns, program design and delivery.
>
> 2.26 The committee recommends that the Commonwealth Department of Health work with organisations responsible for training medical and allied health professionals to incorporate modules specifically aimed at increasing the understanding and awareness of stigma and blame in medical, psychological, and public health interventions of overweight and obesity.

2.31 In response to the recommendations of the 2018 inquiry, the findings of two national public consultations and evidence reviews, the *Australian National Obesity Strategy 2022-2032* notes that:

> As a society, we must tackle [weight stigma and discrimination] and have respectful and positive discussions about weight. It is time to shift away from blaming individuals and to turn our attention to strategies that address the broader causes of obesity in our society.

2.32 The *Australian National Obesity Strategy 2022-2032* describes four strategies to address weight stigma and discrimination:

> **Strategy 2.2** Use social marketing to foster healthy social and cultural norms, reduce weight stigma and help people make healthy choices.
>
> **Strategy 3.3** Address and treat unhealthy weight while preventing weight stigma.
>
> **Strategy 3.4** Support health, social and other care providers to enable positive discussion about weight.
>
> **Strategy 3.5** Strengthen the confidence and competence of the health care workforce to prioritise the prevention of obesity while preventing weight stigma.

2.33 Example actions for state and territory governments described in the *Australian National Obesity Strategy 2022-2032* to address weight stigma and discrimination include:

> Strengthen pre-service and existing training and professional development opportunities for health, social and other care professionals through: building understanding of the multiple causes of obesity and the systemic barriers that perpetuate inequity; [and] skill development in shared decision making and discussing weight without judgement.
>
> Develop and/or update codes of practice for obesity prevention and management for relevant professional groups.
>
> Build the healthcare workforce capacity to support healthy eating, physical activity, and sleep for all patients/clients, regardless of weight status, through education, training, professional networks, and quality improvement programs.

2.34 The *ACT Preventive Health Plan* demonstrates a policy shift from the *Towards Zero Growth Healthy Weight Action Plan 2013-2019*; moving from a focus on healthy eating and active living to change the size of peoples' bodies, to a focus on healthy eating and active living as fundamental components of healthy growth, development, and wellbeing, for all people. This represents better practice and is consistent with the *Australian National Obesity Strategy 2022-2032*.

2.35 However, a review of the *First Three Year Action Plan* and the strategic actions articulated in the plan that support childhood healthy eating and active living shows that there are no specific actions directed towards addressing weight stigma and discrimination in preventive health interventions. Actions that could be taken include introducing or strengthening professional development opportunities and practice guidelines, to build the capacity of the ACT preventive health and healthcare workforce to approach issues of healthy eating, active living, body size and health sensitively and without bias, blame, discrimination or stigma. Such action could better align the *ACT Preventive Health Plan 2020-2025* with the guiding principles of the *Australian National Obesity Strategy 2022-2032*.

2.36 Tackling weight stigma and discrimination is one of four guiding principles in the *Australian National Obesity Strategy 2022-2032.* Evidence from research, and from the lived experience of people with larger bodies, shows that weight stigma and discrimination can have serious negative impacts on peoples' health and wellbeing. The *First Three Year Action Plan* does not include any strategic actions directed towards addressing weight stigma and discrimination. This is a missed opportunity to address a guiding principle of the *Australian National Obesity Strategy 2022-2032*. There is an opportunity to introduce strategic actions

for introducing or strengthening professional development opportunities and practice guidelines, to build capacity of the ACT workforce to approach issues of healthy eating, active living, body size and health sensitively and without bias, blame, discrimination, or stigma.

RECOMMENDATION 1 PROFESSIONAL LEARNING AND GUIDELINES

The ACT Health Directorate should include strategic actions for introducing or strengthening professional learning opportunities and practice guidelines about weight stigma and discrimination in the second three-year action plan for the implementation of the *Healthy Canberra ACT Preventive Health Plan 2020-2025*. The professional learning opportunities and practice guidelines should support the ACT workforce to approach issues of healthy eating, active living, body size and health sensitively and without bias, blame, discrimination or stigma.

Consideration of equity of access for disadvantaged and at-risk population groups

2.37 The *National Preventive Health Strategy 2021-2030* and the *Australian National Obesity Strategy 2022-2032* describe social and socio-economic barriers to childhood healthy eating and active living and the need for equity of access to programs and services. The *Australian National Obesity Strategy 2022-2032* states:

> To reduce health inequities, actions will be universal (can apply to everyone) while also being flexible to ensure they work for different communities and people and at a scale and intensity that is proportionate to the level of disadvantage.

2.38 Eight of the 23 individual strategies described in the *Australian National Obesity Strategy 2022-2032*, that are intended to be progressed by Australian governments, contain elements specifically relating to providing or improving equity of access for disadvantaged and at-risk population groups.

2.39 The *ACT Preventive Health Plan* acknowledges the social and socio-economic determinants of health and identifies equity as a guiding principle, defined as:

> Some population groups, such as those living with disadvantage, are at higher risk of developing chronic disease. The goal of achieving a healthier Canberra will only be met by considering the needs of everyone in the community and ensuring that no one is left behind.

2.40 The *ACT Preventive Health Plan* identifies population groups who have different health needs and priorities and describes an intent to work in partnership with these groups to tailor responses to meet their needs. The specific groups identified are:

- Aboriginal and Torres Strait Islander people;
- people with a physical or intellectual disability;
- people with a mental illness;
- people experiencing homelessness;

- people living with domestic and family violence;
- people who are lesbian, gay, bisexual, trans and gender diverse, intersex and/or questioning; and
- people from culturally and linguistically diverse communities.

2.41 The *ACT Preventive Health Plan First Three Year Action Plan* notes that:

> Social disadvantage also creates barriers in reduced food and drink choice, leading to food insecurity and unhealthy choices for some groups. Food security is essential to reducing health inequality and realising the health outcomes that healthy eating can bring. Food security is only possible when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life.

2.42 Notwithstanding that the *ACT Preventive Health Plan* identifies population groups that have different needs and priorities, neither the Plan itself nor the *First Three Year Action Plan*:

- describe the specific needs and priorities of the identified population groups with higher health risks and/or different needs, including the specific needs and priorities of Aboriginal and Torres Strait Islander people;
- articulate an engagement strategy to reach these groups or specific activities to maximise the likelihood of these groups accessing programs and services; or
- provide a mandate for building equity of access into preventive health activities.

2.43 The *ACT Preventive Health Plan* identifies population groups who may have different health needs and priorities, including Aboriginal and Torres Strait Islander people, people with a physical or intellectual disability, people with a mental illness, people experiencing homelessness, people living with domestic and family violence, people who are LGBTIQ+, and people from culturally and linguistically diverse communities. The *First Three Year Action Plan* identifies some of the barriers experienced by disadvantaged families, including geographic, socio-economic and safety barriers and food insecurity. However, neither the *ACT Preventive Health Plan* nor the *First Three Year Action Plan*:

- describe the specific needs and priorities of the identified population groups with higher health risks and/or different needs; or
- articulate an engagement strategy to reach these groups or specific activities to maximise the likelihood of these groups accessing programs and services.

Focus on Aboriginal and Torres Strait Islander people

The *Australian National Obesity Strategy 2022-2032* recognises that:

> … Aboriginal and Torres Strait Islander peoples experience systemic injustices because of government policies, legislation and societal structures, which continue to have significant intergenerational impacts and perpetuate racism, discrimination and bias.

For Aboriginal and Torres Strait Islander people, the implementable strategies described in the *Australian National Obesity Strategy 2022-2032* aim to:

> … redress interpersonal and institutional discrimination and remove systemic barriers that have created community distrust and health inequity.

The *Australian National Obesity Strategy 2022-2032* supports the concepts of self-determination, empowerment and cultural safety and describes example actions designed to meet the specific needs and priorities of Aboriginal and Torres Strait Islander people and communities, including:

> Partner with Aboriginal and Torres Strait Islander peoples, community-controlled organisations and communities to develop and deliver culturally safe and responsible social marketing.
>
> Support Aboriginal and Torres Strait Islander peoples, communities and community-controlled organisations to lead decision-making, planning, design, evaluation and implementation of locally responsive, accessible and culturally appropriate preventive health actions.

In considering healthy eating, the *Australian National Obesity Strategy 2022-2032* acknowledges the cultural importance of traditional Aboriginal and Torres Strait Islander land and sea management, traditional foods and food sharing networks. In considering equity of access to healthcare, the *Australian National Obesity Strategy 2022-2032* notes the importance of the Aboriginal and Torres Strait Islander health workforce and community-controlled healthcare services. The strategy provides Enabler 3.6:

> Strengthen the Aboriginal and Torres Strait Islander workforce to focus effort towards achieving health equity and contributing to a culturally safe service and support system. This will empower communities to take the lead and partner in the delivery of solutions to increase healthy food and drink options, including access and availability, and to increase physical activity opportunities.

In the ACT, the *ACT Aboriginal and Torres Strait Islander Agreement 2019 to 2028* defines *Children and Young People* and *Health and Wellbeing* as Core and Significant Focus Areas respectively and aims for Aboriginal and Torres Strait Islander peoples to have equity in health and wellbeing outcomes. Priority Actions include increased access to healthcare and health programs, especially those delivered by Aboriginal and Torres Strait Islander service providers.

The *Healthy Canberra ACT Preventive Health Plan 2020-2025* notes that:

> Aboriginal and Torres Strait Islander people experience poorer health and have worse health outcomes than other Australians.

The *Healthy Canberra ACT Preventive Health Plan 2020-2025* includes Aboriginal and Torres Strait Islander people in its list of population groups with different health needs. Neither the *Healthy Canberra ACT Preventive Health Plan 2020-2025* or its *First Three Year Action Plan* describe the specific needs and priorities of Aboriginal and Torres Strait Islander people in the ACT or strategic actions designed to address these needs and provide for improved health outcomes.

RECOMMENDATION 2 PLANNING FOR EQUITY OF ACCESS

The ACT Health Directorate should include strategic actions in the second three-year action plan for the implementation of the *Healthy Canberra ACT Preventive Health Plan 2020-2025* with respect to:

a) understanding the needs and barriers experienced by the priority population groups identified in the Plan;

b) designing activities to maximise the likelihood of the identified priority population groups accessing programs and services;

c) obtaining evidence for whether activities have effectively reached and met the needs of identified priority population groups; and

d) ensuring the needs and barriers experienced by Aboriginal and Torres Strait Islander people in the ACT are addressed specifically.

Governance and performance management

Governance bodies

ACT Preventive Health Plan governance oversight

2.44 Oversight for the implementation of the *ACT Preventive Health Plan* has been provided by:

- the ACT Preventive Health Plan Cross-Directorate Working Group;
- the ACT Preventive Health Plan Expert Evaluation Working Group; and
- the ACT Preventive Health Plan Implementation Working Group (now ceased).

2.45 The ACT Health Directorate's Preventive and Population Health Branch is responsible for coordination and secretariat support for working groups and for the coordination of monitoring, evaluation and reporting activities. The Preventive and Population Health Branch has also formed a Next Action Plan Team to coordinate the development of the second three-year action plan.

ACT Preventive Health Plan Cross-Directorate Working Group

2.46 The ACT Preventive Health Plan Cross-Directorate Working Group is the main mechanism for communication and liaison between the different ACT Government agencies with responsibility for implementing the *ACT Preventive Health Plan*.

2.47 The purpose and composition of the working group is described in a formal 'terms of reference' document. Membership consists of a representative of each ACT Government agency with responsibilities for the implementation of the *ACT Preventive Health Plan.* Attendance at meetings of the working group has typically been at the group executive level.

The working group reports to the ACT Government's Strategic Board Human Services Committee, through the Prevention, Mental Health and Wellbeing, and Family Safety Inter-Directorate Committee.

ACT Preventive Health Plan Expert Evaluation Working Group

2.48 The ACT Preventive Health Plan Cross-Directorate Working Group is supported by an Expert Evaluation Working Group. The Expert Evaluation Working Group is responsible for designing and guiding evaluation of the implementation of the *ACT Preventive Health Plan*.

Other governance arrangements

ACT Health, Canberra Health Services and Education Cross-Directorate Governance Committee

2.49 School-based preventive health programs are overseen by the *ACT Health, Canberra Health Services and Education Cross-Directorate Governance Committee*. The purpose and composition of the committee is described in a formal 'terms of reference' document. Activities overseen by the committee include immunisation programs, school-based population health surveys, mental health services in schools and healthy eating and active living programs delivered under the *ACT Preventive Health Plan*. This committee comprises representatives from Canberra Health Services, the Education Directorate and ACT Health Directorate. Membership is at the Executive Group Manager, Senior Director and Director level. The committee meets once each school term.

Collaborative Working Group on Food at School

2.50 A Collaborative Working Group on Food at School has also been established to bring representatives from ACT Government agencies and non-government stakeholders together to discuss activities supporting schools and canteens to provide healthy food services.

Education Health Promotion Manager

2.51 An Education Health Promotion Manager role, funded by the ACT Health Directorate and embedded in the Education Directorate, has supported a range of preventive health programs and activities, and has provided operational connectivity between the two directorates. The Education Directorate advised that the ACT Health Directorate ceased funding for this role on 31 December 2021 and the position no longer exists.

2.52 Cross-directorate working groups have provided oversight for the implementation and evaluation of the *ACT Preventive Health Plan*. The working groups have provided an authorising environment and forum for high-level information sharing and coordination among key stakeholders. Activities delivered through schools by the ACT Health Directorate, Canberra Health Services and the Education Directorate have also benefitted from the establishment of a cross-directorate governance committee and an Education Health Promotion Manager role, which was funded by the ACT Health Directorate and embedded in the Education Directorate up to 31 December 2021. The cross-directorate committee and

the embedded role contributed to long-term operational connectivity between the two directorates in implementing health programs in schools. There are no similar cross-directorate committees or roles between the ACT Health Directorate and the Chief Minister, Treasury and Economic Development Directorate or Transport Canberra and City Services Directorate.

Monitoring, evaluation and reporting processes

2.53 The *ACT Preventive Health Plan* states:

> A performance and evaluation framework will be developed to measure success under the Healthy Canberra Plan. The framework will provide clear direction for all stakeholders on what needs to be achieved in the short and longer-terms, how we will measure and report on progress and where we may need to recalibrate our efforts.

2.54 The *ACT Preventive Health Plan* envisaged that the performance and evaluation framework would be finalised in 2020 and progress reports would be released annually from 2021. It was also intended that population-level measures of progress would be reported in 2022 and 2025, at the end of each three-year action plan.

Evaluation framework

2.55 The *Healthy Canberra ACT Preventive Health Plan 2020-2025 Evaluation Framework* (July 2021) was developed by the Chief Minister, Treasury and Economic Development Directorate Policy Design and Evaluation Team. The Framework describes high-level principles for evaluative activities and suggests potential evaluative methods and data sources and potential timelines and resourcing for evaluation activities.

2.56 The *Evaluation Framework* provides recommendations for:

- identifying existing data sources;
- generating new data sources (for example through community survey);
- developing program logics;
- developing a data reporting tool; and
- producing a mid-term and final evaluation report.

Program logics

2.57 Program logics is a term used to describe a model that sets out the resources and activities that comprise a program and the changes that are expected to result from them. It describes the relationship between the program's:

- inputs, goals and activities;
- operational and organisational resources, techniques and practices; and

- expected outputs and effects.[7]

2.58 The development of program logics was an identified deliverable of the *Evaluation Framework*.

2.59 The *Healthy Canberra ACT Preventive Health Plan 2020-2025 Program Logics* describe the underlying theory of change and guiding principles for evaluation of strategy outcomes. The *Program Logics* state that they seek to achieve the aims of the *Evaluation Framework* by:

- examining how effectively ACT Government agencies have worked together as an enabling system; and
- examining whether specific actions undertaken have impacted peoples' behaviours, health and wellbeing.

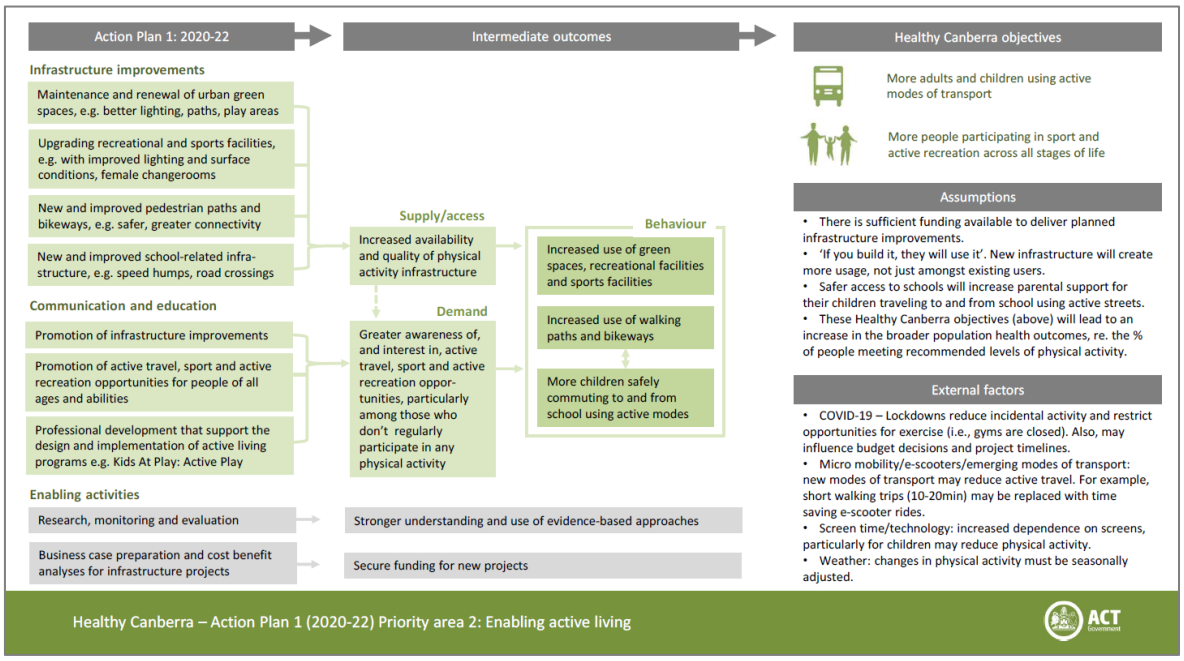
2.60 The *Program Logics* identify measurable aspects of the way Government agencies have worked together as being leadership, collaboration, partnerships, networks and alliances, governance and resourcing. The *Program Logics* identify the measurable aspect of actions undertaken as being changes in peoples' behaviours, which are assumed to influence health and wellbeing. Effectiveness, impact, sustainability and equity are also listed as measurable aspects of actions undertaken.

2.61 Figure 2-1 shows an example of the *Program Logics*. It describes the program logic elements for each of the five priorities:

- **Objectives** - cumulative health benefits arising from the intermediate outcomes.
- **Initiatives, programs and enabling activities**.
- **Intermediate outcomes** - the outcomes of the initiatives, programs and enabling activities.
- **Assumptions** - conditions that must hold true for the objectives to be met.
- **External factors** - factors outside of the three-year action plans, such as the Covid-19 pandemic.

[7] Australian Institute of Family Studies, *Resources for Better Practice Program Management*, aifs.gov.au/resources/practice-guides.

Figure 2-1 Example of program logics for the *Healthy Canberra ACT Preventive Health Plan 2020-2025*



Source: *Healthy Canberra ACT Preventive Health Plan 2020-2025 Program Logics*.

2.62 The *Program Logics* describe thirteen intermediate outcomes directly related to childhood healthy eating and active living:

- parents and carers make healthy choices in their parenting;
- parents and carers make more use of services that support healthy child development;
- parents and carers have better access to services that support healthy child development;
- the child and maternal health service system is better at meeting need;
- increased early referral to child health services where required;
- three year-old children in at-risk groups are better prepared for school and participate in more/better active play;
- children in early childhood education and care and at school engage in more/better active play;
- children engage in more active play and less screen time at home;
- Increased use of green spaces, recreational facilities and sports facilities;
- increased use of walking paths and bikeways;
- more children safely commuting to and from school using active modes;
- healthier food and drink options are more widely and easily available and unhealthy food and drink options are less easily available; and

- more people make healthier choices about their eating and drinking.

2.63 The intermediate outcomes described in the *Program Logics* describe the target behaviours and the direction of change, e.g. 'more children safely commuting to and from school using active modes'. However, the usefulness of the intermediate outcomes are hampered by not specifying:

- the size of the desired behaviour change;
- the timeframe in which it is to be achieved; or
- sources of baseline or post-implementation data.

2.64 The intermediate outcomes are also not specifically and explicitly linked to specific programs or services; they are not sufficient performance measures for monitoring or reporting the progress or impacts of either specific programs and services or the *ACT Preventive Health Plan* as a whole.

2.65 The *Healthy Canberra ACT Preventive Health Plan 2020-2025 Program Logics* identify intermediate outcomes for activities supporting the strategic actions identified in the *First Three Year Action Plan*. The intermediate outcomes describe the target behaviour and the direction of change in a high-level, general way, e.g. 'more children safely commuting to and from school using active modes'. The intermediate outcomes do not specify: the size of the desired behaviour change; the timeframe in which it is to be achieved; or sources of baseline or post-implementation data. The intermediate outcomes are not specific, measurable or time-bound and are not sufficient to monitor progress towards the Plan's objectives.

Reporting

2.66 Planned formal reporting against the *ACT Preventive Health Plan* consists of:

- an annual activity report (a 2020 report was published and a draft 2021 report had been prepared at the time of audit reporting);
- a mid-term evaluation report (due towards the end of the first three-year action plan); and
- a final evaluation report (due towards the end of the second three-year action plan).

2.67 Annual activity reports describe activities against each *ACT Preventive Health Plan* priority in the reporting year as well as planned activities for the next year. The body of the report describes highlights for each priority area. Appendix A to the annual activity reports has described activities against 40 strategic actions, with activities ascribed to each responsible Directorate. Appendix B to the annual activity reports has described active Healthy Canberra Grants and the priority area addressed by each funded activity.

2.68 The annual activity reports are descriptive. The annual activity reports:

- do not evaluate the implementation of the *ACT Preventive Health Plan*;

- are not aligned to the *Evaluation Framework* or *Program Logics*; and
- do not report progress against the intermediate objectives articulated in the program logics or against other specific targets.

2.69 The annual activity reports provide a high-level overview of activities that support the priorities and objectives of the *ACT Preventive Health Plan* but do not provide insight into progress towards achieving strategic actions or changes in childhood healthy eating and active living.

2.70 ACT Government agencies are assigned lead or supporting roles against the strategic actions described in the *First Three Year Action Plan*. For the 15 strategic actions supporting childhood healthy eating and active living, the ACT Health Directorate, Canberra Health Services, Education Directorate, Transport Canberra and City Services Directorate and Environment, Planning and Sustainable Development Directorate reported activities in the *Annual Activity Report 2020* and draft *Annual Activity Report 2021*. The reports did not include information on activities that were the responsibility of the Chief Minister, Treasury and Economic Development Directorate's Sports and Recreation Branch against Strategic Actions 7, 8 and 10.

2.71 The lack of completeness of the annual activity reports limits their usefulness, as they do not provide a comprehensive picture of the complete suite of activities undertaken by ACT Government agencies to support childhood healthy eating and active living.

2.72 Formal reporting against the *ACT Preventive Health Plan* is expected through annual activity reports, a mid-term evaluation report (due towards the end of the first three-year action plan in late 2022) and a final evaluation report (due towards the end of the second three-year action plan). At the time of audit reporting in September 2022, an annual activity report for 2020 had been published and a draft annual activity report for 2021 had been prepared. The annual activity reports do not report progress against the intermediate outcomes articulated in the program logics or against other specific targets. The annual activity reports provide a high-level overview of activities that support the priorities and objectives of the *ACT Preventive Health Plan* but do not provide insight into progress towards achieving strategic actions or changes in childhood healthy eating and active living. The value of the reports is also diminished by a lack of completeness in reporting all activities undertaken by ACT Government agencies to support childhood healthy eating and active living. Activities undertaken by the Chief Minister, Treasury and Economic Development Directorate have not been included in the reports.

RECOMMENDATION 3 STRATEGIC MONITORING AND REPORTING

The ACT Health Directorate should improve monitoring and reporting for the *Healthy Canberra ACT Preventive Health Plan 2020-2025* by:

a) ensuring annual activity reports include all programs and services delivered by ACT Government agencies that contribute to the priorities, objectives and strategic actions of the *Healthy Canberra ACT Preventive Health Plan 2020-2025*; and

b) reporting progress against specific performance measures or targets, to provide evidence of what works and evidence for the comparative value of different activities.

3 ACT CHILDHOOD HEALTHY EATING AND ACTIVE LIVING PROGRAMS

3.1 This chapter presents information on programs supporting childhood healthy eating and active living delivered by ACT Government agencies between 2013 and 2021. The chapter considers:

- healthy eating and active living programs administered by ACT Government agencies;
- healthy eating and active living programs funded through preventive health grants programs; and
- ACT population health surveys monitoring childhood healthy eating and active living.

3.2 This chapter first provides a high-level overview of activities delivered between 2013 and 2021 and then presents detailed information for programs and population health surveys that remained active in 2021.

Summary

Conclusions

Between 2013-14 and 2020-21, ACT Government agencies have spent approximately $25 million on programs supporting childhood healthy eating and active living. Programs have been delivered in early childhood education and care settings, primary and secondary schools and in community settings. The programs have been effective in directing effort to improving food and activity environments for children and building skills and knowledge for children and families, but have not effectively supported core family needs for food security and financial access to active living.

The quality of program planning across the ACT childhood healthy eating and active living programs has been variable. There has also been variability between programs in the degree to which they provide equity of access for disadvantaged and at-risk population groups.

Although ACT childhood healthy eating and active living programs have generally been well received by schools, educators and communities, it is not clear whether, or to what extent, they have contributed to increased healthy eating or active living, either for the ACT, or for disadvantaged and at-risk population groups.

The second three-year action plan of the *Healthy Canberra ACT Preventive Health Plan 2020-2025* provides an opportunity to re-focus programs to meet the needs of disadvantaged and at-risk population groups, who have the most to gain from increased healthy eating and active living.

Key findings

	Paragraph
The extent to which programs' planning documents supported effective program management and administration was variable. Programs administered by the ACT Health Directorate used the ACT Health Directorate's *Preventive and Population Health Project Plan/Proposal* template, which prompted a more comprehensive consideration of elements of program management. Programs administered by the Transport Canberra and City Services Directorate used different project plan templates and were less comprehensive. There are opportunities to improve the quality and consistency of program planning documents, including: • linking program activities to the priorities and strategic actions of the *Healthy Canberra ACT Preventive Health Plan 2020-2025*; • identifying population groups with the most to gain from program activities, including those identified in the *Healthy Canberra ACT Preventive Health Plan 2020-2025*, and describing activities to reach these groups and meet their needs; • providing mechanisms for regular reporting about program activities, outputs and outcomes to the cross-directorate governance and oversight bodies for the *Healthy Canberra ACT Preventive Health Plan 2020-2025*; • linking financial and staffing resources to specified program activities and outputs; • identifying performance measures that can be used to monitor program outputs and outcomes; and • identifying formal performance reporting mechanisms, including the *Healthy Canberra ACT Preventive Health Plan 2020-2025* Annual Activity Reports and Evaluation Reports.	3.43
Programs supporting healthy eating and active living in early childhood education and care settings can help establish health-promoting behaviours. The Kids at Play Active Play program provides professional learning modules and resources to early childhood educators, to support increased physical activity and development of fundamental movement skills in early childhood education and care, preschool and early primary school settings. Kids at Play Active Play has been delivered collaboratively by the ACT Health Directorate, Education Directorate and Community Service Directorate. The Kids at Play Active Play program has been monitored and evaluated through comprehensive participant surveys and has been well received by educators.	3.51
Schools provide opportunities for activities supporting childhood healthy eating and active living to reach large numbers of children in settings where they spend significant time. Schools have been the main setting in which ACT childhood healthy eating and active living programs have been delivered. Between 2013-14 and 2020-21, the ACT Health Directorate, in collaboration with the Education Directorate, delivered two long-term programs supporting healthy eating in primary and secondary schools. The Fresh Tastes program has supported healthy eating in	3.77

primary schools, and the It's Your Move program has supported both healthy eating and active living in high schools. There is evidence that both programs have been well received by schools, educators and communities and that program activities have been effective in supporting positive change in school eating and activity cultures and environments and in embedding healthy eating and active living into school educational programs. It is not clear whether the programs have contributed to sustained changes in childrens' eating behaviours. The implementation of these programs, and other school-based programs and activities, had been supported by an Education Directorate-based Education Health Promotion Manager and by the ACT Nutrition Support Service. These had been funded by the ACT Health Directorate up to December 2021; the Education Health Promotion Manager role no longer exists and the school-based aspects of the Nutrition Support Service are no longer supported.

A significant element of support for childhood active living in the ACT has been encouraging more children to travel actively to and from school. Between 2013-14 and 2020-21, the ACT heHealth Directorate and the Transport Canberra and City Services Directorate have supported active travel to school for primary-aged students through the Ride or Walk to School program and provided safe travel infrastructure through the Active Streets and School Crossing Supervisors programs. The Safe Cycle component of the It's Your Move program has supported active travel to school for high school students. Together, these programs have provided promotional and educational activities and resources, educator professional learning modules and improved active travel infrastructure around schools. There is evidence that the active travel programs have been well received by schools, educators and communities. Effective collaboration between individual schools and the Transport Canberra and City Services Directorate has supported individualised improvements to travel infrastructure. However, none of the active school travel programs have been recently or comprehensively evaluated and it is not clear if individual programs, or the complete portfolio of school active travel programs, have led to sustained changes in the number of children travelling actively to and from school. 3.112

Some children have more to gain from increased healthy eating and active living. This includes children living with socio-educational disadvantage. The Fresh Tastes, Ride or Walk to School, and Active Streets programs have been made available to all ACT schools enrolling primary-aged students and the It's Your Move program has been available to all ACT schools enrolling high school-aged students. Participation in these programs has been equitably distributed across schools where student cohorts have different levels of socio-educational advantage. Most of the ACT schools with the least socio-educationally advantaged student cohorts have participated in Fresh Tastes, Its' Your Move, Ride or Walk to School and Active Streets. 3.113

The School Crossing Supervisors program currently provides crossing supervisors for 25 crossings, serving 27 schools. The School Crossing Supervisors program has been delivered primarily as a road safety program. The selection criteria used to allocate crossing supervisors have prioritised mitigation of road safety risk over the potential health benefits of increased active travel and have not included consideration of the relative socio-educational advantage of student cohorts. There is no formal mechanism for review of eligible crossings or reallocation of School Crossing Supervisors. 3.114

Outside of early childhood education and care and school settings, there are opportunities to support childhood healthy eating and active living in community settings where children and families are likely to spend time, including in sports clubs and food outlets. Between 2013-14 and 2020-21, ACT Government agencies have supported childhood healthy eating and active living through programs delivered through sports clubs, local businesses and social messaging. These activities are currently delivered through the Healthier Choices Canberra program. Although Healthier Choices Canberra aims to support the whole ACT community, several program components focus on childhood settings, such as junior sports clubs. There is evidence that program activities have been well received by individual clubs and businesses, but little evidence of resulting sustained changes in eating or activity behaviour. 3.123

Childhood healthy eating and active living programs delivered by ACT Government agencies since 2013 have focused on improving childhood food and activity environments and building child and family skills and knowledge. There has been comparatively less effort directed to supporting core family needs for food security and financial access to active living. ACT Government agencies have played a limited role in delivery of food and financial relief, other than during the Covid-19 public health emergency. There is a risk that significant numbers of children in the ACT cannot access healthy eating and active living because of poverty and food insecurity. These children and their families are unlikely to benefit from childhood healthy eating and active living programs focused on building skills and knowledge. 3.139

Since 2013, the ACT Health Promotion Grants Program has been the primary mechanism through which non-government organisations have been funded to deliver childhood healthy eating and active living programs. The Nature Play Grants Program has also funded infrastructure and activities supporting active play and recreation. Assessment criteria for the ACT Health Promotion Grants Program and Nature Play Grants Program have not included reach to disadvantaged and at-risk population groups. Distribution of funding to activities targeting disadvantaged and at-risk population groups has varied between programs. Between 2013-14 and 2020-21, 34 per cent of Healthy Canberra Grants funding supported programs targeting identified disadvantaged and at-risk population groups. Approximately 23 per cent of Health Promotion Innovation Fund funding between 2013-14 and 2018-19 was provided for activities with likely reach to disadvantaged and at-risk population groups and approximately 8 per cent of play equipment and spaces funded through the Nature Play Grants Program are likely to be accessible to disadvantaged and at-risk population groups. 3.158

The Kindergarten Health Check is the only ACT population health survey that collects information about individual children for the purpose of connecting children and families to healthcare services. The Kindergarten Health Check is available to all children enrolled in their first year of full-time school in the ACT. It represents a significant investment in population health survey and preventive health, reaching up to 6,000 children annually and providing valuable longitudinal data, including about childhood healthy eating and active living. There is significant potential for the Kindergarten Health Check to contribute to early intervention by detecting problems early and connecting families to appropriate healthcare services. The components of 3.185

the Kindergarten Health Check that measure healthy eating, active living and body size have not been evaluated for effectiveness, despite mixed evidence for the effectiveness and impact of similar programs in other jurisdictions. It is not known whether this component of the Kindergarten Health Check is effective in providing information to families and general practitioners about childhood health, or in connecting families to specialist healthcare services.

The ACT Health Directorate collects and reports population-level data about childhood healthy eating and active living and childhood body size through the Kindergarten Health Check, through two other school-based surveys, conducted in Years 6 and 7, and through the ACT General Health Survey. These data allow changes and trends in childhood healthy eating and active living in the ACT to be tracked over time. 3.190

Childhood healthy eating and active living programs

Overview of programs

3.3 Table 3-1 provides an overview of programs supporting childhood healthy eating and active living in the ACT between 2013-14 and 2020-21.

Table 3-1 Programs supporting childhood healthy eating and active living in the ACT (2013-14 to 2020-21)

	Agency and organisational unit		Programs and activities
Healthy eating and active living programs administered by ACT Government agencies	ACT Health Directorate	Health Promotion	Good Habits for Life (ceased 2017-18) **Healthier Choices Canberra** (active)
	ACT Health Directorate and Education Directorate	Health Promotion Wellbeing and Inclusion Policy and Service Design	**Kids at Play Active Play** (active) **Fresh Tastes** (active) **It's Your Move** (active)
	Transport Canberra and City Services Directorate	School Safety Program and Infrastructure Delivery	**Ride or Walk to School** (active, delivered by ACT Health Directorate until 2020) **It's Your Move: Safe Cycle** (active, delivered by ACT Health Directorate until 2020) **Active Streets for Schools** (active) **School Crossing Supervisors** (active)
	Chief Minister, Treasury and Economic Development Directorate	Sport and Recreation, Community Participation	Healthy Food @ Sport (ceased 2014-15) Active Kids Challenge (ceased 2016-17) PE Pulse Network (ceased 2018-19) **Nature Play CBR** (active) **Nature Play Grants Program** (active)
Preventive health grants programs	ACT Health Directorate	Preventive and Population Health Policy	Health Promotion Innovation Fund (ceased 2018-19) **Healthy Canberra Grants** (active)

Source: ACT Health Directorate, Education Directorate, Transport Canberra and City Services Directorate and Chief Minister, Treasury and Economic Development Directorate.

3.4 This chapter considers the childhood healthy eating and active living programs that were active in 2021. These programs contribute to the first three tiers of the hierarchy of needs as shown in Figure 1-1:

- core family needs;
- environment and lifestyle; and
- skills and knowledge.

3.5 Specialist healthcare services supporting the top tier of the hierarchy of needs are considered in Chapter 4.

3.6 This chapter firstly presents information for program expenditure and aspects of program management and administration and then presents childhood healthy eating and active living programs delivered by ACT Government agencies grouped by the setting in which they are delivered:

- early childhood education and care settings;
- primary and secondary school settings; and
- community settings.

3.7 This chapter also considers some aspects of childhood healthy eating and active living programs delivered by non-government organisations through preventive health grants programs, and population health surveys administered by the ACT Health Directorate that measure childhood healthy eating, active living and body size.

3.8 Two programs that primarily deliver improved travel infrastructure around schools are included in this chapter. While these are not primarily preventive health programs, infrastructure works are key enablers of active living if they make it safer and easier for children to travel actively to and from school. There is evidence from other jurisdictions that increased safety and usability of walking and cycling routes is associated with increased active travel.[8]

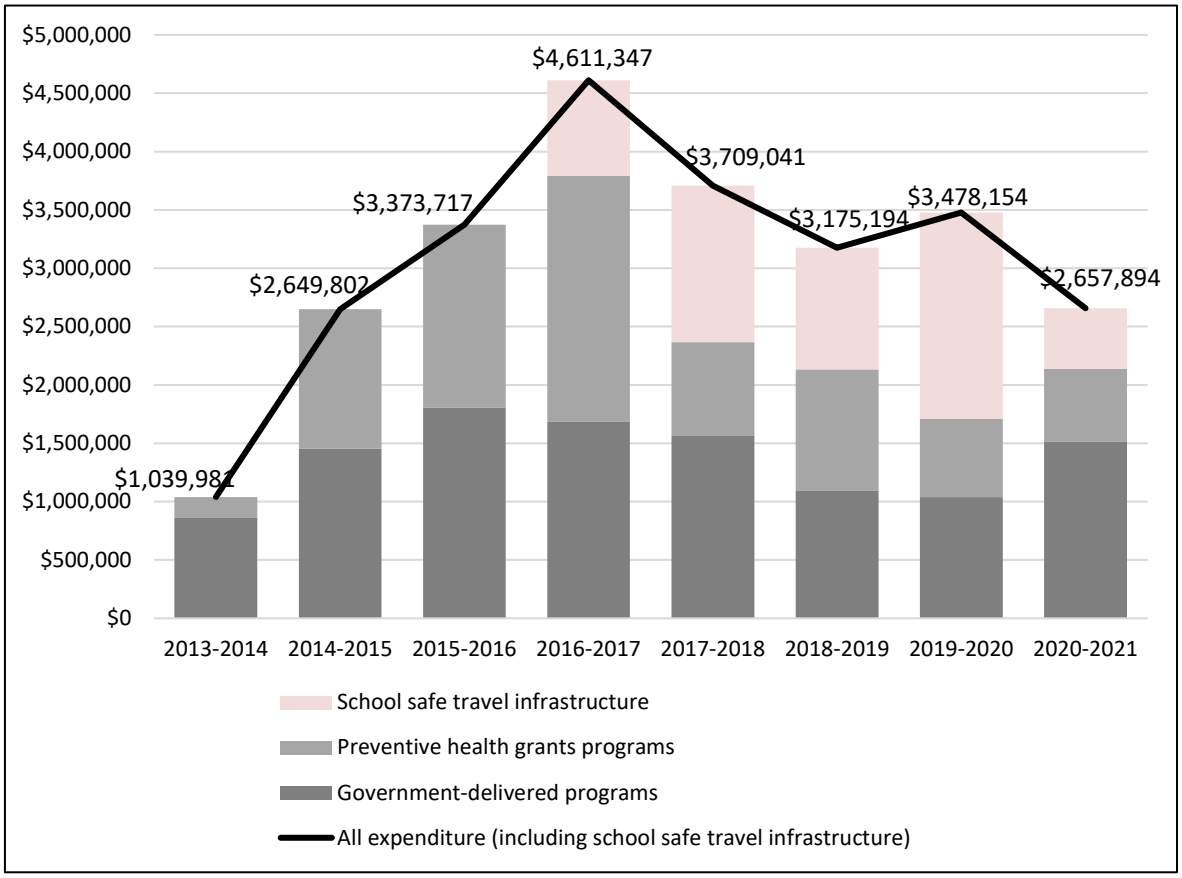
Program expenditure

3.9 Figure 3-1 provides an overview of expenditure on programs supporting childhood healthy eating and active living between 2013-14 and 2020-21. Figure 3-1 shows direct expenditure on the programs and their activities (including grants), but does not show indirect expenditure, such as recurrent expenditure on staffing and administration. Agencies identified that some data may be incomplete or not directly comparable between financial year due to changes to financial systems.

[8] McGill, B., Sweeting, J., Surkalim, D.L., Phongsavan, P., Thomas M., Bellew, B. (2020). *New developments in the prevention of obesity among children and young people aged 0-18 years: Rapid evidence review update*. Prepared for the NSW Ministry of Health: Sydney by the Physical Activity Nutrition Obesity Research Group, The University of Sydney, November 2020.

National Institute for Health and Care Research (2022). *How can local authorities reduce obesity? Insights from NIHR research*. doi: 10.3310/nihrevidence_50720.

Figure 3-1 Expenditure on ACT programs supporting childhood healthy eating and active living (2013-14 to 2020-21)



Source: Audit Office analysis of information provided by ACT Health Directorate, Transport Canberra and City Services Directorate, and Chief Minister, Treasury and Economic Development Directorate.

3.10 Between 2013-14 and 2020-21, ACT Government agencies have spent approximately:

- $19.2 million on programs supporting childhood healthy eating and active living; and
- $5.5 million on school safe travel infrastructure.

3.11 Total expenditure on healthy eating and active living programs (including school safe travel infrastructure) has decreased from a high of $4,611,347 in 2016-17 to $2,657,894 in 2020-21 (a decline of 42.4 per cent).

3.12 Expenditure on ACT Government agency-delivered programs for childhood healthy eating and active living:

- has increased slightly from $861,273 in 2013-14 to $1,078,814 in 2020-21; and
- reached its highest in 2015-16, when $1,785,410 was spent.

3.13 Expenditure on preventive health grant programs:

- has increased slightly from $178,708 in 2013-14 to $624,796 in 2020-21; and
- reached its highest in 2015-16, when $2,111,225 was spent.

3.14 Expenditure on school safe travel infrastructure has averaged $1,097,800 between 2016-17 (when the programs were first commenced) and 2020-21.

Program management and administration

3.15 The Audit Office reviewed the extent to which programs' planning documents supported effective program management and administration. The Audit Office reviewed project plans, communication plans and evaluation plans, for six programs supporting childhood healthy eating and active living that were active in 2021. The documents reviewed covered either the 2021 calendar year or the 2020-21 financial year.

3.16 The program planning documents were reviewed for evidence that program management features outlined in Table 3-2 were considered and addressed.

Table 3-2 Assessed elements of program planning documents

		Mature (M)	Partial (P)	Not present (NP)
Strategic alignment		All relevant ACT Government strategy, policy and activities are identified	Some relevant ACT Government strategy, policy and activities are identified	Relevant ACT Government strategy, policy are not identified
Governance		Governance bodies and oversight mechanisms are described	Governance bodies or oversight mechanisms are described	Governance bodies and mechanisms are not described
Risk management		Risks and controls are identified and rated	Risks are identified and controlled but not rated	Risks are not identified
Relationships management		Stakeholders and communication activities are identified	Stakeholders or communication activities are identified	Stakeholders and communication activities are not identified
Program logics	**Objectives**	Clear objectives or goals are described	Objectives or goals are described but are not clear	Objectives or goals are not described
	Activities and outputs	Specific, time- and scope-bound activities and outputs are described	Activities and outputs are described but are not specific, time or scope-bound	Activities and outputs are not described
	Resourcing linked to activities	Financial and staffing resources are identified and allocated to activities	Financial and staffing resources are identified but not allocated to activities	Financial and staffing resources are not identified
	Outcomes	Specific, measurable outcomes arising from activities and outputs are described	Outcomes are described but are not specific, measurable or linked to activities	Outcomes are not described
	Monitoring and reporting	Performance measures and monitoring/reporting mechanisms are described	Performance measures or monitoring/reporting mechanisms are described	Performance measures, monitoring or reporting mechanisms are not described
	Evaluation	Program logics and aligned evaluation plan are present	Evaluation plan is present but not aligned to program logics or not specific	Program logics and/or evaluation plan are not present
Priority groups		Groups with the most to gain are identified, specific activities to support their participation and meet their needs are described	Groups with the most to gain are identified but specific activities are not described	Groups with the most to gain are not identified and specific activities are not described

Source: Audit Office analysis.

3.17 Table 3-3 shows the results of the Audit Office's review of the extent to which programs' planning documents supported effective program management and administration. The program management features, as evident in the program planning documents, were assessed as:

- M - Mature;
- P - Partially evident; or
- NP - Not Present.

Table 3-3 Assessment of program planning documents

		Healthier Choices Canberra	Fresh Tastes	It's Your Move	Kids at Play Active Play	Ride or Walk to School	Active Streets
Strategic alignment		M	M	M	M	NP	NP
Governance		P	P	P	P	NP	P
Risk management		P	M	P	M	NP	M
Relationship management		M	M	M	M	P	P
Program logics	**Objectives**	M	M	M	M	M	P
	Activities and outputs	M	M	M	M	M	P
	Resourcing	M	M	NP	M	M	P
	Outcomes	M	M	M	M	P	P
	Monitoring and reporting	P	P	P	P	P	NP
	Evaluation	M	M	P	M	NP	NP
Priority groups		NP	NP	NP	M	NP	NP

Source: Audit Office analysis.

Strategic alignment and governance

3.18 Project plans for the Healthier Choices Canberra, Fresh Tastes, It's Your Move, and Kids at Play Active Play programs noted alignment to the *Healthy Canberra ACT Preventive Health Plan 2020-2025* (*ACT Preventive Health Plan*). Project plans for the It's Your Move and Kids at Play Active Play programs also identified the priorities and strategic actions of the *ACT Preventive Health Plan* that are addressed by the programs.

3.19 Project plans for the Active Streets and Ride or Walk to School programs did not mention the *ACT Preventive Health Plan.*

3.20 Project plans for the Healthier Choices Canberra, Fresh Tastes, It's Your Move and Kids at Play Active Play programs identified Ministers and Executive Managers who would receive briefings on program progress, as part of the list of stakeholders and partners. The Active Streets project plan provided a governance structure for the program within the Transport Canberra and City Services Directorate. The Ride or Walk to School project plan did not include stakeholders or governance mechanisms.

Risk management

3.21 Project plans for the Healthier Choices Canberra, Fresh Tastes, It's Your Move, Kids at Play Active Play and Active Streets programs included a section addressing risk. Risks, potential impacts and controls were described. The Fresh Tastes, Kids at Play Active Play and Active Streets and Healthier Choices Canberra – Junior Sport project plans provided ratings for each risk and for the adequacy of controls. The Ride or Walk to School project plan did not include a section addressing risk.

Relationship management

3.22 Project plans for the Healthier Choices Canberra, Fresh Tastes, It's Your Move and Kids at Play Active Play programs identified program stakeholders and described the communication modes and/or communication activities that would be used with each stakeholder. The Active Streets project plan identified stakeholders but did not describe communication activities. The Ride or Walk to School program used a separate communications plan to identify key audiences and program participants and describe communication activities designed to reach these.

Program logics, monitoring, reporting and evaluation

3.23 Program logics is a term used to describe a model that sets out the resources and activities that comprise a program and the changes that are expected to result from them. Comprehensive program logics describe the outputs and outcomes that are expected to arise from the activities undertaken in a program. Performance measures allow outputs and outcomes to be monitored and measured, to quantify the changes arising from program activities. Clear descriptions of financial, staffing and other operational resources required for each activity allow outputs and outcomes to be related to the quantity and quality of inputs. Together, these features of program management allow robust evaluation of program impacts.[9]

[9] Australian Institute of Family Studies, *Resources for Better Practice Program Management*, aifs.gov.au/resources/practice-guides.

Objectives, activities and outputs

3.24 All the project plans reviewed stated at least one objective (or goal) for the program. Project plans for the Healthier Choices Canberra, Fresh Tastes, It's Your Move and Kids at Play Active Play and Ride or Walk to School programs described multiple objectives and the activities to be undertaken to achieve each one.

3.25 Examples of clear and specific objectives include:

> Provide 100 ACT primary schools with the opportunity to participate in Fresh Tastes by December 2020 (Project Plan: Fresh Tastes: healthy food at school, January 2014 to June 2021).
>
> Increase the number of businesses participating in Healthier Choices Canberra (including Refill Canberra) to at least 150 by June 2021 (Project Plan: Healthier Choices Canberra - Food Environment - Business, September 2018 to June 2023).

3.26 Examples of less clear and specific objectives include:

> Support Ride or Walk to School participating schools to promote and implement active travel in their school community (Project Plan: Ride or Walk to School).
>
> … improve active travel infrastructure at a selection of schools across the ACT, which will encourage more students to walk and ride to school (Project Plan: Active Streets for Schools 2018-22).

3.27 The descriptions of activities to be undertaken or outputs to be achieved to meet program objectives ranged from high-level statements of intent to detailed descriptions of activities, including timelines and targets.

Linking of resourcing to activities and outputs

3.28 Project plans for the Healthier Choices Canberra, Fresh Tastes, It's Your Move, Active Streets and Ride or Walk to School program included budgets. The Healthier Choices Canberra, Fresh Tastes and Ride or Walk to School project plans related either budget or staffing to program activities.

Outcomes

3.29 Outcomes are the changes or benefits that are expected to result from program activities. Programs supporting childhood healthy eating are usually seeking healthy changes to childrens' eating behaviours as an outcome. Programs supporting childhood active living are usually seeking for children to spend more time being physically active and less time being sedentary.

3.30 Although durability and longevity of behaviour change can be difficult to measure at a population level, childhood healthy eating and active living programs delivered through identified services or schools do offer opportunities to quantify behaviour change for selected groups, such as the cohort of students attending a school or the cohort of educators participating in a professional learning module.

3.31 While the planning documents reviewed do identify objectives and the activities or outputs required to meet these objectives, there is comparatively limited identification of the specific, measurable outcomes sought from program activities.

Monitoring, reporting and evaluation

3.32 None of the project plans reviewed included a comprehensive or complete set of performance measures that clearly delineated program outputs and outcomes, specified the performance data to be collected, the timing of data collection and targets to be achieved.

3.33 The Healthier Choices Canberra, Fresh Tastes, It's Your Move and Kids at Play Active Play programs have been subject to comprehensive evaluation and prior evaluation activities and findings are referenced in the project plans. The Healthier Choices Canberra project plan describes evaluation activities in progress and the Fresh Tastes project has a separate evaluation plan.

3.34 The Active Streets and Ride or Walk to School programs have not been evaluated recently and planning documents for these programs do not describe any planned evaluation activities.

3.35 None of the project plans reviewed included an intent to report program activities as part of *ACT Preventive Health Plan* annual activity reports or evaluation reports. In its response to the final proposed report, the ACT Health Directorate noted that while project plans for programs administered by the ACT Health Directorate did not include an intent to report program activities as part of the *ACT Preventive Health Plan*, all programs do report through the annual activity reporting process.

Priority groups

3.36 The *ACT Preventive Health Plan* identifies population groups who have different health needs and priorities and describes an intent to work in partnership with these groups to tailor responses to meet their needs. The specific groups identified are:

- Aboriginal and Torres Strait Islander people;
- people with a physical or intellectual disability;
- people with a mental illness;
- people experiencing homelessness;
- people living with domestic and family violence;
- people who are lesbian, gay, bisexual, trans and gender diverse, intersex and/or questioning; and
- people from culturally and linguistically diverse communities.

3.37 Of the six programs for which planning documents were reviewed, only the Kids at Play Active Play program identified disadvantaged and at-risk population groups and mechanisms to ensure program reach to these groups. The *Kids at Play Active Play Project Plan* for January 2021 to June 2022 identifies specific settings and educators with the highest reach to socio-economically disadvantaged and developmentally vulnerable children. Planned program activities are designed to remove barriers and facilitate and support engagement with target services and educators.

3.38 The *Fresh Tastes: healthy food at school Project Plan January 2014 to June 2021* included a priority to:

> … support to build the capacity of families from low SES and multicultural backgrounds to bring healthy lunches to school.

3.39 None of the program planning documents reviewed for Healthier Choices Canberra, It's Your Move, Active Streets and Ride or Walk to School programs mentioned the population groups with different health needs and priorities identified in the *Healthy Canberra ACT Preventive Health Plan 2020-2025*, or described activities designed to reach or provide equity of access for these population groups.

3.40 None of the program planning documents mentioned Aboriginal and Torres Strait Islander people or the *ACT Aboriginal and Torres Strait Islander Agreement 2019-2028*.

Quality of project plan templates

3.41 Programs administered by the ACT Health Directorate (Healthier Choices Canberra, Fresh Tastes, It's Your Move and Kids at Play Active Play) used the ACT Health Directorate's *Preventive and Population Health Project Plan/Proposal* template. This template prompts the user to create a comprehensive project plan that documents background and contextual information for the program, and includes consideration of:

- alignment with strategy, policy and divisional business plans;
- goals, objectives and strategies;
- program review and evaluation;
- risk;
- timeline;
- stakeholders/partnerships; and
- budget and staffing.

3.42 Programs administered by the Transport Canberra and City Services Directorate (Active Streets and Ride or Walk to School) used different project plan templates and were less comprehensive. Elements missing from planning documents for these programs included:

- alignment with ACT Government preventive health strategy;
- clear objectives, outputs and outcomes;

- plans for program review and evaluation; and
- plans for communication with stakeholders.

3.43 The extent to which programs' planning documents supported effective program management and administration was variable. Programs administered by the ACT Health Directorate used the ACT Health Directorate's *Preventive and Population Health Project Plan/Proposal* template, which prompted a more comprehensive consideration of elements of program management. Programs administered by the Transport Canberra and City Services Directorate used different project plan templates and were less comprehensive. There are opportunities to improve the quality and consistency of program planning documents, including:

- linking program activities to the priorities and strategic actions of the *Healthy Canberra ACT Preventive Health Plan 2020-2025*;
- identifying population groups with the most to gain from program activities, including those identified in the *Healthy Canberra ACT Preventive Health Plan 2020-2025*, and describing activities to reach these groups and meet their needs;
- providing mechanisms for regular reporting about program activities, outputs and outcomes to the cross-directorate governance and oversight bodies for the *Healthy Canberra ACT Preventive Health Plan 2020-2025*;
- linking financial and staffing resources to specified program activities and outputs;
- identifying performance measures that can be used to monitor program outputs and outcomes; and
- identifying formal performance reporting mechanisms, including the *Healthy Canberra ACT Preventive Health Plan 2020-2025* Annual Activity Reports and Evaluation Reports.

Early childhood education and care settings

3.44 Programs supporting healthy eating and active living that are delivered in early childhood education and care settings can increase health-promoting behaviours. A review of evidence by the University of Sydney's Physical Activity Nutrition Obesity Research Group found that including eating and activity components in educational programming, ensuring consistent educational material across settings and using interventions that target both individual and environmental determinants of healthy eating and active living can have measurable positive health impacts.[10]

[10] McGill, B., Sweeting, J., Surkalim, D.L., Phongsavan, P., Thomas M., Bellew, B. (2020). *New developments in the prevention of obesity among children and young people aged 0-18 years: Rapid evidence review update*. Prepared for the NSW Ministry of Health: Sydney by the Physical Activity Nutrition Obesity Research Group, The University of Sydney, November 2020.

3.45 Since 2013-14, the Kids at Play Active Play program has been the key program that has targeted active living in early childhood education and care settings.

3.46 ACT Government agencies have not delivered any long-term programs targeting healthy eating in early childhood education and care settings. However, Nutrition Australia ACT has been provided $147,900 through the Healthy Canberra Grants scheme to provide the Nourishing Little Minds in Early Childhood Settings program from 2020-21 to 2022-23. The Nourishing Little Minds program provides resources and professional learning for educators of children aged two to five years-old, to help them build healthy eating into educational programming.

Kids at Play Active Play

Program intent and administration

3.47 The Kids at Play Active Play program provides professional learning modules and resources to early childhood educators, to support increased physical activity and development of fundamental movement skills in early childhood education and care, preschool and early primary school settings. Kids at Play Active Play has been delivered collaboratively by the ACT Health Directorate, Education Directorate and Community Services Directorate. Between 2013-14 and 2020-21, $456,972 was spent on the program.

3.48 The Kids at Play Active Play professional learning program is aligned to the *Early Years Learning Framework*, *National Quality Standard* and *Australian Curriculum*. Program administration has been supported by comprehensive project plans and program offerings have been adapted to match changing resourcing and in response to participant feedback.

Program impact

3.49 Kids at Play Active Play has been monitored and evaluated through surveys of participants, monitoring of attendance and completion numbers and through a comprehensive internal implementation report.

3.50 Participant survey data shows that, between 2014 and 2021, over 1,000 educators completed Kids at Play Active Play professional learning modules. Participant survey data for 2019 to 2022 showed that most participants rated the online modules as ‘good’ or ‘very good’, and most felt ‘confident’ or ‘very confident’ in applying their learning. Ninety-eight per cent of participants intended to use the knowledge and resources from the module in their educational setting and 98 per cent would recommend the module to colleagues.

3.51 Programs supporting healthy eating and active living in early childhood education and care settings can help establish health-promoting behaviours. The Kids at Play Active Play program provides professional learning modules and resources to early childhood educators, to support increased physical activity and development of fundamental movement skills in early childhood education and care, preschool and early primary school

settings. Kids at Play Active Play has been delivered collaboratively by the ACT Health Directorate, Education Directorate and Community Service Directorate. The Kids at Play Active Play program has been monitored and evaluated through comprehensive participant surveys and has been well received by educators.

Primary and secondary school settings

3.52 Programs supporting healthy eating and active living delivered in primary and secondary school settings can increase health-promoting behaviours. In its review of research evidence, the University of Sydney's Physical Activity Nutrition Obesity Research Group found that evidence of effectiveness is strongest for interventions that target both individual and environmental determinants of healthy eating and active living. [11] Interventions for healthy eating include increasing the availability of healthy food and drink and restricting the availability of less-healthy options in the school setting, while also involving the home environment, school food environment policies and the students themselves. Interventions for active living include increasing organised physical activity and improving the environment and infrastructure for physical activity.

3.53 There is also evidence that increased healthy eating and active living are associated with improved educational engagement and outcomes. A review of research evidence by the University of Sydney's Physical Activity Nutrition Obesity Research Group found evidence for impacts on physical and mental health and wellbeing, school engagement, behaviours and learning outcomes.[12]

3.54 The *ACT Public School Healthy Food and Drink Policy* sets out the Education Directorate's approach to provision and sale of foods and drinks in ACT government schools. The Catholic Education Archdiocese of Canberra and Goulbourn *Food and Drink Policy (ACT)* sets out the preferred approach for Catholic schools. Some Catholic and Independent schools also have their own school-specific policies. The Education Directorate's *Physical Activities Policy* provides guidance for the conduct of physical activity in government schools in relation to risk management and duty of care arrangements.

3.55 Representatives of ACT Government agencies, stakeholders and peak bodies told the Audit Office that sustained and effective participation in school-based programs requires a school culture that supports incorporation of healthy eating and active living into the school's core program and the available time, enthusiasm and capability of educators. Access to additional aligned and supporting activities or infrastructure, such as gardens, canteens or

[11] McGill, B., Sweeting, J., Surkalim, D.L., Phongsavan, P., Thomas M., Bellew, B. (2020). *New developments in the prevention of obesity among children and young people aged 0-18 years: Rapid evidence review update*. Prepared for the NSW Ministry of Health: Sydney by the Physical Activity Nutrition Obesity Research Group, The University of Sydney, November 2020.

[12] McGill, B., Cranny, L., Nguyen, B., Thomas, M. (2021). *Effective healthy eating and active living interventions in secondary schools: A Rapid Evidence Review*. Prepared for the NSW Ministry of Health: Sydney by the Physical Activity Nutrition Obesity Research Group, The University of Sydney, August 2021.

play areas can also rely on school communities having capacity to prepare successful grant applications, implement activities and meet acquittal and reporting obligations.

3.56 Childhood healthy eating and active living programs in ACT primary and secondary school settings in 2021 were:

- Fresh Tastes;
- It's Your Move;
- Ride or Walk to School;
- Active Streets; and
- School Crossing Supervisors.

Fresh Tastes

Program intent and administration

3.57 The Fresh Tastes Healthy Food at School (Fresh Tastes) program aims to improve the food and drink environment and culture in primary schools, so that children and families have more information about, and more access to, healthy food and drink. Fresh Tastes is administered by the ACT Health Directorate, in collaboration with the Education Directorate. Between 2013-14 and 2020-21, $1,511,880 was spent on the program.

3.58 Fresh Tastes supports schools to develop school-specific action plans, which are to be focused on a selection of six core action areas:

- classroom learning;
- growing food;
- cooking food;
- food from home (lunchboxes);
- canteens and other food for sale; and
- healthy food and drink guidelines or policies.

3.59 Support is provided to schools through financial grants, professional learning for educators, curriculum resources, discounted services from local businesses and support for canteens to meet the *National Healthy School Canteen Guidelines.* School participation is facilitated by an in-school coordinator and working group and a member of the Fresh Tastes project team.

3.60 In response to information gathered through consultation with community organisations about barriers to healthy eating for disadvantaged and at-risk population groups, the ACT Health Directorate has begun exploring ways to adapt elements of Fresh Tastes to community settings. Programs are being developed and piloted to adapt existing Fresh Tastes educational material (for example about healthy lunchboxes) for culturally and

linguistically diverse families and to deliver this material through existing community programs and services.

3.61 The implementation of the Fresh Tastes program, and other preventive health activities collaboratively delivered by the ACT Health Directorate and Education Directorate, has been supported by:

- a long-term Education Health Promotion Manager role, funded by the ACT Health Directorate, and based in the Education Directorate (ceased in December 2021);
- a temporary health promotion role, funded by the ACT Health Directorate and based in the Catholic Education Office (ceased in December 2015); and
- governance and oversight through the Health Education Cross Directorate Governance Committee.

3.62 The Fresh Tastes program has been implemented through comprehensive project plans that have been updated and expanded through the program lifespan, and have remained relevant and aligned to preventive health strategies. Monitoring and evaluation have been built into the Fresh Tastes program lifecycle, with an initial program logic and evaluation plan documented in 2013 and 2014, when the program commenced.

3.63 Objectives, activities, outputs and outcomes have been incrementally reviewed over the life of the program through updated project and evaluation plans. An evaluation report prepared in 2020 used information for the first 39 schools to complete the program to make findings about what had worked, as well as recommendations for continuous improvement. A second evaluation report is being progressed. Educator professional learning modules are subject to Teacher Quality Institute accreditation and are evaluated via participant feedback.

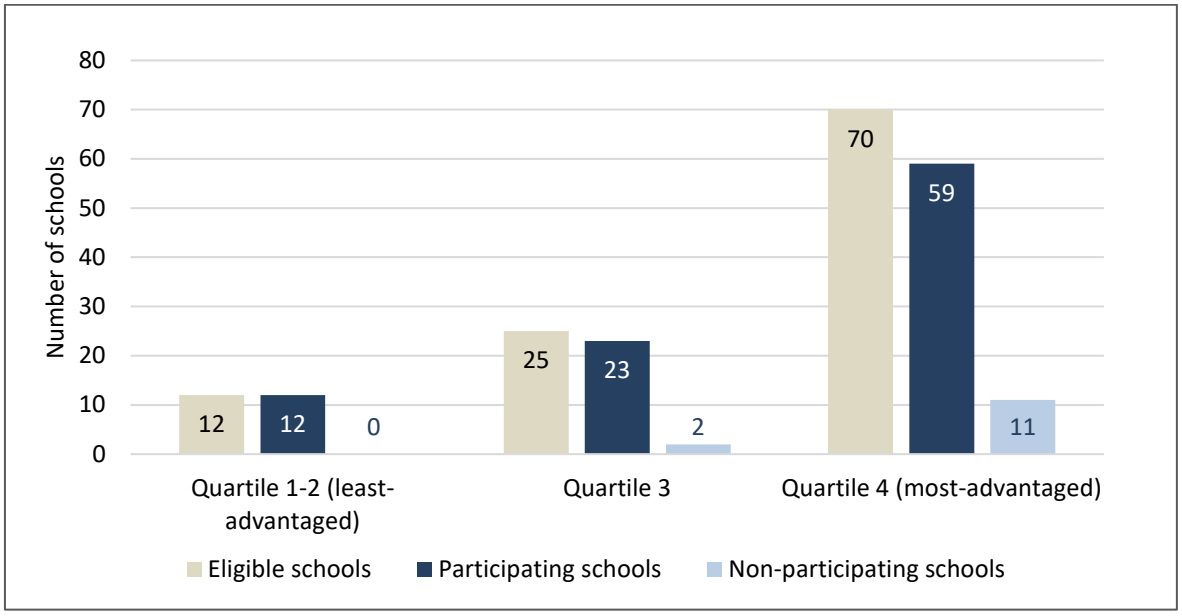
Program impact

3.64 The *Fresh Tastes Interim Project Monitoring Report*, prepared for the ACT Health Directorate by an external agency in 2020, used survey data to examine the effectiveness of program implementation and found evidence that Fresh Tastes was well received by schools and educators and was effective in supporting changes to food and drink culture and services in schools. A second evaluation report being progressed in 2022 has identified both strengths and limitations of the Fresh Tastes program. Aggregated survey data for all participants provides evidence that the Fresh Tastes model can support improvements to school food and drink cultures. However, barriers to program implementation identified in the evaluation, such as lack of educator and community capacity and capability, suggest there is a risk that the relative socio-economic advantage of different student cohorts and schools could impact program delivery and sustainability at the individual school level. Survey data has not been disaggregated by levels of socio-economic advantage or by school sector. Data about whether childrens' eating behaviours have changed after the Fresh Tastes program was implemented at their school are not available.

3.65 The Fresh Tastes program commenced in 2014 with eight schools participating in a pilot. Other schools joined through repeated intakes, reaching a total of 97 participating schools in 2021 (23 per cent with active 3-year action plans and 77 per cent in the maintenance phase after implementing their initial action plans).

3.66 Figure 3-2 shows primary schools' participation in the Fresh Tastes program with reference to the Index of Community Socio-Educational Advantage (ICSEA).

Figure 3-2 School participation in the Fresh Tastes program, by school Index of Community Socio-Educational Advantage



Source: Audit Office analysis of data provided by the ACT Health Directorate.

3.67 A review of school participation in the Fresh Tastes program shows participation was widely distributed across schools with different levels of socio-educational advantage:

- all 12 eligible schools with ICSEA scores below the 50th percentile in 2020 (the least socio-educationally advantaged student cohorts in the ACT) participated in the program; and
- the majority of schools with ICSEA scores above the 50th percentile in 2020 participated in the program.

3.68 Appendix B describes the data and method used for this analysis.

It's Your Move

Program intent and administration

3.69 The It's Your Move program aims to support healthy eating and active living for high school students through student-led activities. Intended program outcomes include increased healthy eating and active living and student exposure to project design and project management. Most components of It's Your Move are administered by the ACT Health

Directorate, in collaboration with the Education Directorate. Delivery of the It's Your Move: Safe Cycle component was transferred from the ACT Health Directorate to the Transport Canberra and City Services Directorate in 2019. Between 2013-14 and 2020-21, $1,319,542 was spent on the It's Your Move program.

3.70 It's Your Move commenced in 2012 as a small research project in three high schools. The program was modified and expanded to nine schools in 2015 and then made available to all ACT high schools from 2017.

3.71 It's Your Move offers several different educational units, each of which has a matching professional learning module for educators. Between 2017 and 2019, the original offerings were adapted and new components introduced. The core components of the program are currently:

- **Entrepreneurs: It's Your Move**. A Year 9 and 10 elective unit with a business development and entrepreneurship approach. The aim of the unit is for students to design and implement initiatives suitable for their school context. Seed funding is available to support implementation.
- **Create-a-Café**. Café style furniture, curriculum and education resources supporting interventions to improve school food environments.
- **Girls: It's Your Move**. Student-led interventions supporting young women to be physically active.
- **It's Your Move: Safe Cycle**. Educator and student learning resources and access to bikes to support more students to cycle safely to school. The Safe Cycle component was transferred to the Transport Canberra and City Services Directorate in 2019, and currently has 14 high schools participating.

3.72 In 2021 and 2022, a new It's Your Move program component was trialled. **It's Your Move: Outdoor Environment** is supporting improvements to outdoor spaces at one high school, to encourage more physical activity during the school day.

Program impact

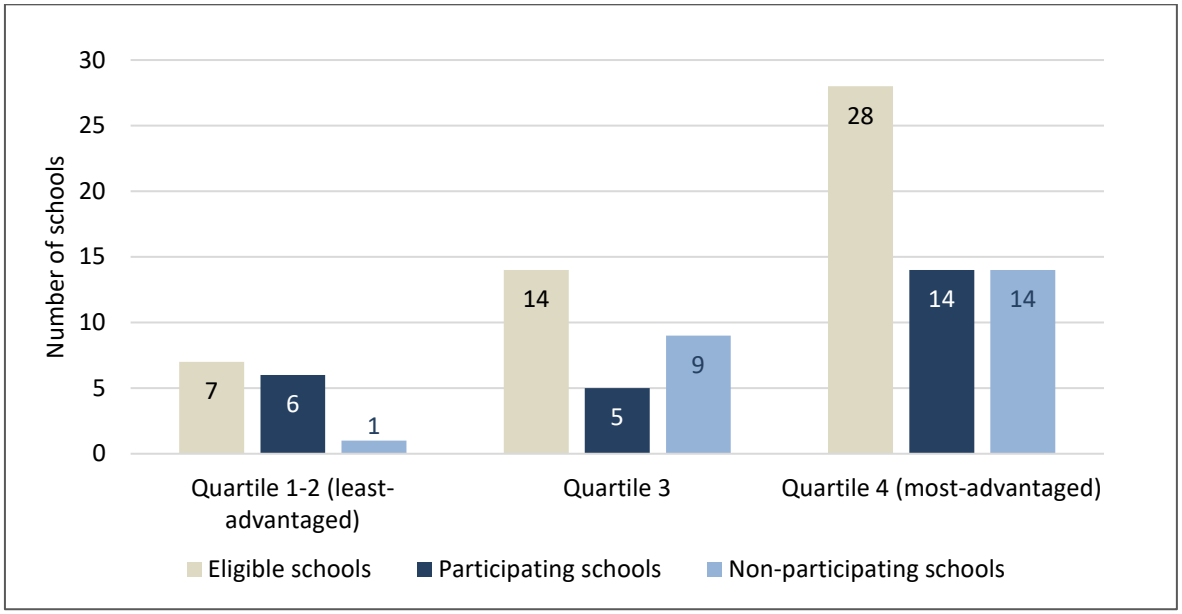
3.73 It's Your Move program activities have been evaluated at several points. Deakin University, which was involved in the design of the initial program, conducted a comprehensive evaluation of the initial pilot in 2015. Education Changemakers, which was engaged to deliver their IDEAlab program to nine schools in 2015, provided a concluding evaluation report. An evaluation report in 2020 examined all program activities between 2017 and 2019. A draft evaluation of the It's Your Move: Outdoor Environment program component was completed in 2022. Educator professional learning modules are subject to Teacher Quality Institute accreditation and are evaluated via participant feedback. Another comprehensive evaluation is not yet planned for the program.

3.74 The *It's Your Move 2017-2019 Evaluation Report*, prepared for the ACT Health Directorate by an external agency in 2020, used a range of data to examine the effectiveness of program

implementation and found evidence that It's Your Move was well received by students and educators and was showing potential to support health-promoting behaviours.

3.75 Figure 3-3 shows high schools' participation in the It's Your Move program with reference to the Index of Community Socio-Educational Advantage (ICSEA).

Figure 3-3 Participation in the It's Your Move program, by school Index of Community Socio-Educational Advantage



Source: Audit Office analysis of data provided by the ACT Health Directorate.

3.76 A review of school participation in the It's Your Move program shows participation was reasonably distributed across schools with different levels of socio-educational advantage:

- six of the seven eligible schools with ICSEA scores below the 50th percentile in 2020 (the least socio-educationally advantaged student cohorts in the ACT) participated in the program; and
- 19 of the 42 eligible schools with ICSEA scores above the 50th percentile in 2020 participated in the program.

3.77 Schools provide opportunities for activities supporting childhood healthy eating and active living to reach large numbers of children in settings where they spend significant time. Schools have been the main setting in which ACT childhood healthy eating and active living programs have been delivered. Between 2013-14 and 2020-21, the ACT Health Directorate, in collaboration with the Education Directorate, delivered two long-term programs supporting healthy eating in primary and secondary schools. The Fresh Tastes program has supported healthy eating in primary schools, and the It's Your Move program has supported both healthy eating and active living in high schools. There is evidence that both programs have been well received by schools, educators and communities and that program activities have been effective in supporting positive change in school eating and activity cultures and environments and in embedding healthy eating and active living into school educational

programs. It is not clear whether the programs have contributed to sustained changes in childrens' eating behaviours. The implementation of these programs, and other school-based programs and activities, had been supported by an Education Directorate-based Education Health Promotion Manager and by the ACT Nutrition Support Service. These had been funded by the ACT Health Directorate up to December 2021; the Education Health Promotion Manager role no longer exists and the school-based aspects of the Nutrition Support Service are no longer supported.

Ride or Walk to School

Program intent and administration

3.78 In their review of research evidence, the University of Sydney's Physical Activity Nutrition Obesity Research Group found mixed evidence for the effectiveness of programs supporting children to travel actively to school, and a lack of good quality measurement of program outcomes.[13] The group did, however, identify a number of recent studies showing that features of the built environment are associated with increased physical activity, including the safety and usability of walking and cycling routes. The National Institute for Health and Care Research has also found evidence that increasing the safety and accessibility of walking and cycling routes is associated with increased active travel.[14] These data suggest that there is potential to increase childhood active living by making it easier and safer for children to travel actively to school.

3.79 The Transport Canberra and City Services Directorate's School Safety Program supports safe active travel to school by developing school traffic management plans, coordinating infrastructure improvements around schools and delivering the school active travel programs:

- Ride or Walk to School;
- It's Your Move: Safe Cycle;
- Active Streets; and
- School Crossing Supervisors.

3.80 The Ride or Walk to School program aims to increase the number of primary school children travelling actively to school. Ride or Walk to School commenced as a small pilot in 2012 with funding under the *National Partnership Agreement on Preventive Health*. From 2013 to 2016, Ride or Walk to School was delivered by the Physical Activity Foundation (through *National Partnership Agreement on Preventive Health* funding initially, and then through

[13] McGill, B., Sweeting, J., Surkalim, D.L., Phongsavan, P., Thomas M., Bellew, B. (2020). *New developments in the prevention of obesity among children and young people aged 0-18 years: Rapid evidence review update*. Prepared for the NSW Ministry of Health: Sydney by the Physical Activity Nutrition Obesity Research Group, The University of Sydney, November 2020.

[14] National Institute for Health and Care Research (2022). *How can local authorities reduce obesity? Insights from NIHR research*, *Enabling active travel and public transport* doi: 10.3310/nihrevidence_50720.

the Healthy Canberra Grants Scheme). The ACT Health Directorate managed the program until December 2019, when management was transferred to the Transport Canberra and City Services Directorate. Between 2013-14 and 2020-21, $1,081,604 was spent on the program.

3.81 Ride or Walk to School has provided a range of supports for active travel, including access to bikes, scooters and helmets, assistance with bike storage infrastructure and professional learning modules for educators, to facilitate in-school cycling activities. The program has also worked with schools to assess travel infrastructure. Schools can select components of the program that meet their needs, with program participation facilitated by an in-school co-ordinator.

Program impact

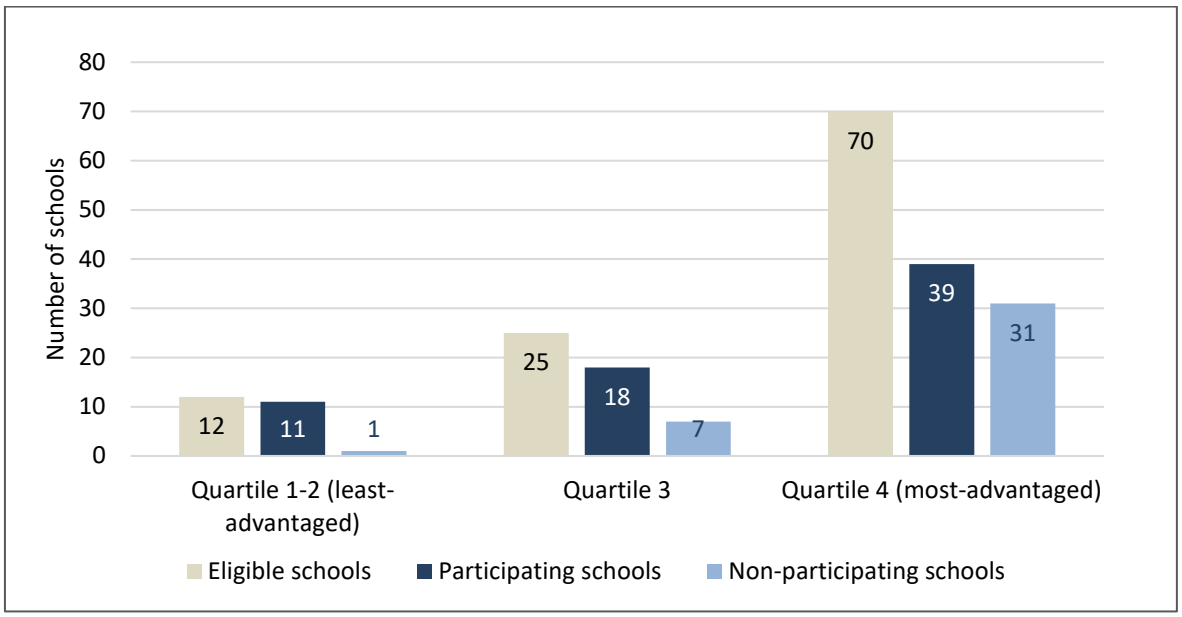
3.82 The initial Ride or Walk to School pilot was evaluated through a participant survey in 2015. A more comprehensive evaluation report was prepared by an external agency for all program activities 2013 to 2016, and a limited internal evaluation report was prepared for program activities 2016 to 2018. The educator professional learning module Safe Cycle Years 5&6 is subject to Teacher Quality Institute accreditation and has been evaluated via participant feedback.

3.83 Evaluation of the Ride or Walk to School program has largely consisted of examining the number of schools participating in the program, utilisation of the loan bike scheme and survey of the experiences and perceptions of school-based co-ordinators, other educators and students. Data from surveys where children are asked to report how they travel to school suggest that children attending schools where the Ride or Walk to School program had been recently implemented may have been more likely to travel actively to school. In-school co-ordinators reported anecdotally and through formal survey that the program led to more children riding to school on event days and to children improving their riding skills and confidence through the in-school cycling activities. However, there is no long-term quantitative data showing whether the program has resulted in sustained increases in the number of children travelling actively to and from school. An evaluation of school active travel programs, including Ride or Walk to School, is planned for 2022-23.

3.84 Ride or Walk to School commenced as a pilot with 11 schools in 2012, adding another 8 schools in 2013, 32 schools in 2014 and 17 schools in 2016-2018: reaching a total of 68 participating schools by 2018, with additional schools able to join at any time.

3.85 Figure 3-4 shows schools' participation in the Ride or Walk to School program with reference to the Index of Community Socio-Educational Advantage (ICSEA).

Figure 3-4 Participation in the Ride or Walk to School program, by school Index of Community Socio-Educational Advantage



Source: Audit Office analysis of data provided by the ACT Health Directorate and the Transport Canberra and City Services Directorate.

3.86 A review of school participation in the Ride or Walk to School program shows participation was well-accessed by schools with lower levels of socio-educational advantage:

- 11 of the 12 eligible schools with ICSEA scores below the 50th percentile in 2020 (the least socio-educationally advantaged student cohorts in the ACT) participated in the program; and
- 57 of the 95 eligible schools with ICSEA scores above the 50th percentile in 2020 participated in the program.

Active Streets

Program intent and administration

3.87 The Active Streets for Schools (Active Streets) program aims to increase the number of primary school children traveling actively to school. Active Streets was designed to extend the impact of Ride or Walk to School, by addressing community concerns about the safety of travel environments around schools. The program provides promotional and educational activities to increase awareness of safe active travel routes and implements minor infrastructure works, such as vehicle speed reduction measures, limited speed zones, drop-off points, street crossings, foot path improvements and signage. Active Streets is delivered by the Transport Canberra and City Services Directorate. Between 2016-17 and 2020-21, approximately $1,600,000 was spent on the program.

Program impact

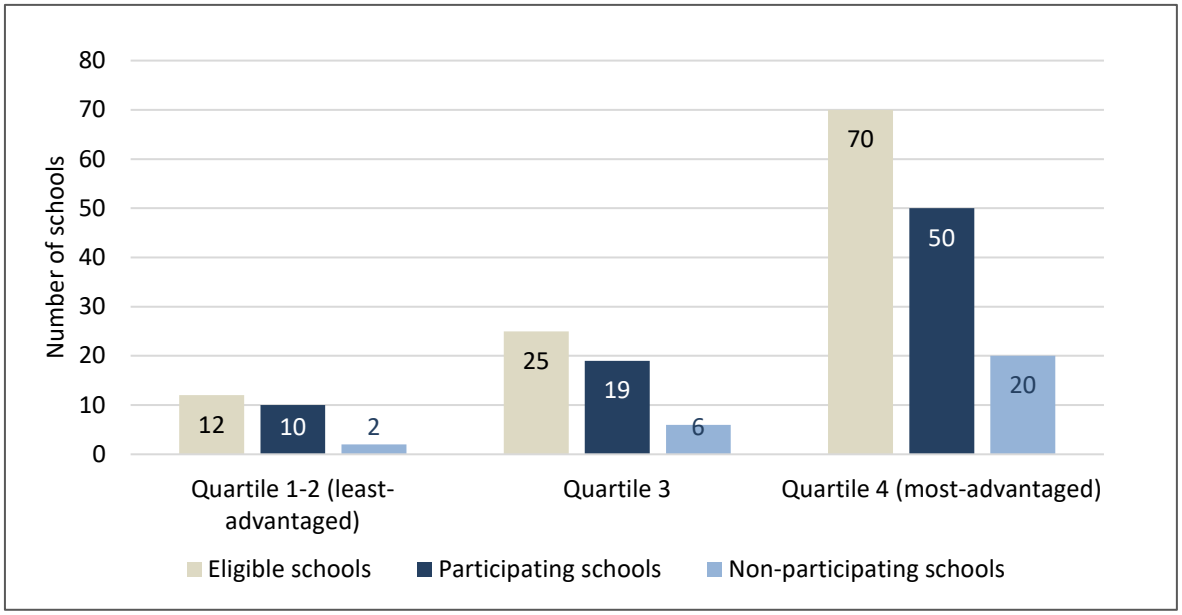
3.88 The Active Streets program was initially piloted in 2015-16 with four primary schools already participating in Ride or Walk to School. The pilot included educational campaigns,

maps and minor infrastructure works and was intended to facilitate analysis and evaluation of the effectiveness of different interventions. An evaluation of the pilot showed small increases in the percentages of children travelling actively to school, reduction in vehicle speeds around schools and high levels of support from families for the program. A comprehensive evaluation of school active travel programs, including Active Streets, is planned for 2022-23.

3.89 In 2016-17 and 2017-18 the Active Streets program was expanded to another 25 schools with a $500,000 annual budget. In 2018, the program was continued for an additional four financial years (2018-19 to 2021-22) with a budget of $3,000,000. An Expression of Interest process was used to identify schools who wished to be included. Any school with primary-aged students that hadn't previously been included in the program was contacted by the Transport Canberra and City Services Directorate, with all schools that indicated interest being provided the opportunity to participate. By March 2022, 79 of the 107 eligible schools (primary schools, combined schools, or special schools with primary-aged students) were recorded as participating.

3.90 Figure 3-5 shows schools' participation in the Active Streets program with reference to the Index of Community Socio-Educational Advantage (ICSEA).

Figure 3-5 Participation in the Active Streets program, by school Index of Community Socio-Educational Advantage



Source: Audit Office analysis of data provided by the Transport Canberra and City Services Directorate.

3.91 A review of school participation in the Active Streets program shows participation was well-accessed by schools with lower levels of socio-educational advantage:

- 10 of the 12 eligible schools with ICSEA scores below the 50th percentile in 2020 (the least socio-educationally advantaged student cohorts in the ACT) participated in the program; and

- 69 of the 95 eligible schools with ICSEA scores above the 50th percentile in 2020 participated in the program.

School Crossing Supervisors

Program intent and administration

3.92 The School Crossing Supervisors program aims to:

- increase safety for children walking and cycling around schools through improved traffic management and reduced vehicle traffic; and
- increase the number of children walking or riding to school to help create healthier communities.

3.93 The School Crossing Supervisors program currently provides a crossing supervisor at 25 crossings, serving 27 schools. The supervisor assists children to cross the road by directing traffic and providing instructions.

3.94 The School Crossing Supervisors program is administered by the Transport Canberra and City Services Directorate. Between 2016-17 and 2020-21, approximately $3,889,000 was spent on crossing supervisors and improvements to crossing infrastructure:

- approximately $1,600,000 on 25 crossing supervisors; and
- approximately $2,200,000 on infrastructure improvements around 17 schools.

Selection of priority crossings

3.95 The School Crossing Supervisors program is not available to all ACT schools. To be considered an eligible site for a crossing supervisor, a crossing must be:

- located on a road network adjacent to a school;
- used by early childhood, primary-aged or special needs children; and
- located within a 40km/h or 30km/h school zone.

3.96 In 2016 and 2017, the Transport Canberra and City Services Directorate identified 122 crossings that met these criteria and collected data on traffic and pedestrian volumes and safety risks at each site. The 122 crossings served 85 schools.

3.97 To identify priority crossings, the Transport Canberra and City Services Directorate assembled data on:

- traffic volumes and speeds;
- pedestrian volumes;
- prior road safety incidents or documented community concerns;
- school participation in the Ride or Walk to School program;

- the number of preschool and primary-aged students enrolled at each school; and
- crossings that could be used by more than one school.

3.98 The Transport Canberra and City Services Directorate used this information to assemble a shortlist of 32 crossings and a sub-set of the 20 highest priority crossings.

3.99 In 2017, a Selection Committee was formed, comprising representatives from:

- Transport Canberra and City Services Directorate;
- Education Directorate;
- Justice and Community Safety Directorate;
- ACT Council of Parents and Citizens Associations;
- Association of Independent Schools of the ACT; and
- Catholic Education Office.

3.100 The Selection Committee met in October 2017. The Transport Canberra and City Services Directorate presented the Committee with a draft set of six selection criteria for identifying priority crossings and a shortlist of 32 crossings and sub-set of 20 highest priority crossings that had been identified by the Directorate using these draft criteria.

3.101 The draft criteria were slightly modified by the Selection Committee and the final criteria were used to ratify the short-list of 20 highest priority crossings proposed by the Transport Canberra and City Services Directorate. The outcomes of this process were recorded in a paper titled *Selection Committee Outcomes*.

3.102 The selection criteria used to identify the 20 priority crossings in October 2017 were:

- pedestrian and traffic volumes;
- potential safety risks to children;
- potential for more than one school to benefit from a single crossing supervisor;
- number of children attending the school or schools;
- the ACT region in which the school is located; and
- whether the school was participating in the Ride or Walk to School program.

3.103 The six selection criteria used to identify priority crossings in 2017 were not weighted. Only one of the six criteria had minimum or maximum required values (minimum vehicles per hour during peak periods for traffic volumes).

3.104 The *Selection Committee Outcomes* paper:

- did not contain a table presenting comparable data for all crossings, scored consistently against weighted selection criteria;
- provided incomplete explanations for some of the decisions made; and

- noted some additional factors considered, such as whether the school enrolled students from Preschool to Year 6 or only from Years 4 to 6, and the number of Government and non-Government schools selected, although these were not included in the formal selection criteria.

3.105 The *Selection Committee Outcomes* paper also noted that one school in Belconnen was included in the selection of 23 schools in order to provide representation for this region, although the crossing did not meet other selection criteria. Shortlisted crossings in other ACT regions were de-prioritised to allow for this selection.

3.106 Although the selection criteria were not formally weighted, in practice, the Selection Committee appeared to place the most weight on pedestrian and traffic volumes and potential safety risks to children. All the selected crossings had traffic volumes of over 300 vehicles in the morning peak period and previous road safety incidents were recorded for 14 of the 20 selected crossings. Comparatively less weight appeared to be placed on other criteria, such as the number of children attending the school and whether the school was participating in Ride or Walk to School. The number of students attending schools served by the selected crossing ranged from 302 to 1,289. Ten of the 23 schools served by selected crossings were not participating in the Ride or Walk to School program.

3.107 In 2019, the Transport Canberra and City Services Directorate selected an additional five crossings for inclusion in the School Crossing Supervisors program. These crossings were selected based on:

- pedestrian and traffic volumes;
- potential safety risks to children;
- having a minimum of 400 primary-aged children attending the school served by the crossing; and
- changes to school bus services that might require more children to use an unsupervised crossing.

3.108 The School Crossing Supervisors program has been delivered primarily as a road safety program. The selection criteria used to allocate crossing supervisors have prioritised mitigation of road safety risk over the potential health benefits of increased active travel and have not included consideration of the relative socio-educational advantage of student cohorts. Consequently, most of the schools participating in the School Crossing Supervisors program have relatively socio-educationally advantaged student cohorts. Of the 27 schools served by a school crossing supervisor, 74 per cent had Index of Community Socio-Educational Advantage scores above the 75th percentile in 2020.

3.109 Allocation of crossing supervisors is differentially distributed across ACT regions, with only one participating school in Belconnen, one in Weston Creek and none in Molonglo, compared to seven in Gungahlin, six in Woden Valley and four in each of North Canberra, South Canberra and Tuggeranong.

3.110 Schools can notify the School Safety Program of their interest in being allocated a School Crossing Supervisor. However, the Transport Canberra and City Services Directorate has no current formal plans to expand the number of supervisors provided or review the allocations of existing crossing supervisors.

Program impact

3.111 The School Crossing Supervisors program has been subject to one limited evaluation, which used a survey to examine family perceptions of safety in active travel for schools participating and not-participating in the program. The evaluation did not include data about the number of children using crossings or travelling actively to school before and after crossing supervisors were in place or infrastructure improvements were made. An evaluation of the suite of school active travel programs, including School Crossing Supervisors, is planned for 2022-23.

3.112 A significant element of support for childhood active living in the ACT has been encouraging more children to travel actively to and from school. Between 2013-14 and 2020-21, the ACT heHealth Directorate and the Transport Canberra and City Services Directorate have supported active travel to school for primary-aged students through the Ride or Walk to School program and provided safe travel infrastructure through the Active Streets and School Crossing Supervisors programs. The Safe Cycle component of the It's Your Move program has supported active travel to school for high school students. Together, these programs have provided promotional and educational activities and resources, educator professional learning modules and improved active travel infrastructure around schools. There is evidence that the active travel programs have been well received by schools, educators and communities. Effective collaboration between individual schools and the Transport Canberra and City Services Directorate has supported individualised improvements to travel infrastructure. However, none of the active school travel programs have been recently or comprehensively evaluated and it is not clear if individual programs, or the complete portfolio of school active travel programs, have led to sustained changes in the number of children travelling actively to and from school.

3.113 Some children have more to gain from increased healthy eating and active living. This includes children living with socio-educational disadvantage. The Fresh Tastes, Ride or Walk to School, and Active Streets programs have been made available to all ACT schools enrolling primary-aged students and the It's Your Move program has been available to all ACT schools enrolling high school-aged students. Participation in these programs has been equitably distributed across schools where student cohorts have different levels of socio-educational advantage. Most of the ACT schools with the least socio-educationally advantaged student cohorts have participated in Fresh Tastes, Its' Your Move, Ride or Walk to School and Active Streets.

3.114 The School Crossing Supervisors program currently provides crossing supervisors for 25 crossings, serving 27 schools. The School Crossing Supervisors program has been delivered primarily as a road safety program. The selection criteria used to allocate crossing supervisors have prioritised mitigation of road safety risk over the potential health benefits

of increased active travel and have not included consideration of the relative socio-educational advantage of student cohorts. There is no formal mechanism for review of eligible crossings or reallocation of School Crossing Supervisors.

RECOMMENDATION 4 EVALUATING SCHOOL ACTIVE TRAVEL PROGRAMS

The Transport Canberra and City Services Directorate should, as part of its forthcoming evaluation of school active travel programs, review the impact of the programs on different cohorts of children, including the most disadvantaged and at-risk student cohorts. As part of the evaluation, the Directorate should measure the number of children travelling actively to school, both before and after program interventions.

RECOMMENDATION 5 SCHOOL CROSSING SUPERVISORS

If the School Crossing Supervisors program is continued beyond 2022, then the Transport Canberra and City Services Directorate should:

a) review allocation of school crossing supervisors to crossings and schools; and

b) publish information about the allocation process and selection criteria.

Community settings

3.115 There is evidence that programs supporting healthy eating and active living in community settings can increase health-promoting behaviours. A review of research evidence by the University of Sydney's Physical Activity Nutrition Obesity Research Group found evidence that awareness and information campaigns delivered at the community-level, for example through social messaging, can influence healthy eating and active living behaviours, if paired with the necessary infrastructure and supports.[15] For example, there is emerging evidence that programs supporting sports clubs to both promote and supply healthy food and drinks can increase healthy eating.

3.116 The Healthier Choices Canberra program is the only program currently supporting healthy eating primarily through messaging in general community settings. A small program, Nature Play CBR, provides support for active living to the general community.

Healthier Choices Canberra

Program intent and administration

3.117 The Healthier Choices Canberra program commenced in 2016-17, continuing and expanding activities commenced under two prior programs and a pilot project:

[15] McGill, B., Sweeting, J., Surkalim, D.L., Phongsavan, P., Thomas M., Bellew, B. (2020). *New developments in the prevention of obesity among children and young people aged 0-18 years: Rapid evidence review update*. Prepared for the NSW Ministry of Health: Sydney by the Physical Activity Nutrition Obesity Research Group, The University of Sydney, November 2020.

- Healthy Food at Sport;
- Good Habits for Life; and
- Choose Healthier Pilot Project.

3.118 Healthy Food at Sport was delivered by the ACT Health Directorate and Chief Minister, Treasury and Economic Development Directorate between 2012 and 2015. The program supported community sports clubs to increase the healthy food and drink choices available to people participating in club activities. Good Habits for Life was delivered by the ACT Health Directorate between 2014 and 2018. Good Habits for Life was a social marketing campaign that aimed to increase awareness and understanding of healthy eating, physical activity and social connection in families with young children. Messaging was delivered via a website, television, cinema and radio advertising and social media. The Choose Healthier Pilot Project was delivered by the ACT Health Directorate in 2016. Between 2013-14 and 2020-21, approximately $3,095,350 was spent on these programs.

3.119 The Healthier Choices Canberra program aims to improve the food environment across a range of community settings. Core program activities are:

- **Healthier Choices Canberra: Business**. Working with local businesses, such as eating venues and supermarkets, to promote and provide healthier food and drink choices.
- **Healthier Choices Canberra: Junior Sport**. Working with junior sports clubs to support commercial provision of healthy food and drinks through club canteens and provision of fruit and water as half-time 'snacks' of choice.
- **Game Changers**. Supporting healthy junior sports sponsorship.
- **Refill Canberra**. Working with local businesses and sports facilities to improve access to free drinking water.
- **Community education and engagement.** Social messaging about healthy eating via videos, case studies, infographics, social media, content articles and infographics.

3.120 Healthier Choices Canberra: Business is delivered by the ACT Health Directorate in partnership with an external provider (initially the Canberra Business Chamber and then Klarisa Cengic Pty Ltd). The other components of the Healthier Choices program are delivered by the ACT Health Directorate. Program management and administration has been supported by comprehensive project plans.

Program impact

3.121 The Healthier Choices Canberra program has collected data and information about community attitudes and needs in relation to healthy food and drink, and program activities have been comprehensively evaluated. Process evaluations have been performed for the Healthier Choices Canberra: Business and Junior Sports program components and two comprehensive evaluations have used a range of data to examine different aspects of the overall program and have provided recommendations for continuous improvement.

Nature Play CBR

3.122 Nature Play is a licensed model, developed in Western Australia, and now used in multiple Australian jurisdictions, that encourages children and families to participate in unstructured play outdoors and in nature. License fees provide access to branded resources owned by Nature Play WA Inc. The ACT Government signed a license agreement with Nature Play WA Inc in 2015. Nature Play CBR has been administered by the Chief Minister Treasury and Economic Development Directorate's Sport and Recreation Branch since 2015, with funding from Community Participation Section general operational budget. The program consists of a website that provides information on resources, suggested activities and play spaces and the Nature Play CBR Passport application and printed passport. By July 2021, 30,000 Nature Play Passports had been printed and distributed to families, schools, early education and care centres, outside school hours care operators and recreation facilities.

3.123 Outside of early childhood education and care and school settings, there are opportunities to support childhood healthy eating and active living in community settings where children and families are likely to spend time, including in sports clubs and food outlets. Between 2013-14 and 2020-21, ACT Government agencies have supported childhood healthy eating and active living through programs delivered through sports clubs, local businesses and social messaging. These activities are currently delivered through the Healthier Choices Canberra program. Although Healthier Choices Canberra aims to support the whole ACT community, several program components focus on childhood settings, such as junior sports clubs. There is evidence that program activities have been well received by individual clubs and businesses, but little evidence of resulting sustained changes in eating or activity behaviour.

Other activities in school and community settings

3.124 From 2008 to 2016 the Chief Minister, Treasury and Economic Development Directorate administered the Active Kids Challenge. The Active Kids Challenge encouraged physical activity for primary school children through an eight week challenge event. The program was discontinued in 2016. In 2014, the PE Pulse Network was formed to connect and co-ordinate physical activity programs targeting primary school children. The PE Pulse Network program ceased in 2019, although a legacy website remains accessible. There are no active programs targeting childhood active living through sport and recreation in schools.

3.125 Since 2013, ACT Government agencies have conducted a range of non-program activities that have directly or indirectly supported childhood healthy eating and active living. For example, the Chief Minister, Treasury and Economic Development Directorate's Sport and Recreation Branch has worked with the Education Directorate through a Community Access to Schools working group to ensure accessibility and inclusion has been considered in the design of school sport and recreation infrastructure. The ACT Nutrition Support Service, provided by Nutrition Australia ACT through funding administered through the ACT Health Directorate has supported a range of healthy eating programs and activities.

3.126 The ACT Health Directorate ceased funding the school-based aspects of the ACT Nutrition Support Service to support the Education Directorate's *ACT Public School Food and Drink Policy* in December 2021.

3.127 In its response to the draft proposed report, the Education Directorate noted that ACT public schools deliver the Australian Curriculum, including the Health and Physical Education learning area. This learning area includes developing an understanding of how the body moves and positive attitudes towards physical activity participation. The Education Directorate advised the benefits of this learning include:

- practicing and refining personal, behavioural, social and cognitive skills;
- developing student wellbeing;
- supporting teaching and learning; and
- contributing to a positive school culture.

3.128 In its response to the draft proposed report, the Chief Minister, Treasury and Economic Development Directorate noted that organised community sport, an activity supported by the Directorate in its work with peak sporting organisations, can also play a part in providing opportunities for physical activity. The Directorate also advised that schools can access funding for sports activities through the Australian Government's Sporting School initiative.

Food relief and financial support

3.129 The ACT Council of Social Services has estimated in its *2021* and *2022 ACT Cost of Living Report* that 9 per cent of people in the ACT may be living in poverty. Children living in poverty may have limited access to healthy eating and active living. Food relief, and support for participation in sport and other activities, are means by which healthy eating and active living may be encouraged and supported. In its response to the draft proposed report, the Community Services Directorate also noted that it has received ongoing information from community sector organisations that food insecurity is increasing in the ACT, in particular throughout 2022, as a result of increases in cost-of-living pressures.

Food relief

3.130 There is limited evidence for better practice in government provision of food relief and financial supports for active living. A 2014 review of a food subsidy program in the United Kingdom suggests that subsidies can provide a nutritional safety net for pregnant people and young children living on low incomes.[16] A 2020 review of school food programs targeting socio-economically disadvantaged student cohorts, conducted by the University

[16] McFadden, A., Green, J.M., Williams, V., McLeish, J., McCormick, F., Fox-Rushby, J. and Renfrew, M.J. (2014). *Can food vouchers improve nutrition and reduce health inequalities in low-income mothers and young children: a multi-method evaluation of the experiences of beneficiaries and practitioners of the Healthy Start programme in England*. BMC Public Health, 14(1), pp. 1-13.

of Sydney's Physical Activity Nutrition Obesity Research Group for the NSW Ministry of Health, found that benefits can include decreased meal-skipping and hunger, increased healthy eating and positive social and health outcomes.[17]

3.131 The *Healthy Canberra ACT Preventive Health Plan 2020-2025 First Three Year Action Plan* identifies a strategic action to:

> Scope opportunities to strengthen evidence-based approaches to increase access to healthy food and address food insecurity in the ACT.

3.132 During the Covid-19 public health emergency, the ACT Government established the Canberra Relief Network to provide household and food supplies. In February 2022, responsibility for provision of ongoing relief was returned to non-government organisations. The Community Services Directorate website (act.gov.au/assistance/food) directs people to the Emergency and Food Relief Guide, prepared by the VolunteeringACT Community Info Hub and to the Communities@Work Community Pantry.

3.133 The Community Services Directorate also provides emergency relief and financial aid funding to non-government organisations through the Community Development Program, including $100,951 of funding per annum for assistance. In its response to the draft proposed report, the Directorate also advised of $475,000 in funding over four years under the 2021-22 ACT Budget to support long term solutions for food sustainability. Work led by VolunteeringACT is planned to establish a food relief database and food relief network to connect government and non-government organisations and share resources.

3.134 The 2021-22 ACT Budget also included funding of $1.44 million for a trial of a Meals at Schools program. The Education Directorate advised that the trial is expected to provide 1,500 disadvantaged students with access to free breakfast and lunch three days a week throughout the school year. The pilot program is currently under development and the Education Directorate is planning a staged implementation from 2023.

Support for sport participation

3.135 There is some evidence that the NSW Active Kids Voucher program, which provides financial assistance for participation in sport and recreation, has supported increased childhood physical activity, including for disadvantaged children.[18]

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[17] McGill, B., Cranney, L., Corbet, L. Thomas, M. (2020). *School meal provision: a rapid evidence review*. Prepared for the NSW Ministry of Health: Sydney. Physical Activity Nutrition Obesity Research Group, The University of Sydney, November 2020.

[18] Foley, B.C., Owen, K.B., Bellew, W., Wolfenden, L., Reilly, K., Bauman, A.E. and Reece, L.J. (2020). *Physical Activity Behaviors of Children Who Register for the Universal, State-Wide Active Kids Voucher: Who Did the Voucher Program Reach?*. International Journal of Environmental Research and Public Health, 17(16), p.5691.

Foley, B.C., Owen, K.B., Bauman, A.E., Bellew, W. and Reece, L.J., (2021). *Effects of the Active Kids voucher program on children and adolescents' physical activity: a natural experiment evaluating a state-wide intervention*. BMC Public Health, 21(1), pp. 1-16.

3.136 ACT Government agencies do not provide a financial assistance scheme specifically for childhood participation in sport and recreation. Families needing financial support for sports uniforms, equipment or fees can apply directly to non-government community organisations for support.

3.137 Families can also apply to the Education Directorate's Future of Education Equity Fund for assistance with expenses related to a child's education, including school excursions, sport equipment and activities. The Future of Education Equity Fund provides a one-off, annual payment to low-income families of $400 for preschool students, $500 for primary school students and $750 for high-school and college students. In its response to the draft proposed report, the Chief Minister, Treasury and Economic Development Directorate advised that other supports have included the ACT Housing Tenants Participation Scheme and the Every Chance to Play community organisation, which was partially funded by the ACT Government.

3.138 The ACT Health Directorate has identified the need for more clearly defined roles for ACT Government agencies, and in particular the ACT Health Directorate Preventive and Population Health Branch, in understanding levels of poverty and food insecurity in the ACT and in monitoring and providing oversight for delivery of adequate relief.

3.139 Childhood healthy eating and active living programs delivered by ACT Government agencies since 2013 have focused on improving childhood food and activity environments and building child and family skills and knowledge. There has been comparatively less effort directed to supporting core family needs for food security and financial access to active living. ACT Government agencies have played a limited role in delivery of food and financial relief, other than during the Covid-19 public health emergency. There is a risk that significant numbers of children in the ACT cannot access healthy eating and active living because of poverty and food insecurity. These children and their families are unlikely to benefit from childhood healthy eating and active living programs focused on building skills and knowledge.

RECOMMENDATION 6 FOOD RELIEF AND FINANCIAL SUPPORT FOR ACTIVE LIVING

The ACT Health Directorate should, in consultation with responsible ACT Government agencies and community organisations, include strategic actions in the second three-year action plan for the *Healthy Canberra ACT Preventive Health Plan 2020-2025* for addressing poverty and food insecurity in the ACT that consider:

a) ongoing measurement of poverty and food insecurity in the ACT;

b) provision and/or co-ordination of food relief and financial supports for active living; and

c) provisions of accessible, coordinated and current information about food and financial relief options supporting childhood healthy eating and active living.

Preventive health grants programs

3.140 Funding for activities supporting childhood healthy eating and active living delivered by non-government organisations has primarily been through the ACT Health Directorate's ACT Health Promotion Grants Program. Funding for childhood outdoor play and recreation has also been provided through the Nature Play Grants Program. Some activities supporting childhood participation in sport and recreation have also been funded through the Sport and Recreation Grants Program.

3.141 The Audit Office considered selected aspects of the distribution of funds under the ACT Health Promotion Grants Program and Nature Play Grants Program, to understand how likely the funded activities were to reach children and families with the most to gain from increased healthy eating and active living. The audit did not evaluate the effectiveness of the management and administration of the grants programs or the activities funded through the grants programs.

ACT Health Promotion Grants Program

3.142 The ACT Health Promotion Grants Program provides funding to non-government organisations for activities that support the health of people in the ACT and minimise the likelihood of them developing chronic disease. Funding priorities have been aligned with ACT Government preventive health strategy: the *Towards Zero Growth Healthy Weight Action Plan* from 2013 to 2019, and the *Healthy Canberra ACT Preventive Health Plan* from 2020 to 2025.

3.143 The ACT Health Promotion Grants Program has funded activities supporting childhood healthy eating and active living through:

- the Health Promotion Innovation Fund (2013-14 to 2018-19); and
- the Healthy Canberra Grants (2014-15 ongoing).

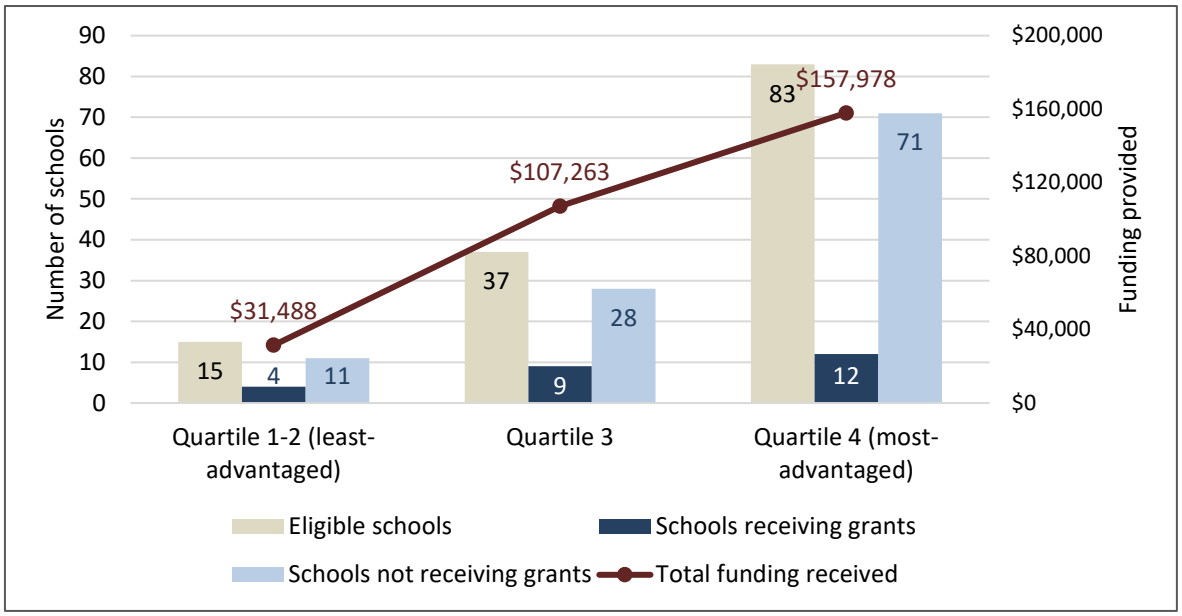
Health Promotion Innovation Fund

3.144 Between 2013-14 and 2018-19, the Health Promotion Innovation Fund provided single-year grants up to $15,000 for activities supporting healthy eating, active living, healthy aging and reduction of smoking or alcohol-related harm. The fund aimed to prioritise new or innovative approaches to preventive health activities. Applications were assessed against criteria for their contribution to health promotion and prevention and project management. Assessment criteria did not include targeting of population groups with higher health risks or different needs. The Health Promotion Innovation Fund has provided $680,623 to schools and community organisations for activities supporting childhood healthy eating or active living.

3.145 The Health Promotion Innovation Fund provided $296,729 to 25 schools, either as the solo grant recipient or in partnership with a community organisation. Figure 3-6 shows the

distribution of funds to schools with reference to the Index of Community Socio-Educational Advantage (ICSEA).

Figure 3-6 Distribution of Health Promotion Innovation Fund grants supporting childhood healthy eating and active living in schools, by school Index of Community Socio-Educational Advantage



Source: Audit Office analysis of data provided by the ACT Health Directorate.

3.146 A review of Health Promotion Innovation Fund spending shows funding allocation for school-based projects has been skewed towards the most socio-educationally advantaged schools in the ACT:

- four schools (27 per cent of 15 eligible schools) with the least socio-educationally advantaged student cohorts in the ACT received a total of $31,488, an average of $7,872;
- nine schools (24 per cent of 37 eligible schools) in the third quartile of socio-educationally advantaged student cohorts in the ACT received a total of $107,263, an average of $11,918; and
- 12 schools (14 per cent of 83 eligible schools) with the most socio-educationally advantaged student cohorts in the ACT received a total $157,978, an average of $13,165.

3.147 The Health Promotion Innovation Fund distributed $383,894 to community organisations for activities supporting childhood healthy eating or active living (not delivered through schools). Of this, 33 per cent ($125,376) supported activities targeting disadvantaged or at-risk communities, including Aboriginal and Torres Strait Islander people, new migrants, young people and socio-educationally disadvantaged people.

3.148 In total, the Health Promotion Innovation Fund granted $680,623 to schools and community organisations to support healthy eating and active living. Schools with the least socio-

educationally advantaged student cohorts and community programs targeting disadvantaged and at-risk population groups constituted 23 per cent ($156,864) of this grant funding.

Healthy Canberra Grants

3.149 The Healthy Canberra Grants provide multi-year grants for community-based activities to improve the health of people in the ACT. Funding priorities have changed over time, according to the priorities identified in ACT Government preventive health strategies and have generally included healthy eating and active living. Between 2014-15 and 2020-21, Healthy Canberra Grants distributed $7,287,132 to community organisations for activities supporting child and family healthy eating and active living.

3.150 Applications for Healthy Canberra Grants were assessed against criteria for health promotion and prevention and project management. For funding rounds open between 2014-15 and 2018-19, the assessment criteria included:

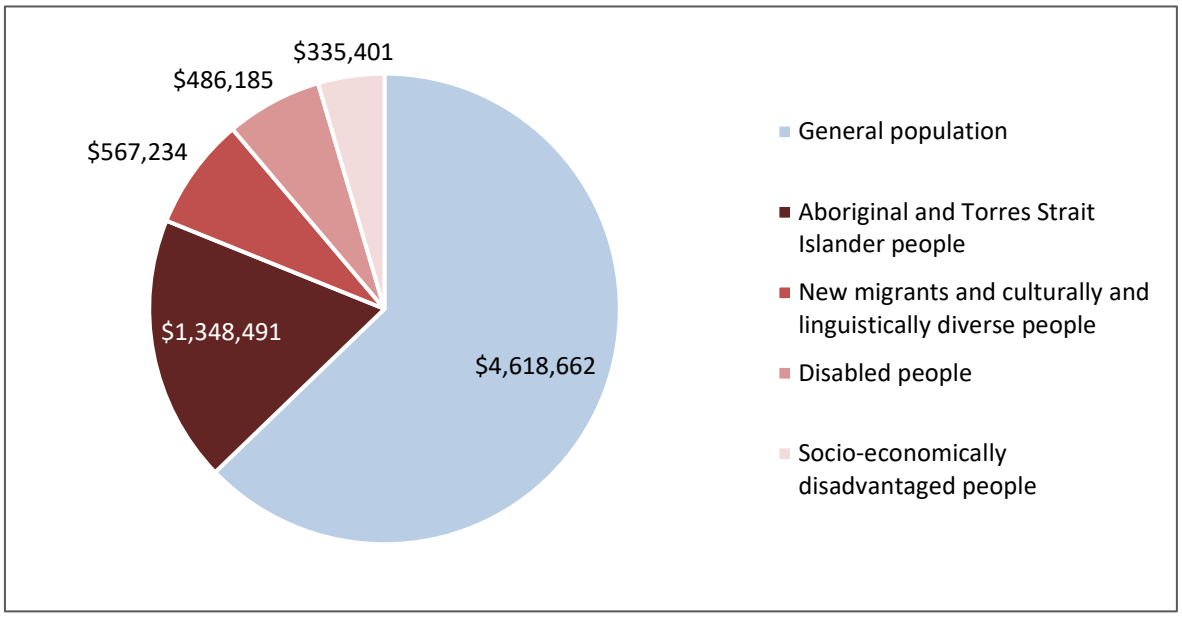
> Program delivery strategies are likely to be broadly effective across the population and do not disadvantage vulnerable groups.

3.151 For funding rounds open between 2018-19 and 2020-21, assessment criteria did not mention vulnerable, disadvantaged or at-risk population groups, although funding guidelines stated:

> The ACT Health Directorate supports initiatives that contribute to improving local Aboriginal and Torres Strait Islander People's health, consistent with the aims of the *ACT Aboriginal and Torres Strait Islander Agreement 2019-2028*. Applications that address Aboriginal and Torres Strait Islander health in relation to the funding priorities are strongly encouraged.

3.152 Figure 3-7 shows the distribution of Healthy Canberra Grants funding between 2014-15 and 2020-21 by target group. Approximately 34 per cent ($2,450,323) was provided for programs targeting identified disadvantaged and at-risk population groups. The values in Figure 3-7 do not sum to the total expenditure described above, as some grants supported programs targeting multiple target groups.

Figure 3-7 Distribution of Healthy Canberra Grants funding by target group



Source: Audit Office analysis of data provided by the ACT Health Directorate.

Nature Play Grants Program

3.153 The Nature Play Grants Program is offered through the Sports and Recreation Grants Program, which is administered by the Chief Minister, Treasury and Economic Development Directorate's Sport and Recreation Branch. Since 2017, the Nature Play Grants program has provided up to $15,000 to community organisations for projects, programs and initiatives supporting participation in active lifestyles through outdoor recreation, play and adventure. The Nature Play Grants Program is not aligned to, and does not reference, ACT Government preventive health strategy.

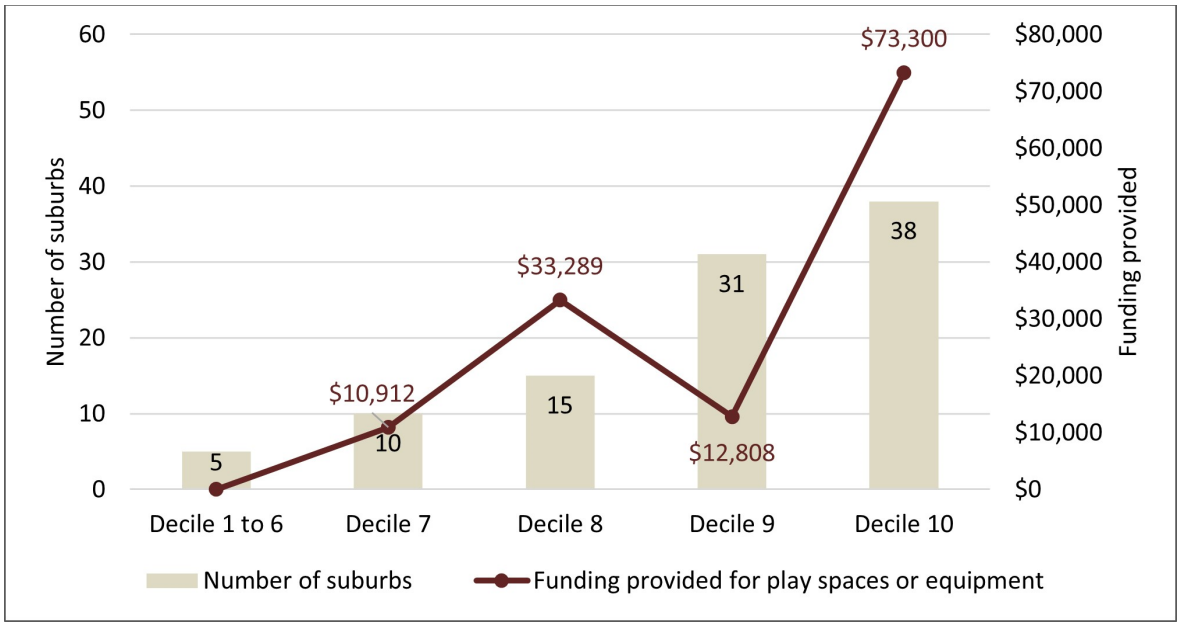
3.154 Applications to the Nature Play Grants Program are assessed against demonstrated need, demonstrated benefits, value for money, application quality and organisation history. Most applicants have been early childhood education and care providers seeking funding for construction of play spaces or landscape works. Preschools, schools and student or school associations are not eligible. The Nature Play Grants Program guidelines were changed in 2021, to encourage a broader range of applications and shift the focus from 'particularly on children and young people' to 'segments in our community that do not traditionally engage in physical activity'. Despite this change, the guidelines contain no reference to disadvantaged or at-risk population groups and assessment criteria do not include targeting of such groups.

3.155 Between 2017 and 2021, the Nature Play Grants Program distributed $199,917:

- $57,438 used to develop resources or offer training programs; and
- $142,479 used for play equipment or spaces.

3.156 Figure 3-8 shows how $130,309 provided for play equipment or spaces located in identifiable ACT suburbs was distributed, with reference to the Index of Relative Socio-Economic Disadvantage (IRSD) of the receiving suburb. In doing so it should be noted that the majority of ACT suburbs (94 of 99) are in the top four deciles of the Index of Relative Socio-Economic Disadvantage.

Figure 3-8 Distribution of Nature Play Grants Program funding for play equipment and spaces by Index of Relative Socio-Economic Disadvantage



Source: Audit Office, based on analysis of data from www.sport.act.gov.au.

3.157 A review of the distribution of Nature Play Grants Program funding for play equipment or spaces across ACT suburbs by Index of Relative Socio-Economic Disadvantage (IRSD) shows:

- all of the program funding was distributed to suburbs in the top four deciles (no funding was distributed to the five suburbs in the bottom six deciles);
- program funding was unevenly distributed with reference to suburbs' Index of Relative Socio-Economic Disadvantage.

3.158 Since 2013, the ACT Health Promotion Grants Program has been the primary mechanism through which non-government organisations have been funded to deliver childhood healthy eating and active living programs. The Nature Play Grants Program has also funded infrastructure and activities supporting active play and recreation. Assessment criteria for the ACT Health Promotion Grants Program and Nature Play Grants Program have not included reach to disadvantaged and at-risk population groups. Distribution of funding to activities targeting disadvantaged and at-risk population groups has varied between programs. Between 2013-14 and 2020-21, 34 per cent of Healthy Canberra Grants funding supported programs targeting identified disadvantaged and at-risk population groups. Approximately 23 per cent of Health Promotion Innovation Fund funding between 2013-14 and 2018-19 was provided for activities with likely reach to disadvantaged and at-risk population groups and approximately 8 per cent of play equipment and spaces funded

through the Nature Play Grants Program are likely to be accessible to disadvantaged and at-risk population groups.

Population health surveys

3.159 The *Australian National Obesity Strategy 2022-2032* considers the strengthening of data collection and its use to be an enabler of evidence-based policy, program development and evaluation. The strategy also notes the value of consistent and comparable population-level data about eating and activity behaviours and body size.

Better practice for collection and use of data about childhood healthy eating, active living and body size

Data about childhood healthy eating and active living

3.160 There are a range of standardised assessment tools available to measure childhood eating and activity behaviours.[19] Such tools aim to measure consumption of nutrient-rich core foods and drinks, compared to nutrient-poor, high-energy foods and drinks and levels of physical activity, sleep and screen use. These data can be used by government agencies to identify changes and trends in modifiable health-related behaviours and to measure the impact of preventive health activities.

Data about the size of childrens' bodies

3.161 The most widely used measure of childhood body size in Australia is Body Mass Index (known as 'BMI'); a measure of weight adjusted for height, calculated as weight in kilograms divided by the square of height in meters (kg/m^2).[20] Other measures of childhood body size include waist circumference, waist to hip ratio and skinfold thickness testing. The terms 'underweight', 'healthy weight', 'overweight' and 'obese' derive from the Body Mass Index. Children between the 85^{th} and 95^{th} percentile for Body Mass Index for a particular age and sex are classified as 'overweight' and children at or over the 95^{th} percentile are classified as 'obese'.[21]

3.162 Body Mass Index has acknowledged limitations as a measure of body fat and as a predictor of health status, especially for children and multicultural populations. The Body Mass Index-derived terms 'healthy weight', 'overweight' and 'obese' can be stigmatising and the classification of peoples' bodies using these categories can contribute to bias, blame,

[19] For example, Flood, V., Gwynn, J., Gifford, J., Tuner, N., Hardy, L. (2016). *Evidence on existing, validated short-form survey instruments for children's diet, physical activity, and sedentary behaviour: an Evidence Check review brokered by the Sax Institute* (www.saxinstitute.org.au) for the NSW Ministry of Health.

[20] Australian Institute of Health and Welfare 2020. *A framework for monitoring overweight and obesity in Australia*. Cat. no. PHE 272. Canberra: AIHW.

[21] Centres for Disease Control and Prevention, *Guidelines for Child and Teen BMI*, www.cdc.gov/healthy weight.

discrimination, body dissatisfaction, disordered eating and eating disorders. The use of Body Mass Index and derived weight categories can increase the risk of alienating the families and communities that government preventive health activities most need to reach. Using Body Mass Index as a monitoring tool also risks missing children with smaller bodies who are at risk of poor health outcomes due to atypical eating or activity behaviours. Appendix A provides a summary of evidence for the complexity of the relationship between body size and health and the impacts of weight stigma.

3.163 The United States Centres for Disease Control and Prevention's *Guidelines for Body Mass Index Measurement in Schools* considers that:

> To date, there is not enough evidence for scientists to conclude whether school-based BMI measurement programs are effective at preventing or reducing childhood obesity or whether they cause harm, by either increasing the stigma attached to obesity or increasing pressures to engage in unsafe weight control behaviours.
>
> Before implementing these programs, decision makers need to consider the costs involved, potential negative consequences for students, and existing school-based strategies to support healthy weight-related behaviours and prevent weight-based bullying.

3.164 The United States Centres for Disease Control and Prevention's *Guidelines for Body Mass Index Measurement in Schools* describes ten safeguards that should be in place to protect children from potential harm and increase the likelihood that the program will have a positive impact. The safeguards cover the way measurements are performed, the way information is communicated to families and the healthcare services available to families. Safeguard 8 notes that programs should:

> Evaluate the BMI measurement programs by assessing the process, intended outcomes, and unintended consequences of the program.
>
> Data can be collected about the program, such as stigmatisation, cost, parental responses, and displacement of other health-related initiatives. Schools can use the evaluation results to guide improvements to their program. The results can be shared with key stakeholders, parents, the community, school administrators, and policy makers to help make decisions about school-based BMI measurement.

ACT practices for the collection and use of data about childhood healthy eating, active living and body size

3.165 The ACT Health Directorate's Data Analytics Branch and Academic Unit of General Practice work with the Canberra Health Services' School Health Team to administer population health surveys that include measures of childhood healthy eating, active living and body size.

3.166 In the ACT, data on childhood healthy eating, active living and body size is collected through:

- the Kindergarten Health Check;
- the Year 6 ACT Physical Activity and Nutrition Survey;
- the Year 7 Health Survey; and
- the ACT General Health Survey.

3.167 ACT data on childhood healthy eating, active living and body size is made available to the public in:

- the ACT Chief Health Officer's Report;
- the HealthStats ACT online data portal;
- the ACT Wellbeing Framework;
- the Year 7 Health Survey Results; and
- in research publications.

3.168 Table 3-4 shows how data about childhood eating and activity behaviours and body size are collected by ACT Government agencies through population health surveys. Table 3-4 also shows how the data is reported.

Table 3-4 Collection and public reporting of data about childhood healthy eating, active living and body size in the ACT

ACT Government data collection					**Data reporting**
Survey	**Timing**	**Cohort**	**Method**	**Data**	
Kindergarten Health Check	Annual (from 2001)	All children in their first year of full-time school in ACT schools	Parent/carer-answered questionnaire Measurement by registered nurses	Parent/carer-reported eating and activity behaviours Height, weight, Body Mass Index	Letter to parents and guardians Chief Health Officer's Reports Research publications
Year 6 ACT Physical Activity and Nutrition Survey	Three-yearly (from 2006)	Approximately 1,500 Year 6 students at approximately 30 selected ACT schools	Self-administered questionnaire Measurement by healthcare practitioners	Self-reported eating and activity behaviours Height, weight, Body Mass Index	Chief Health Officer's Reports HealthStats ACT Research publications
Year 7 Health Survey	Annual (from 2020)	All children attending Year 7 in ACT schools	Self-administered questionnaire	Eating and activity behaviours	Year 7 Health Survey Results Reports
ACT General Health Survey	Annual (child specific data collected 2 out of every 3 years)	Approximately 1,000 children via survey of parents/carers	Telephone survey Self-reported data	Children's eating and activity behaviours, height, and weight (via parent/carer self-report)	ACT Wellbeing Framework: Healthy Weight Indicator Chief Health Officer's Reports HealthStats ACT

Source: ACT Audit Office, based on information provided by the ACT Health Directorate.

Kindergarten Health Check

3.169 The ACT Health Directorate's Academic Unit of General Practice and the Canberra Health Services' School Health Team administer the annual Kindergarten Health Check. All children starting their first year of full-time school in a mainstream school in the ACT are eligible to participate.

3.170 The Kindergarten Health Check has two components: a questionnaire to be completed by parents or guardians; and a physical health check conducted in schools by the School Health Team. The physical health check comprises a vision check, a hearing check and height and weight measurement.

3.171 Parents or guardians of eligible children receive a Kindergarten Health Check information letter, consent form and questionnaire at the beginning of the school year. The information letter provides an overview of the Kindergarten Health Check and explains how the data will be used. The consent form collects contact information, demographic information, consent for participation in the physical health check and consent for provision of information to a nominated general practitioner. In relation to healthy eating, active living and body size, the questionnaire collects information about:

- the parent or guardian's perception of the child's weight;
- concerns about the child's weight, height, or eating habits; and
- information about the child's diet, physical activity and screen time.

3.172 The questionnaire also collects information about vision, hearing, toileting, respiratory symptoms, eczema, hayfever, developmental status, social and emotional wellbeing and adverse childhood experiences.

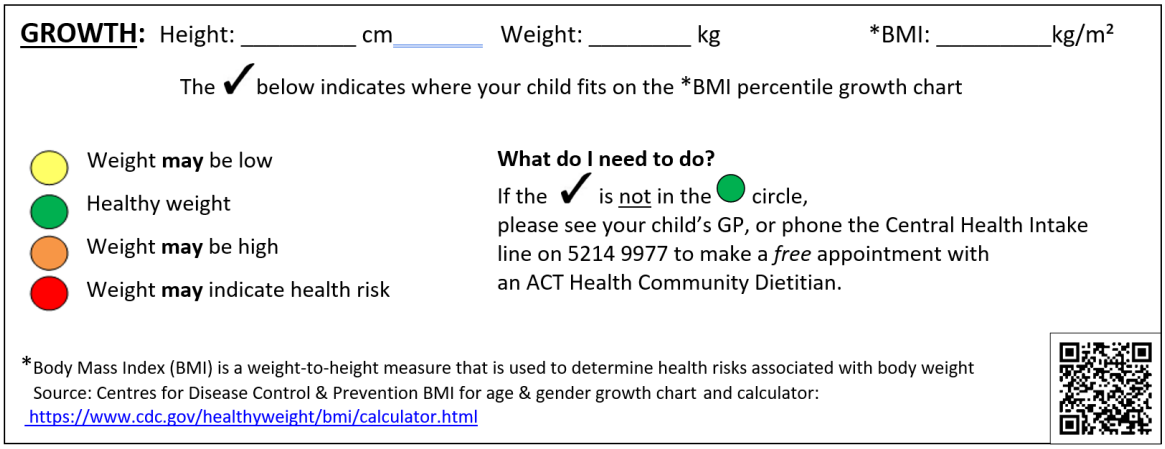
3.173 The Kindergarten Health Check information letter, consent form and questionnaire are provided in English and require general literacy. Phone numbers are provided for accessibility and translation services.

3.174 The ACT Health Directorate's Academic Unit of General Practice processes Kindergarten Health Check questionnaires. For selected components of the questionnaire, when parents or guardians have indicated concerns about their child and have consented to information being provided to a nominated general practitioner, a summary report and information letter is sent to the general practitioner. For parents or guardians who have indicated concerns but not consented to information being provided to a nominated general practitioner, a School Health Team nurse attempts to contact the family by telephone and/or letter.

3.175 The Kindergarten Health Check physical health check is conducted during the school year, typically two to six months after administration of the questionnaire. Figure 3-9 shows an excerpt of the letter sent to parents and guardians following their child's participation in the physical health check. This section of the letter shows their child's height, weight and

Body Mass Index and an indication of whether the child is in the 'healthy weight' range, using a 'traffic light' colour code.

Figure 3-9 Excerpt of the Kindergarten Health Check results letter provided to parents and guardians



Source: Excerpt of Kindergarten Health Check Results letter to parents or guardians.

3.176 The letter is accompanied by a two-page information sheet that contains information about Body Mass Index, the relationship between childhood weight and health and support options and links to more information on the Health Directorate website and other websites. Families who have indicated concerns about their child's eating behaviours and/or height and weight in the questionnaire also receive a brochure for the Canberra Health Services Women, Youth and Children Nutrition Service. The letter and accompanying information are provided in English and require general literacy. Phone numbers are provided for accessibility and translation services.

3.177 A School Health Team nurse will contact the parent if there are significant weight concerns, guided by clinical judgement and/or following discussion with the Kindergarten Co-ordinator or Clinical Nurse Consultant. The Kindergarten Health Check Clinical Procedure BMI Referral Flow Chart recommends that for children with Body Mass Index at the 97th percentile or above, three attempts should be made to contact the family by telephone to check whether the child is under the care of a health professional. For children who are not under the care of a health professional a recommendation to contact a general practitioner or dietitian is provided.

Use of data from the Kindergarten Health Check for childhood healthy eating and active living

3.178 An internal report prepared in 2021 and a research paper published in the *International Journal of Obesity* in 2022 by the Academic Unit of General Practice in collaboration with researchers from the Australian National University, showed that:

- the average height, weight and Body Mass Index of children participating in the Kindergarten Health Check in the ACT has remained stable since 2001, as has the percentage of children classified in the 'healthy weight' range;

- between 2014 and 2018, 12 per cent of children participating in the Kindergarten Health Check were classified as 'overweight' and four per cent were classified as 'obese'; and
- between 2014 and 2018, six per cent of parents had concerns about their child's weight and 23 per cent had concerns about their child's eating behaviours.

3.179 The Academic Unit of General Practice also reported that:

- between 2014 and 2018, the Kindergarten Health Check questionnaire was completed for 92 per cent of eligible children and the physical health check was completed for 85 per cent; and
- between 2014 and 2018, 88 per cent of families who completed the questionnaire indicated that they had a regular general practitioner and 86 per cent consented to having the health check results provided to their general practitioner.

3.180 The research paper published in the *International Journal of Obesity* in 2022, by the Academic Unit of General Practice in collaboration with researchers from the Australian National University, used data from the Kindergarten Health Check to show that parent or guardian perceptions of their child's health, and concerns about their child's weight, as measured through the questionnaire between 2014 and 2017, were not well correlated with their child's Body Mass Index measured in the physical health check. Comments made in the questionnaire showed that parents and guardians considered a range of factors, including medical history, effect of prescribed medications, family traits and body characteristics, as well as eating and activity behaviours, in assessing their child's health. Some families who noted concerns in the questionnaire indicated that they were already making changes in their child's eating and activity behaviours and others indicated they were already accessing healthcare for their child.

3.181 The eating, activity, weight, height, and Body Mass Index components of the Kindergarten Health Check have not been evaluated. While the vision and hearing components of the Kindergarten Health Check have been shown to help connect families to healthcare services, no data is available about how families respond to receiving information about their child's body size in the Kindergarten Health Check results letter or by telephone. It is not known how many families expressing concern about their child contact the recommended healthcare services.

3.182 Children live in the context of families and information about a child's body size may impact not just the child concerned, but also the thoughts and behaviours of other family members, including siblings and parents or guardians. There is no information available about whether children or families experience unintended negative impacts from participation in the Kindergarten Health Check, such as instigating risky dietary restriction or disordered eating.

3.183 There is also no information available about whether culturally and linguistically diverse families can understand the information provided in the Kindergarten Health Check results letter or accompanying information.

3.184 Representatives from the Canberra Health Services Women, Youth and Children Nutrition Service advised that they receive few referrals, including to the School Kids Intervention Program, arising directly from the Kindergarten Health Check. They also advised that when parents or guardians do contact the service after receiving a Kindergarten Health Check results letter, they are generally upset about the information they have received and the method of receiving it. Canberra Health Services representatives and subject matter experts consulted as part of the audit considered that it is better practice to raise issues of childhood body size with families in a sensitive manner, in an individualised healthcare setting.

3.185 The Kindergarten Health Check is the only ACT population health survey that collects information about individual children for the purpose of connecting children and families to healthcare services. The Kindergarten Health Check is available to all children enrolled in their first year of full-time school in the ACT. It represents a significant investment in population health survey and preventive health, reaching up to 6,000 children annually and providing valuable longitudinal data, including about childhood healthy eating and active living. There is significant potential for the Kindergarten Health Check to contribute to early intervention by detecting problems early and connecting families to appropriate healthcare services. The components of the Kindergarten Health Check that measure healthy eating, active living and body size have not been evaluated for effectiveness, despite mixed evidence for the effectiveness and impact of similar programs in other jurisdictions. It is not known whether this component of the Kindergarten Health Check is effective in providing information to families and general practitioners about childhood health, or in connecting families to specialist healthcare services.

RECOMMENDATION 7 KINDERGARTEN HEALTH CHECK

The ACT Health Directorate should evaluate the eating, activity, weight, height and Body Mass Index components of the Kindergarten Health Check. The evaluation should consider:

a) whether the method of collecting data about the size of children's bodies and reporting this to families is consistent with better practice;

b) whether the information provided is accessible and culturally safe for families from culturally and linguistically diverse backgrounds;

c) whether the information provided has unintended negative consequences for either the child or family, such as increased body dissatisfaction, risky dietary restriction or disordered eating;

d) whether the information provided effectively supports families to safely increase healthy eating or active living; and

e) whether the information provided effectively supports families to access appropriate healthcare.

ACT Physical Activity and Nutrition Survey

3.186 The ACT Physical Activity and Nutrition Survey has been conducted every three years since 2006 with Year 6 students in selected ACT schools. Schools are selected by probabilistic sampling and principals are given the opportunity to opt-in to participate in the survey. Participating schools receive information for provision to families, including an opt-out form. Families are informed that the survey includes measurement of height and weight in a private and confidential setting.

3.187 The ACT Physical Activity and Nutrition Survey is administered by a third-party provider, under a contract managed by the ACT Health Directorate. Students complete a self-administered survey of activity and eating habits and their height and weight is measured. Data are collected anonymously, and no record of data collected is provided to students or families.

Year 7 Health Survey

3.188 The Year 7 Health Survey was implemented in 2020. The Health Survey is a self-administered digital survey of eating and activity behaviours, including dietary choices, physical activity, sleep and self-perceived health. Year 7 Health Survey data are collected anonymously, and no record of data collected is provided to students or families.

3.189 The ACT Health Directorate's consultation with government and non-government stakeholders, members of the public and students in developing the Year 7 Health Survey identified several concerns about a Body Mass Index measurement component originally proposed for the survey. The concerns included potential contributions to body image issues, eating disorders, low self-esteem, bullying or depression and the lack of referral pathway and healthcare services for adolescents and teenagers with atypical weight gain and related health concerns. The proposed Body Mass Index measurement component was not included in the Year 7 Health Survey.

3.190 The ACT Health Directorate collects and reports population-level data about childhood healthy eating and active living and childhood body size through the Kindergarten Health Check, through two other school-based surveys, conducted in Years 6 and 7, and through the ACT General Health Survey. These data allow changes and trends in childhood healthy eating and active living in the ACT to be tracked over time.

4 ACT CHILDHOOD TREATMENT SERVICES

4.1 This chapter presents information on treatment services delivered by Canberra Health Services for children with atypical weight gain and related health concerns.

Summary

Conclusions

The School Kids Intervention Program provides a single multidisciplinary healthcare service for children aged four to 12 years-old with atypical weight gain and associated health concerns. There are no healthcare services of this type in the ACT for children between birth and three years-old or young people between 13 and 17 years-old.

The School Kids Intervention Program uses an evidence-based, effective and responsive service model and has demonstrated positive impact for children and families. However, the effectiveness of the program is limited by its capacity. The program provides access to a dietitian, exercise physiologist and paediatric registrar but lacks embedded mental health supports and has limited capacity to support children and families with complex needs. The capacity of the program is insufficient to meet demand in the eligible age group in the ACT.

There is a high risk that the current service offerings do not meet the scale or breadth of the ACT community's need for healthcare services treating atypical eating or activity behaviours, atypical weight gain and related health issues in childhood. Unmet demand and incomplete service delivery increase the risk of poor health outcomes for children, young people and adults and increase the cost and complexity of healthcare required later in life.

Key findings

	Paragraph
Atypical eating and activity behaviours and atypical weight gain in childhood are complex health issues that require early, intensive and sustained multidisciplinary healthcare. Canberra Health Services provides a single multidisciplinary healthcare service for children aged four to 12 years-old with atypical weight gain and associated health concerns; the School Kids Intervention Program. There are no healthcare services of this type in the ACT for children between birth and three years or young people between 13 and 17 years. If children are not referred to the School Kids Intervention Program before reaching the upper age-limit restriction of 12 years-old, they need to wait until they are 18 years-old to become eligible for adult treatment services. Lack of access to appropriate treatment during childhood risks increasing demand for adult services and risks people developing very high weight and complex health concerns.	4.20

The School Kids Intervention Program provides access to dietetics, exercise physiology and medical support and uses a family-based approach that considers overall health and wellbeing. Delivery of the program is informed by the *School Kids Intervention Program (SKIP) Child Obesity Service Model*. The service model has many elements of better practice in the treatment of children with atypical weight gain and associated health concerns. However, some elements of better practice not provided through the service model include: mechanisms to support family retention and sustained engagement, with long-term follow-up of child and family outcomes; access to embedded mental health services; and age-appropriate settings and models of care to address the different and increased complexity of needs and behaviours for adolescents, teenagers, and young people. This may limit the effectiveness of the program, especially for families with complex needs. 4.29

The School Kids Intervention Program was commenced in 2015 because of service gaps identified in the Canberra Hospital and Health Services *Obesity Service Redesign Project Services Proposal 2012*. It was proposed that the service would commence at a small scale using existing resources and then be expanded over time, to form a Child and Adolescent Obesity Management Team. Despite this intention, resourcing for the School Kids Intervention Program has remained static since 2015-16. 4.33

Between February 2015 and June 2022, 351 children were referred to the School Kids Intervention Program. Of these, 188 children (54 per cent) subsequently commenced the treatment program (between 12 and 33 children annually). Following a high number of referrals to the School Kids Intervention Program on its commencement in 2015, the number of referrals received by the School Kids Intervention Program was lower between 2016-17 and 2021-22. Representatives from the Women, Youth and Children Nutrition Service and School Kids Intervention Program told the Audit Office that the decrease in referrals partially reflects impacts of the Covid-19 pandemic on healthcare services, but also that referrals may have slowed because of healthcare practitioner and community beliefs that wait times were untenable. The average waiting time for access to the program was between 46 and 49 weeks in the three years to 2016-17, but has subsequently decreased to 12 weeks in 2021-22. 4.45

Families on the School Kids Intervention Program waiting list are offered support through the Women, Youth and Children Nutrition Service. Families can access information and advice about their child's diet from the Women, Youth and Children Nutrition Service but cannot access case co-ordination, exercise physiology or medical assessment. The support offered through the Women, Youth and Children Nutrition Service, while useful, does not meet the needs of these children and their families. Representatives from the Women, Youth and Children Nutrition Service told the Audit Office that they do not have capacity to provide high frequency appointments and therefore the service is ineffective in supporting behaviour change for children and families on the waiting list. 4.46

Resourcing for the School Kids Intervention Program has remained at 0.6 of a full-time equivalent staff member and an annual budget of $82,000 since 2015-16. This resourcing provides capacity for enrolling approximately 25 children annually. Demand has exceeded capacity and the service has recorded annual average waiting 4.52

times of up to 49 weeks. Using data collected by the ACT Health Directorate's Kindergarten Health Check and ACT Physical Activity and Nutrition Survey, the Audit Office estimates there are likely to be approximately 2,000 children aged four to 12 years-old in the ACT who could be classified as 'obese', based on Body Mass Index. A significant number of these children may require a multidisciplinary healthcare service for atypical weight gain and related health concerns. This estimate, and the long waiting times recorded, suggest that the ACT's only multidisciplinary healthcare service for children aged four to 12 years-old with atypical weight gain does not have capacity to meet demand in the eligible age group.

The School Kids Intervention Program has been effectively managed and administered for the treatment services it provides. The School Kids Intervention Program has a fit-for-purpose governance structure and established and well-documented policies and service processes. The effectiveness of the School Kids Intervention Program service model has been monitored using specific, informative and timely performance measures. These measures, and client surveys, have confirmed that the service achieves positive outcomes for children and families, including positive changes in healthy eating, active living, and general wellbeing. Performance data have been used to inform continuous program re-design; formalised through updates to the service model. Additional performance measures that will add value to future evaluative reviews include waiting list volume, length of waiting times, length of engagement with the program, number of families completing the expected period of service, and number of families disengaging before completion. 4.66

Treatment services in the ACT

The need for treatment services

4.2 Some children experience atypical eating and activity behaviours and/or atypical weight gain that places their health at risk. The causes of atypical childhood weight gain are complex and multifactorial and include medical, social and socio-economic factors.[22] Identifying and managing the causes of atypical eating and activity behaviours or atypical weight gain as early as possible in childhood is important for healthy childhood growth and development and for lifelong health and wellbeing. There is evidence that specialist healthcare services provided in pregnancy and early childhood can be effective in establishing healthy eating and activity behaviours and preventing or reducing atypical weight gain later in childhood.[23]

[22] Haqq, A.M., Kebbe, M., Tan, Q., Manco, M., Ramos Salas, X. (2021). *The complexity and stigma of paediatric obesity*. Childhood Obesity 17(4). doi:10.1089/chi.2021.0003.

Baskaran, C. & Kandemir, N. (2018). *Update on endocrine aspects of childhood obesity*. Current Opinion in Endocrinology, Diabetes & Obesity 25, pp. 55-60 doi:10.1097/MED.0000000000000381.

[23] McGill, B., Sweeting, J., Surkalim, D. L., Phongsavan, P., Thomas, M., Bellew, B. (2020). *New developments in the prevention of obesity among children and young people aged 0-18 Years: Rapid Evidence Review*

4.3 Specialist healthcare services for children with atypical eating or activity behaviours or atypical weight gain address the top tier of the hierarchy of needs illustrated in Figure 1-1.

4.4 Healthcare practitioners treating children and families in the ACT told the Audit Office that when children have atypical weight gain and associated heath concerns, families often have complex histories and high support needs, including needs for mental health and socio-economic supports. The Audit Office heard that families may need support from multiple specialists to manage their child's health, including general paediatrics, paediatric endocrinology, dietitians, exercise physiologists and psychologists or other mental health practitioners. Families may also need supports to access housing, food security and other basic needs, including disability diagnosis and support.

4.5 The *Australian National Obesity Strategy 2022-2032* aims for all Australians to have access to early and supportive healthcare and notes the importance of person-centred care that provides appropriate treatment for atypical weight gain without bias, judgement or stigma. This concept was endorsed by ACT healthcare practitioners, who told the Audit Office that healthcare services treating childhood atypical weight gain need to be free from weight-stigma and need to use inclusive, behaviour-based language and approaches.

Treatment services

Entry into the healthcare service system

4.6 The first touchpoints in the ACT healthcare system for families with concerns about their child's eating or activity behaviours and/or weight gain are general practitioners, paediatricians (including the Developmental Paediatric and Child Protection Medical Service), Maternal and Child Health nurses, the Child Development Service and other healthcare professionals such as dietitians or dentists. Concerns about childrens' behaviours or weight gain may also be identified by schools, Child and Youth Protection Services or the Child at Risk Health Unit.

Treatment options for atypical eating and activity behaviours

4.7 Children with atypical eating and activity behaviours and/or atypical weight gain and associated health concerns can be referred to:

- the Canberra Health Services Women, Youth and Children Nutrition Service; or
- the School Kids Intervention Program.

4.8 Children may also receive treatment from a general practitioner or paediatrician.

Update. Prepared for the NSW Ministry of Health: Sydney. Physical Activity Nutrition Obesity Research Group, The University of Sydney, 2020.

Integrating early childhood obesity prevention into health services (2021). EPOCH Evidence Brief July 2021.

Analysing interventions to prevent obesity in early childhood (2021). EPOCH Evidence Brief July 2021.

4.9 Young people aged 18 years-old and above with atypical weight gain and associated health concerns can be referred to the Canberra Health Services Obesity Management Service or can receive treatment from a general practitioner.

4.10 Table 4-1 shows the public healthcare services available for children and young people in the ACT with atypical eating and activity behaviours, atypical weight gain and associated health concerns. Healthcare services provided by general practitioners or paediatricians were not considered as part of the audit.

Table 4-1 Public healthcare services in the ACT for children and young people with atypical eating and activity behaviours, atypical weight gain and related health concerns

<table>
<tr><th>Service</th><th>Support type</th><th>Pregnancy to 3 years old</th><th>4 to 12 years old</th><th>13 to 17 years old</th><th>18 years and above</th></tr>
<tr><td>Women, Youth and Children Nutrition Service</td><td>Dietetic assessment, information and advice, individual appointments, and groups for childhood eating and feeding</td><td colspan="4">Assessment, information, advice, support groups</td></tr>
<tr><td>School Kids Intervention Program</td><td>Multidisciplinary treatment and management of atypical weight gain, eating and activity behaviours and related health concerns</td><td></td><td>Intensive supports for 4 to 12 years old</td><td colspan="2"></td></tr>
<tr><td>Obesity Management Service</td><td>Multidisciplinary treatment and management of atypical weight gain, eating and activity behaviours and related health concerns</td><td colspan="3"></td><td>Intensive supports for 18 years and above</td></tr>
</table>

Source: ACT Audit Office, based on Canberra Health Services information.

4.11 In addition to the services described in Table 4-1:

- Canberra Health Services Maternal and Child Health nurses provide information and advice on breastfeeding as well as infant and early childhood feeding;
- Child and Family Centres (Community Services Directorate) provide general parenting support and advice; and
- the Child Development Service (Community Services Directorate) provides specialised supports for children with concerns relating to their development.

4.12 The Canberra Hospital Nutrition Department treats children with complex medical conditions, including children with atypical weight gain related to metabolic disorders or psychiatric or psychological conditions. Children with eating disorders can be referred to the Canberra Health Services Eating Disorders Clinical Hub. Some women may also receive care from the Canberra Health Services Obesity Management Service pre- and post-pregnancy.

4.13 For Aboriginal and Torres Strait Islander families in the ACT, the Winnunga Nimmityjah Aboriginal Health and Community Service provides the following services to support childhood healthy eating:

- a weekly drop-in clinic with a Child Health Nurse for information and support on breastfeeding, nutrition, feeding, sleeping, behaviour and development;
- access to a dietitian and endocrinologist through visiting Allied Health and Specialists; and
- a weekly Healthy Cooking Group.

Women, Youth and Children Nutrition Service

4.14 Canberra Health Services' Women, Youth and Children Nutrition Service provides nutrition assessment, counselling and advice for infants, children and young people from birth to 25 years-old and for women during pregnancy and up to two years post-birth. The service provides information, advice and support on a range of nutrition-related issues, including fussy eating, highly selective eating, food allergy and intolerance, disordered eating, healthy eating during pregnancy and breastfeeding and atypical weight gain. Consultations are provided at Belconnen, City, Gungahlin, Phillip and Tuggeranong Community Health Centres, the West Belconnen Child and Family Centre and Weston Creek Walk-In Centre.

4.15 Between 2013-14 and 2020-21, the Women, Youth and Children Nutrition Service provided 1,587 nutrition clinic consultations that were coded as being related to weight management (16 per cent of all nutrition clinic consultations during this period). This is likely to be an underestimate of all consultations relating to maternal or child weight, as consultations coded as being primarily for other health concerns may also have a healthy eating or weight management component. During the same period, the Women, Youth and Children Nutrition Service also provided more than 300 community presentations or workshops in relation to healthy eating and weight management.

School Kids Intervention Program

4.16 Children in the ACT aged four to 12 years-old who need multidisciplinary support for atypical weight gain and related health concerns can receive treatment though the School Kids Intervention Program (known as 'SKIP'). Healthcare professionals can refer children to the School Kids Intervention Program if they have Body Mass Index greater than the 95th percentile or greater than the 85th percentile with comorbidities (for example, sleep apnoea or hyperlipidaemia).

4.17 The School Kids Intervention Program provides a 12-month, multidisciplinary treatment program, which is focused on lifestyle modification. Families work with a dietitian, an exercise physiologist and a case coordinator and are medically assessed by a paediatric endocrinology registrar, if the child is not currently engaged with a paediatrician. The dietitian provides dietary advice and counselling support for eating behaviour change and the exercise physiologist provides support for increasing physical activity and reducing sedentary behaviour. The paediatric registrar oversees medical assessment and management. The case co-ordinator provides case management support, including intake, assessment, appointment management and discharge planning.

Obesity Management Service

4.18 Canberra Health Services' Obesity Management Service provides intensive, multidisciplinary treatment for young people and adults aged 18 years and above with a Body Mass Index over 40 (classified as 'severely obese'). Clients receive a range of specialist supports including dietetics, exercise physiology, psychology and medical assessment. A small number of clients also receive bariatric surgery.

4.19 In June 2022, the Obesity Management Service had approximately 270 active clients and approximately 700 people on the waiting list. A representative from the Obesity Management Service told the Audit Office that clients often have weight and health problems for a long time, including since childhood, and can have complex medical, psychosocial and socio-economic needs. Clients can have very high Body Mass Index (over 60) and typically have serious and complex health conditions arising from their weight. Long waiting times mean that health conditions worsen while on the waiting list.

4.20 Atypical eating and activity behaviours and atypical weight gain in childhood are complex health issues that require early, intensive and sustained multidisciplinary healthcare. Canberra Health Services provides a single multidisciplinary healthcare service for children aged four to 12 years-old with atypical weight gain and associated health concerns; the School Kids Intervention Program. There are no healthcare services of this type in the ACT for children between birth and three years or young people between 13 and 17 years. If children are not referred to the School Kids Intervention Program before reaching the upper age-limit restriction of 12 years-old, they need to wait until they are 18 years-old to become eligible for adult treatment services. Lack of access to appropriate treatment during

childhood risks increasing demand for adult services and risks people developing very high weight and complex health concerns.

School Kids Intervention Program

Service model

4.21 Research in Australia and internationally, and the experiences of ACT healthcare practitioners, have identified features of better practice healthcare programs for treating and managing atypical weight gain and associated health concerns in children.[24] The most important components of effective clinical programs are:

- early referral pathways to intensive support services that operate within and are connected with the broader healthcare system;
- ability to triage and assess children and families and provide different care pathways, according to child and family complexity and need;
- a family-based approach in which the family is the agent of change and is empowered to make changes in the home;
- a focus on overall health and wellbeing (including both healthy eating and active living) rather than on weight, and avoidance of weight-based terminology and stigma;
- regular contact with a multidisciplinary service that can support health-promoting behaviours around eating, activity and parenting, and provide access to specialist paediatric assessment and mental health services;
- mechanisms to support family retention and sustained engagement, with long-term follow-up of child and family outcomes;

[24] For example, McMaster, C.M., Calleja, E., Cohen, J., Alexander, S., Denney-Wilson, E., Baur, L.A. (2021). *Current status of multi-disciplinary paediatric weight management services in Australia*. Journal of Paediatrics and Child Health. doi:10.1111/jpc.15439.

Chai, L. K., Collins, C., May, C., Brain, K., Wong See, D & Burrows, T. (2019). *Effectiveness of family-based weight management interventions for children with overweight and obesity: an umbrella review*. JBI Database of Systematic Review and Implementation Reports doi:10.11124/JBISRIR-2017-003695.

Vidgen, H.A., Love, P.V., Wutzke, S.E., Daniels, L.A., Rissel, C.E., Innes-Hughes, C., Baur, L.A. (2018). *A description of health care system factors in the implementation of universal weight management services for children with overweight and obesity: case studies from Queensland and New South Wales, Australia*. Implementation Science 13:109. doi:org/10.1186/s13012-018-0801-2.

Mead, E., Brown, T., Rees, K., Azevedo, L,B., Whittaker, V., Jones, D., Olajide, J., Mainardi, G,M., Corpeleijn, E., O'Malley, C., Beardsmore, E., Al-Khudairy, L., Baur. L., Metzendorf. M,I., Demaio. A & Ells. L,J. (2017). *Diet, physical activity and behavioural interventions for the treatment of overweight or obese children from the age of 6 to 11 years*. Cochrane Database of Systematic Reviews 2017(6). doi:10.1002/14651858.CD012651.

- age-appropriate settings and models of care to address the different and increased complexity of needs and behaviours for adolescents, teenagers, and young people; and
- maximum reach to disadvantaged and at-risk population groups and capacity to connect families to social and socio-economic supports.

4.22 Delivery of the School Kids Intervention Program is informed by the *School Kids Intervention Program (SKIP) Child Obesity Service Model*. The current service model was prepared in June 2021 and built upon earlier iterations developed in 2018 and 2015. The service model is based on the National Health and Medical Research Council's *Clinical Practice Guidelines for the Management of Overweight and Obesity in Adults, Adolescents and Children in Australia*. The service model aims to provide services in a safe, supportive and non-judgemental environment, using a strengths-based approach and working in partnership with the child and family. The treatment focus is on sustainable behaviour modification, not on weight loss. The intended clinical outcomes for children are:

- improved physical health outcomes;
- increased activity levels and reduced sedentary behaviour;
- improved dietary intake and eating behaviour;
- improvement in any mental health issues; and
- improved sense of wellbeing.

4.23 The 2021 School Kids Intervention Program service model describes the treatment pathway for children and families. At the first appointment, the Co-ordinator uses a custom assessment form and checklist to triage children and families into high or low intensity treatment pathways and to assess need for paediatric assessment. Families are offered the opportunity to join the Kids Activity Program, a group program offered by the University of Canberra Exercise Physiology Department, and to receive regular goal reminders from the School Kids Intervention Program via text message.

4.24 The School Kids Intervention Program high intensity treatment pathway provides monthly appointments with a dietitian or exercise physiologist for 12 months, access to a paediatrician when required, a workbook, personalised goal reminders via text message, self-paced webinars and activities and access to the Kids Activity Program. Canberra Health Services advised that when implemented, the low intensity pathway will provide self-directed learning through webinars and activities, personalised goal reminders via text message and contact with the Co-ordinator at three and six months post enrolment. Families can move from the low intensity pathway into the high intensity pathway if needed.

4.25 The following elements of the 2021 School Kids Intervention Program service model are consistent with evidence for better practice:

- referral pathways to an intensive support service that operates within the broader healthcare system;
- ability to triage and assess children and families and provide different care pathways, according to child and family complexity and need;
- a family-based approach in which the family is the agent of change and is empowered to make changes in the home;
- a focus on overall health and wellbeing (including both healthy eating and active living) rather than on weight, and avoidance of weight-based terminology and stigma; and
- regular contact with dietitian and/or exercise physiologist and access to paediatric assessment when required.

4.26 Some elements of better practice are not provided by the 2021 School Kids Intervention Program service model. These elements are:

- mechanisms to support family retention and sustained engagement, with long-term follow-up of child and family outcomes;
- access to embedded mental health services; and
- age-appropriate settings and models of care to address the different and increased complexity of needs and behaviours for adolescents, teenagers, and young people.

4.27 What is also not provided for by the 2021 School Kids Intervention Program service model are explicit mechanisms and processes to reach disadvantaged and at-risk population groups and capacity to connect families to social and socio-economic supports.

4.28 The Audit Office was advised that these elements were missing due to resourcing constraints, which impacted on the accessibility and service capacity of the program. The resourcing, accessibility and service capacity of the School Kids Intervention Program is described below.

4.29 The School Kids Intervention Program provides access to dietetics, exercise physiology and medical support and uses a family-based approach that considers overall health and wellbeing. Delivery of the program is informed by the *School Kids Intervention Program (SKIP) Child Obesity Service Model*. The service model has many elements of better practice in the treatment of children with atypical weight gain and associated health concerns. However, some elements of better practice not provided through the service model include: mechanisms to support family retention and sustained engagement, with long-term follow-up of child and family outcomes; access to embedded mental health services; and age-appropriate settings and models of care to address the different and increased complexity of needs and behaviours for adolescents, teenagers, and young people. This may limit the effectiveness of the program, especially for families with complex needs.

Resourcing, accessibility and service capacity

Resourcing

4.30 Table 4-2 shows resourcing for the School Kids Intervention Program between 2014-15 and 2020-21.

Table 4-2 Resourcing for the School Kids Intervention Program

	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Employee expenses ($)	37,000	75,000	78,000	81,000	81,000	82,000	68,000
Staffing (Full Time Equivalent, FTE)	0.31	0.62	0.62	0.62	0.61	0.61	0.50
Canberra Hospital Foundation ($)	21,759	9,933	1,086	-	-	12,003	3,200
Office of the Executive Director of Allied Health ($)	-	4,114	-	-	-	4,555	-

Source: ACT Audit Office, based on Canberra Health Services information.

4.31 Since 2015-16, average staffing for the School Kids Intervention Program has been 0.6FTE and average annual expenditure has been $77,500. Staffing consists of 0.4FTE coordinator, 0.1FTE HPE dietitian, 0.1FTE HP3 exercise physiologist and 0.1 to 0.02FTE paediatric registrar. Canberra Health Services advised that the dietitian and exercise physiologist resources are provided from other service teams. Expenses and staffing were reduced in 2020-21 because of a reduction in services during the Covid-19 pandemic restrictions. Funding for equipment and resources has been sourced through the Canberra Hospital Foundation since 2015. Funding for evaluation activities has been sourced from the Office of the Executive Director of Allied Health. Additional resourcing has been sought through business cases to the Women, Youth and Children Executive Director.

4.32 A participant survey and internal model of care review undertaken by the School Kids Intervention Program identified access to embedded mental health services as an unmet need for program participants. Funding was allocated from the Canberra Hospital Foundation in 2019 to pilot embedding psychological support in the School Kids Intervention Program but was not progressed due to the Covid-19 pandemic.

4.33 The School Kids Intervention Program was commenced in 2015 because of service gaps identified in the Canberra Hospital and Health Services *Obesity Service Redesign Project Services Proposal 2012*. It was proposed that the service would commence at a small scale using existing resources and then be expanded over time, to form a Child and Adolescent Obesity Management Team. Despite this intention, resourcing for the School Kids Intervention Program has remained static since 2015-16.

Accessibility

4.34 In person appointments for the School Kids Intervention Program are available at the Belconnen Community Health Centre on Thursday afternoons. Representatives from the Women, Youth and Children Nutrition Service and School Kids Intervention Program advised the Audit Office that this is a barrier for families who are unable to travel, or not available on Thursdays and it would be preferable to offer appointments at more than one location.

Service capacity

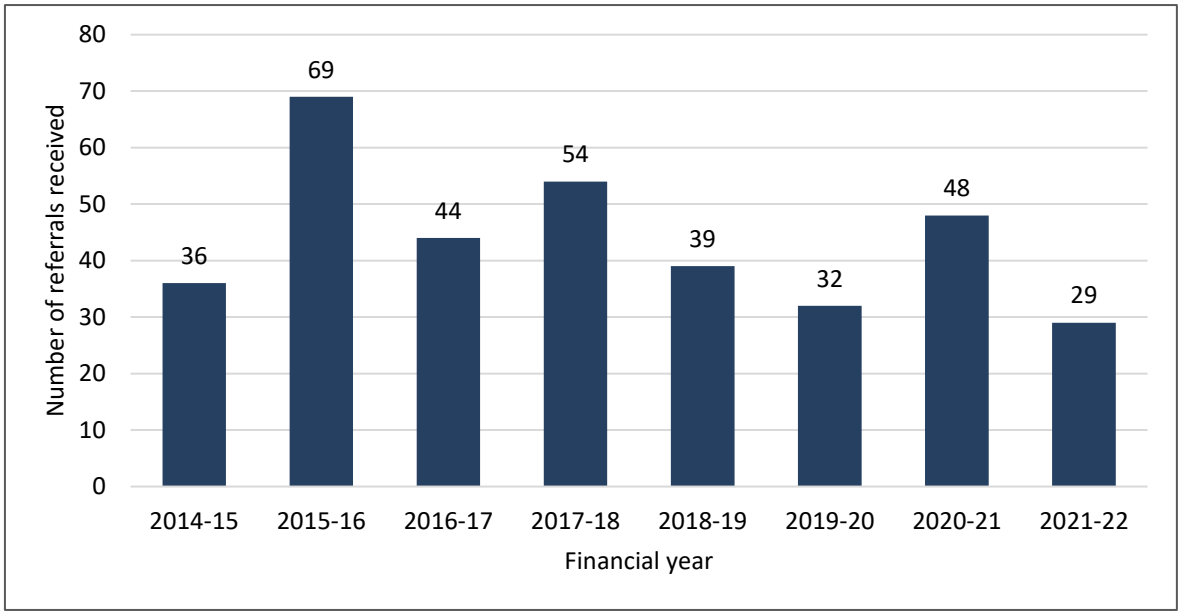
4.35 During consultation in developing the *Australian National Obesity Strategy 2022-2032*, respondents called for greater investment in treatment options for children and adults, including in reducing waiting times for specialist weight management services, particularly in paediatrics and in rural and remote communities. The strategy notes that atypical weight gain can become a chronic, relapsing condition and that:

> … it is critical to invest in evidence-based support, treatment, and care to help slow the further progression [of weight gain].

4.36 Between February 2015 and June 2022, 351 children were referred to the School Kids Intervention Program. Of these, 188 children (54 per cent) subsequently commenced the treatment program (between 12 and 33 children annually).

4.37 Figure 4-1 shows the number of children referred to the School Kids Intervention Program each year between 2014-15 and 2021-22.

Figure 4-1 Number of referrals received by the School Kids Intervention Program (February 2015 to June 2022)



Source: ACT Audit Office, based on Canberra Health Services information.

4.38 Following a high number of referrals to the School Kids Intervention Program on its commencement in 2015, the number of referrals received by the School Kids Intervention

Program was lower between 2016-17 and 2021-22. Representatives from the Women, Youth and Children Nutrition Service and School Kids Intervention Program told the Audit Office that the decrease in referrals partially reflects impacts of the Covid-19 pandemic on healthcare services in 2020 and 2021, but also that referrals may have slowed because of healthcare practitioner and community beliefs that wait times were untenable. Representatives from the ACT general practice healthcare sector advised the Audit Office that general practitioners will typically not refer clients to services known to have unsustainable wait times. Canberra Health Services advised that a decision was made to cease actively advertising the School Kids Intervention Program since the program's demand could not be met with current resourcing.

4.39 The Audit Office examined referrer and age data for children referred to and enrolled in the School Kids Intervention Program by June 2021. Fifty-one per cent of these referrals were made by paediatricians, 37 per cent by general practitioners or other healthcare or social care practitioners and 12 per cent were made by families or schools.

4.40 Of the children referred to the School Kids Intervention Program between February 2015 and June 2021:

- 48 per cent were between four and eight years-old; and
- 52 per cent were between nine and 12 years-old.

4.41 Of the children commencing the School Kids Intervention Program:

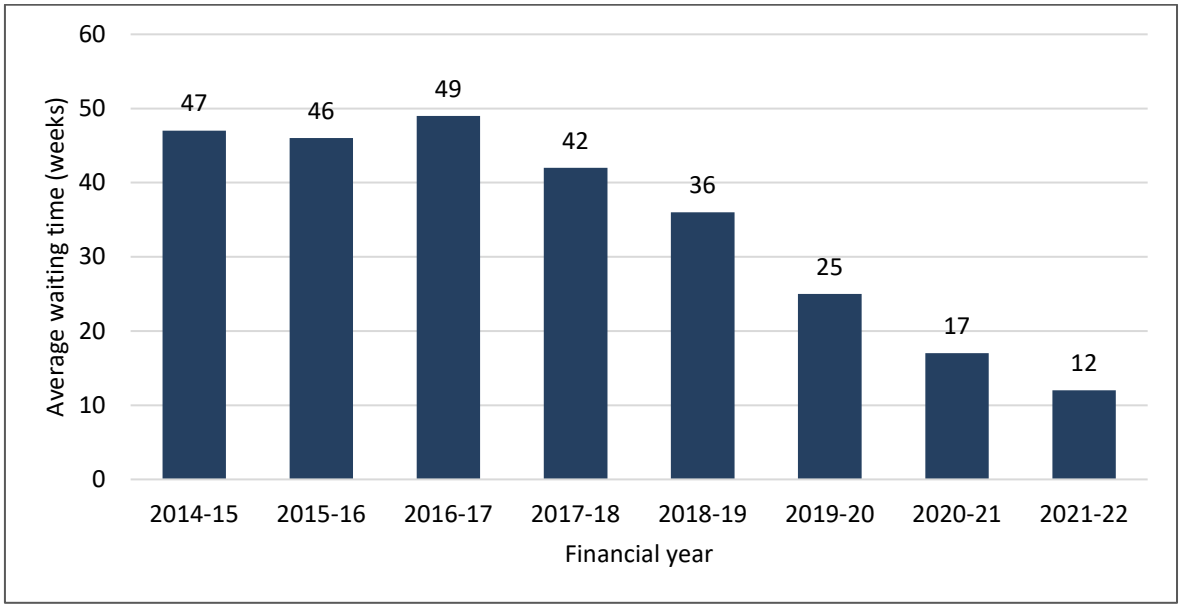
- 32 per cent were between four and eight years-old; and
- 68 per cent were between nine and 14 years-old.

4.42 Representatives from the Women, Youth and Children Nutrition Service and School Kids Intervention Program advised the Audit Office that for those families on the waiting list for the program for long periods, it was common for the child and family situation to have changed during their waiting period or for the children to have outgrown the age eligibility criteria for the program. Nevertheless, if children are referred to the School Kids Intervention Program by the time they are 12 years-old and are required to wait beyond reaching 13 years-old, they will still be enrolled into the program, due to lack of other service options for these children and families.

4.43 Families on the School Kids Intervention Program waiting list are offered support through the Women, Youth and Children Nutrition Service. Families can access information and advice about their child's diet from the Women, Youth and Children Nutrition Service but cannot access case co-ordination, exercise physiology or medical assessment. The support offered through the Women, Youth and Children Nutrition Service, while useful, does not meet the needs of the children and their families. Representatives from the Women, Youth and Children Nutrition Service advised that this service is unable to offer sustained, regular appointments to address the complex needs of families referred to the School Kids Intervention Program and is therefore ineffective in supporting behaviour change for these children.

4.44 Figure 4-2 shows average waiting times for the School Kids Intervention Program between 2014-15 and 2021-22. Data is shown for 188 children who commenced the program during this time. The waiting times shown are the time between the School Kids Intervention Program receiving a referral and the child commencing treatment. The average waiting time was between 46 and 49 weeks in the three years to 2016-17. The average waiting time subsequently decreased from a high of 49 weeks in 2016-17 to 12 weeks in 2021-22.

Figure 4-2 Average waiting times for commencement in the School Kids Intervention Program (February 2015 to June 2022)



Source: ACT Audit Office, based on Canberra Health Services information.

4.45 Between February 2015 and June 2022, 351 children were referred to the School Kids Intervention Program. Of these, 188 children (54 per cent) subsequently commenced the treatment program (between 12 and 33 children annually). Following a high number of referrals to the School Kids Intervention Program on its commencement in 2015, the number of referrals received by the School Kids Intervention Program was lower between 2016-17 and 2021-22. Representatives from the Women, Youth and Children Nutrition Service and School Kids Intervention Program told the Audit Office that the decrease in referrals partially reflects impacts of the Covid-19 pandemic on healthcare services, but also that referrals may have slowed because of healthcare practitioner and community beliefs that wait times were untenable. The average waiting time for access to the program was between 46 and 49 weeks in the three years to 2016-17, but has subsequently decreased to 12 weeks in 2021-22.

4.46 Families on the School Kids Intervention Program waiting list are offered support through the Women, Youth and Children Nutrition Service. Families can access information and advice about their child's diet from the Women, Youth and Children Nutrition Service but cannot access case co-ordination, exercise physiology or medical assessment. The support offered through the Women, Youth and Children Nutrition Service, while useful, does not meet the needs of these children and their families. Representatives from the Women, Youth and Children Nutrition Service told the Audit Office that they do not have capacity to

provide high frequency appointments and therefore the service is ineffective in supporting behaviour change for children and families on the waiting list.

Potentially unmet demand

Estimated demand for childhood treatment services in the ACT

4.47 The ACT Health Directorate reports that the Estimated Resident Population of children aged five to 14 years in the ACT in 2021 was 55,649.

4.48 Data from the ACT Kindergarten Health Check showed that 3.6 per cent of children participating in the check between 2014 and 2018 were classified as 'obese', based on Body Mass Index, and a further 11.7 per cent were classified as 'overweight'. Six per cent of families completing the Kindergarten Health Check Questionnaire reported having concerns about their child's weight.

4.49 Data from the 2018 ACT Physical Activity and Nutrition Survey show that, of 6,729 children surveyed between 2006 and 2018, 4.8 per cent were classified as 'obese', and 17.8 per cent were classified as 'overweight'.

4.50 Data from the Kindergarten Health Check and ACT Physical Activity and Nutrition Survey suggest that approximately four per cent of primary school aged children in the ACT may be classified as 'obese'. Using these data, and the estimated number of children in the five to 14 years age range living in the ACT, it can be estimated that approximately 2,200 children in this age range may be classified as 'obese' based on Body Mass Index (four per cent of 55,649).

4.51 Although the age range provided for Estimated Resident Population (five to 14 years-old) is slightly different to the age range eligible for the School Kids Intervention Program (four to 12 years-old), this estimate suggests that the number of primary-school aged children in the ACT with atypical weight gain who may need access to multidisciplinary healthcare is likely to be significantly higher than the current capacity of the School Kids Intervention Program.

4.52 Resourcing for the School Kids Intervention Program has remained at 0.6 of a full-time equivalent staff member and an annual budget of $82,000 since 2015-16. This resourcing provides capacity for enrolling approximately 25 children annually. Demand has exceeded capacity and the service has recorded annual average waiting times of up to 49 weeks. Using data collected by the ACT Health Directorate's Kindergarten Health Check and ACT Physical Activity and Nutrition Survey, the Audit Office estimates there are likely to be approximately 2,000 children aged four to 12 years-old in the ACT who could be classified as 'obese', based on Body Mass Index. A significant number of these children may require a multidisciplinary healthcare service for atypical weight gain and related health concerns. This estimate, and the long waiting times recorded, suggest that the ACT's only multidisciplinary healthcare service for children aged four to 12 years-old with atypical weight gain does not have capacity to meet demand in the eligible age group.

RECOMMENDATION 8 EVALUATING COMMUNITY NEED FOR TREATMENT SERVICES

Canberra Health Services should evaluate community need for multidisciplinary healthcare services for children aged 0 to 17 years-old with atypical eating and activity behaviours, atypical weight gain and associated health concerns, to address the risks of unmet demand and incomplete service delivery present in current service design. Options for addressing these risks should be presented for government consideration.

Management and administration

Policies and process guidelines

4.53 School Kids Intervention Program policy and procedural guidance is embodied in three documents:

- *Division of Women, Youth and Children Nutrition Service and School Kids Intervention Program Clinics and Groups Business Rules* (March 2022). This document provides guidance for eligibility criteria, referral, treatment, discharge and other administrative processes for clinics and groups offered by the Nutrition Service and the School Kids Intervention Program. The document is intended for dietitians, referring health professionals and Central Health Intake staff.
- *Referral and Appointments Pathway for Division of Women, Youth and Children Community Nutrition Clinic* (March 2022). This document describes the processes, roles and responsibilities for referral of clients to the Nutrition Service and School Kids Intervention Program, including eligibility criteria.
- *SKIP Service Model* (June 2021). The original service model has been formally updated twice, in 2018 and 2021, in response to feedback from participants and internal review. Updates have included administrative and process changes designed to reduce waiting times and increase service capacity. The most significant change since 2015 has been the introduction of a differentiated treatment pathway with high and low intensity models designed for families with different needs.

Governance and oversight

4.54 The School Kids Intervention Program Coordinator reports to the Manager, Women, Youth and Children Community Nutrition Services, through to the Director of Allied Health, Women, Youth and Children and Executive Director Women Youth and Children. The School Kids Intervention Program is a standing item for the Women, Youth and Children Allied Health Performance and Safety Meeting and health and safety issues are raised at the Women, Youth and Children Divisional Work, Health and Safety Meeting.

Evaluation and evidence of effectiveness

4.55 The School Kids Intervention Program has systematically collected and analysed data on child outcomes and family experiences, in order to evaluate the effectiveness of the service.

Findings have been presented at professional meetings, in formal evaluative reports and in a peer-reviewed research article:

- Data from the first four months of program operation (February to May 2015) were presented at the 2015 Canberra Health Annual Research Meeting, to show the level of demand for the service, referral routes and client demographics.
- Data from the first 12 months of program operation (February 2015 to February 2016) were presented at the 2016 Canberra Health Annual Research Meeting, to show that children participating in the program were, on average, more physically active, had improved eating behaviours and were eating a healthier diet.
- Data from a survey of 18 families who were current or former participants in the School Kids Intervention Program were presented at the 2021 Canberra Health Annual Research Meeting to describe perceptions and outcomes for families.
- Child outcomes data were used in a 2020 peer-reviewed research article in the journal Nutrition and Health to demonstrate correlation between child eating behaviours and weight.
- A comprehensive internal review of the service model, conducted by the program coordinator, was documented in 2020. This included review of the national and international evidence base for better practice.

4.56 Table 4-3 shows the deliverables, outputs and clinical outcomes described in the 2021 School Kids Intervention Program service model.

Table 4-3 School Kids Intervention Program deliverables, outputs, and clinical outcomes

Deliverables	Outputs	Clinical outcomes
Formation of a SKIP team comprising health professionals from medicine, exercise physiology and nutrition Development of a service model based on evidence-based practice for children aged 4 to 12 years-old who are overweight or obese Commencement of SKIP in February 2015	Number of referrals and occasions of service SKIP Case Management Plan in place for all clients Client satisfaction with SKIP	Improved physical health Increased activity levels and reduced sedentary behaviour Improved dietary intake and eating behaviour Improvement in any mental health issues Improved sense of wellbeing

Source: School Kids Intervention Program Service Model, 2021.

4.57 Clinical outcomes are measured using standardised assessment tools; the Children's Dietary Questionnaire (CDQ),[25] Child Eating Behaviour Questionnaire (CEBQ)[26] and Strengths and Difficulties Questionnaire (SDQ).[27] Family experiences are measured using a custom client satisfaction survey.

4.58 Table 4-4 shows the monitoring frequency for clinical outcomes and family experience measures used to monitor the effectiveness of the School Kids Intervention Program.

Table 4-4 School Kids Intervention Program child, family, and service performance measures

Measure	Monitoring frequency
1. Number of referrals, occasions of service and contacts	Monitored monthly
2. Medical, dietary, physical activity and psychosocial data	
a. Height, weight, waist circumference and Body Mass Index-for-age	Baseline, 3, 6, 12 months
b. Blood pressure	At medical appointments
c. Physical activity/sedentary behaviour (exercise tolerance)	Baseline, 3, 6, 12 months
d. Diet quality and eating behaviour	Baseline, 3, 6, 12 months
e. Mental health	Baseline, 3, 6, 12 months
3. Service satisfaction (client survey and consumer feedback forms)	At exit from the service

Source: School Kids Intervention Program Service Model, 2021.

4.59 The 2021 School Kids Intervention Program service model does not include measures of:

- waiting list volume;
- length of waiting times;
- length of engagement with the program;
- number of families completing the expected period of service; or
- number of families disengaging before completion.

4.60 In its response to the final proposed report Canberra Health Services noted that, although the service model does not document measures of waiting list, length of waiting time, length of engagement in the service, number of families completing the service, or number of families disengaging before completion, this data is available and can be reported on if requested.

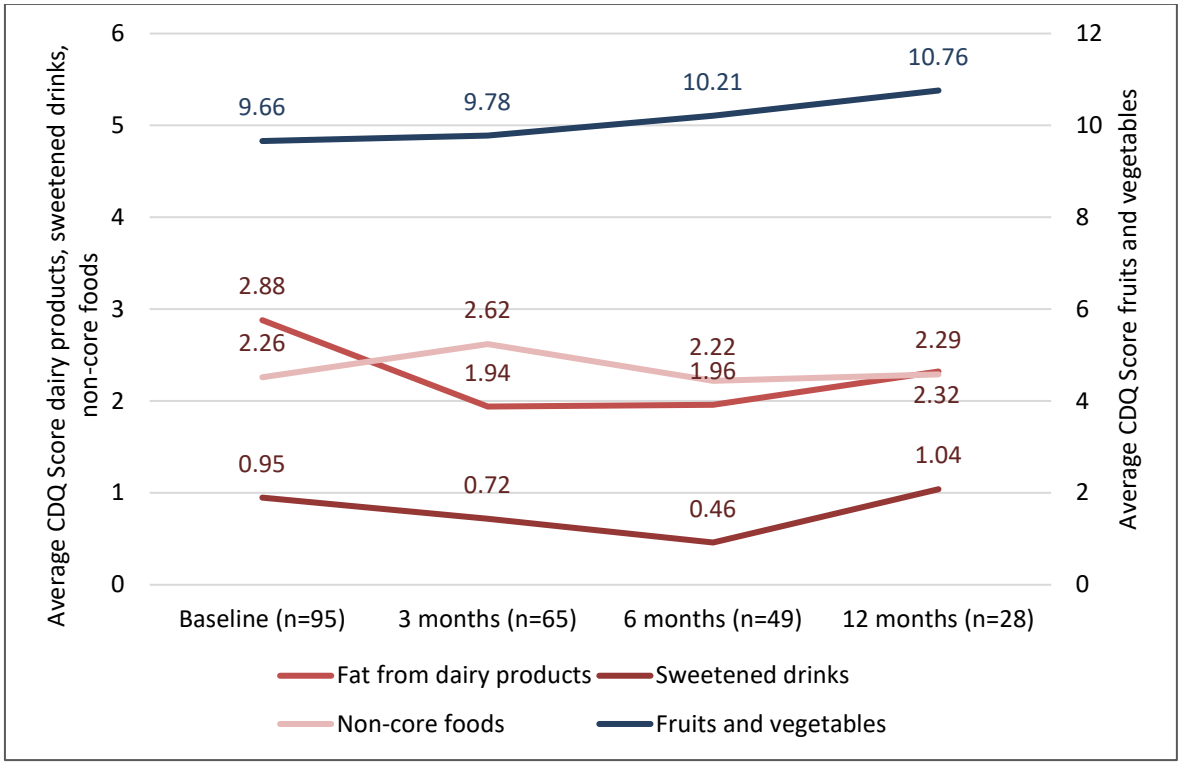
[25] Magarey, A., Golley, R.K., Spurrier, N., Goodwin, E., Ong, F., (2009). *Reliability and validity of the children's dietary questionnaire; a new tool to measure children's dietary patterns*. International Journal of Pediatric Obesity 4, pp. 257-265.

[26] Wardle, J., Guthrie, C.A., Sanderson, S., Rapoport, L. (2001). *Development of the children's eating behaviour questionnaire*. Journal of Child Psychology and Psychiatry 42, pp. 963-970.

[27] sdq.org.

4.61 Figures 4-3 to 4-5 show clinical outcomes data for School Kids Intervention Program participants.

Figure 4-3 Average Child Dietary Questionnaire results for School Kids Intervention Program participants

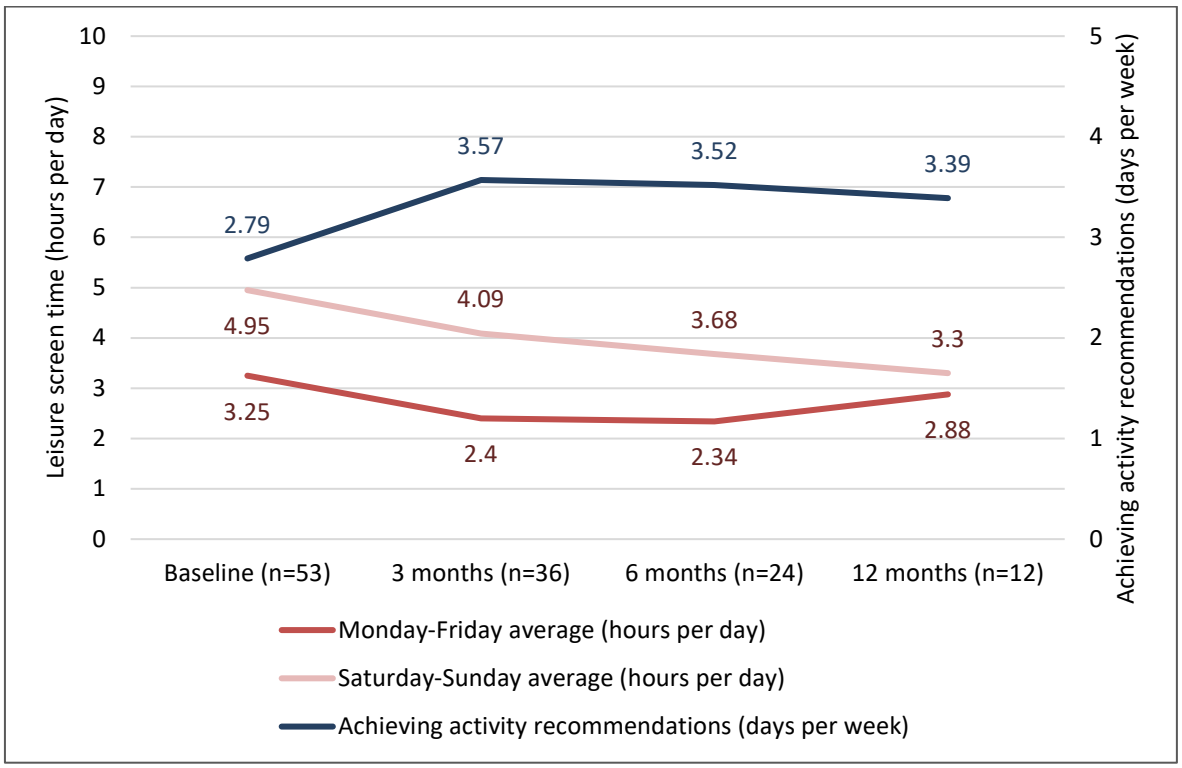


Source: ACT Audit Office, based on School Kids Intervention Program evaluation data.

4.62 Figure 4-3 shows that participants in the program have experienced:

- an increase in average fruit and vegetable consumption, sustained during 12 months of treatment;
- a small decrease in consumption of fat from dairy products at 12 months of treatment, compared to baseline; and
- no change in consumption of non-core foods and sweetened drinks between baseline and 12 months of treatment.

Figure 4-4 Average leisure screen time and activity levels for School Kids Intervention Program participants

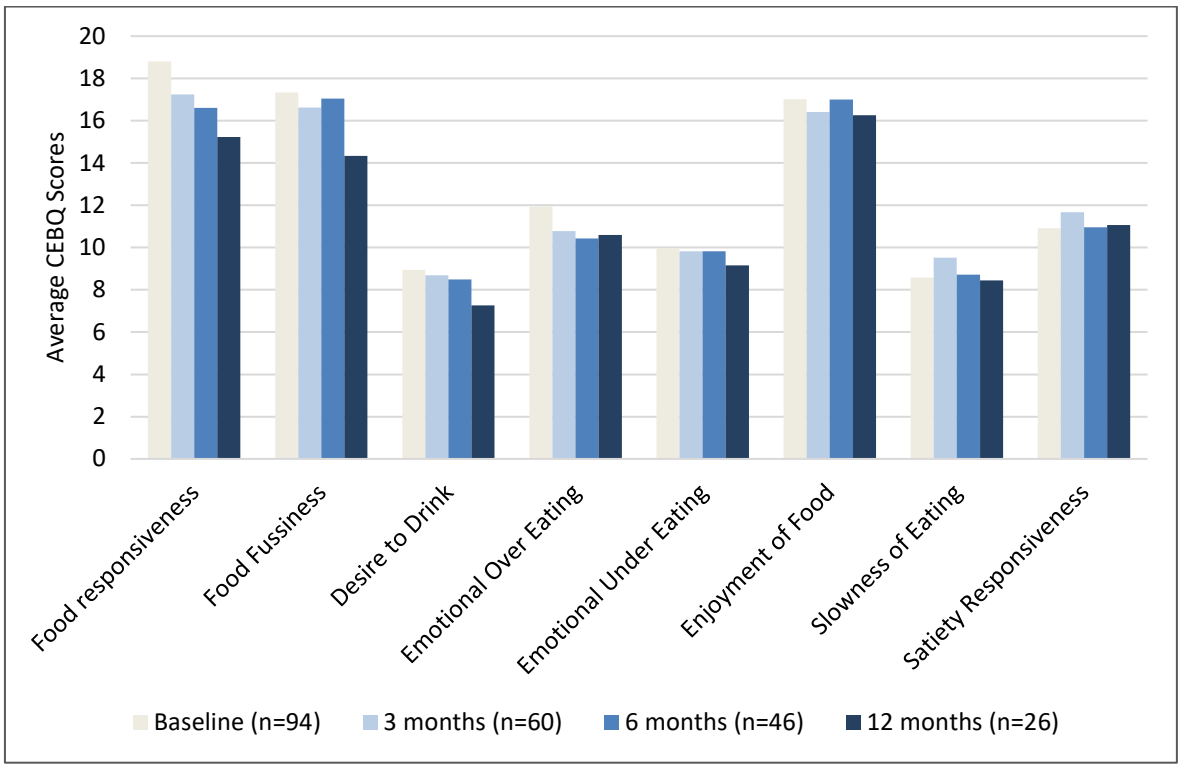


Source: ACT Audit Office, based on School Kids Intervention Program evaluation data.

4.63 Figure 4-4 shows that participants in the program have experienced:

- a reduction in average leisure screen time, sustained during 12 months of treatment; and
- increased average physical activity level, sustained during 12 months of treatment.

Figure 4-5 Average Child Eating Behaviour Questionnaire results for School Kids Intervention Program participants



Source: ACT Audit Office, based on School Kids Intervention Program evaluation data.

4.64 Figure 4-5 shows that participants in the program have experienced:

- a decrease in the atypical eating behaviours 'food responsiveness', 'food fussiness', 'desire to drink', 'emotional over eating' and 'emotional under eating' during 12 months of treatment; and
- no change in typical eating behaviours 'enjoyment of food', 'slowness of eating' and 'satiety responsiveness' during 12 months of treatment.

4.65 In 2020, 18 families were also surveyed about their experiences as participants in the School Kids Intervention Program. The families reported high levels of satisfaction with the program and felt it was meeting their needs for knowledge and support with their child's eating and activity behaviours. Families indicated they would like to have psychological support integrated into the program, would value post-discharge follow-up, group exercise and food preparation sessions and a flexible, hybrid delivery model.

4.66 The School Kids Intervention Program has been effectively managed and administered for the treatment services it provides. The School Kids Intervention Program has a fit-for-purpose governance structure and established and well-documented policies and service processes. The effectiveness of the School Kids Intervention Program service model has been monitored using specific, informative and timely performance measures. These measures, and client surveys, have confirmed that the service achieves positive outcomes for children and families, including positive changes in healthy eating, active living, and general wellbeing. Performance data have been used to inform continuous program re-

design; formalised through updates to the service model. Additional performance measures that will add value to future evaluative reviews include waiting list volume, length of waiting times, length of engagement with the program, number of families completing the expected period of service, and number of families disengaging before completion.

APPENDIX A: WEIGHT, HEALTH AND STIGMA

As part of the audit, the Audit Office found through reviewing contemporary research evidence that the relationship between weight and health is not clear.[28] Peoples' bodies, including childrens' bodies, naturally occur in many different shapes and sizes and body size and shape is not well correlated with health and wellbeing at the individual level, and may be a poor predictor of long-term health outcomes for many people.

The Audit Office also found from research evidence, and from the stories of people with lived experience, that labelling peoples' bodies as 'normal weight', 'overweight' or 'obese' can be stigmatising, shaming, and blaming.[29] This stigma, shame and blame can lead people to unhealthy eating and activity behaviours, can prevent people accessing healthcare and can lead to poor mental and physical health outcomes.

To reflect these findings, the audit was renamed ACT Childhood Healthy Eating and Active Living Programs and the objective, terminology, criteria and approach were changed from a focus on childhood weight to a focus on childhood health-promoting behaviours. This Appendix provides a summary of evidence from research, and evidence from peoples' lived experience, for the relationship between weight and health and the impacts of weight stigma. The Audit Office used this evidence to re-design the objective, scope, criteria and approach of the audit.

Evidence for the relationship between weight and health

The causes of atypical weight gain are complex and multifactorial

Atypical weight gain has historically been conceptualised as arising from energy imbalance; people gain weight when the energy the obtain from food and drink is greater than the energy expended through physical activity. For example, the *Towards Zero Growth Healthy Weight Action Plan 2013-2019* described the cause of overweight and obesity as:

> … an energy imbalance between energy consumed and energy expended (p. 6).

Consequent atypical or excessive fat accumulation has been associated with long-term health problems, such as type 2 diabetes, cardiovascular disease, and cancer.[30]

Audit Office analysis of recent research evidence found that the causes of weight gain in both children and adults are complex and multifactorial and can be more usefully conceptualised as

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[28] For example, Vukovic, R., Dos Santos, T.J., Ybarra, M., Atar, M. (2019). *Children with metabolically healthy obesity: a Review*. Frontiers in Endocrinology. 10(865) doi: 10.3389/fendo.2019.00865.

[29] For example, Tomiyama A.J., Carr, D., Granberg E.M., Major B., Robinson E., Sutin A. R. & Brewis A. (2018). *How and why weight stigma drives the obesity "epidemic" and harms health*. BMC Medicine 16: p. 123. /doi.org/10.1186/s12916-018-1116-5.

[30] For example, Bray, G.A., Heisel, W.E., Afshin, A., Jensen, M. D., Dietz, W.H., Long, M., Kushner, R.F., Daniels, S.R., Wadden, T.A., Tsai, A.G., Hu F.B., Jackicic J.M., Ryan D,H., Wolfe, B.M., Inge, T.H. (2018). *The science of obesity management: an Endocrine Society Scientific Statement.* doi: 10.1210/er.2017-00253.

disorders of hormonal or metabolic dysregulation, that are influenced by genetic and environmental factors, and by social and socio-economic determinants of health. Reviews of recent research evidence have identified more than twenty complex, inter-acting, genetic, epigenetic, hormonal, metabolic, social, cultural, socio-economic, psychological and development causes of atypical weight gain in childhood.[31]

The relationship between weight and health is complex and sustained weight loss is difficult to achieve

Research has shown that people with large bodies can have good metabolic and cardiovascular health and people with small bodies can have poor metabolic and cardiovascular health. Additionally, negative health outcomes arising from social and socio-economic determinants of health and from weight stigma are difficult to distinguish from negative health outcomes arising from body size *per se*. Due to this complexity, it is not yet clear whether or how weight and health are related at either the individual or population level.[32]

For some people, including some children, atypical weight gain and a very large body size is a health and wellbeing concern. However, there are no interventions or treatments that have proven to support significant, sustained, long-term change in body size for most people.[33] People with atypical weight gain need sensitive and non-stigmatising healthcare to help them sustainably manage their health. Such treatment includes an understanding of the complex social, socio-economic and medical causes of atypical weight gain and associated health outcomes, and is free from stigma, shame, and blame. Chapter 4 describes the specific healthcare needs of children in the ACT with atypical weight gain.

Evidence for the impacts of weight stigma

People with larger bodies experience stigma, shame, and blame and multiple, intersecting biases

Pervasive cultural and social beliefs that body size and shape are within an individual's control and hence people with larger bodies are 'ignorant', 'lacking willpower' or 'lazy' causes people who are labelled or perceived as 'overweight' or 'obese' to experience bias, blame, discrimination and stigma.[34] Examples of the negative impacts of weight stigma are recorded in recent research

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[31] For example, Haqq, A.M., Kebbe, M., Tan, Q., Manco, M., Ramos Salas, X. (2021). *The complexity and stigma of paediatric obesity*. Childhood Obesity 17(4). doi:10.1089/chi.2021.0003.

[32] For example, Vukovic, R., Dos Santos, T. J., Ybarra, M., Atar, M. (2019). *Children with metabolically healthy obesity: a Review*. Frontiers in Endocrinology. 10(865) doi: 10.3389/fendo.2019.00865.

[33] For example, Bray, G.A., Heisel, W.E., Afshin, A., Jensen, M. D., Dietz, W.H., Long, M., Kushner, R.F., Daniels, S.R., Wadden, T.A., Tsai, A.G., Hu F.B., Jackicic J.M., Ryan D,H., Wolfe, B.M., Inge, T.H. (2018). *The science of obesity management: an Endocrine Society Scientific Statement.* doi: 10.1210/er.2017-00253.

[34] For example, Tomiyama A.J., Carr D., Granberg E.M., Major B., Robinson E., Sutin A. R. & Brewis A. (2018). *How and why weight stigma drives the obesity "epidemic" and harms health*. BMC Medicine 16: p. 123. /doi.org/10.1186/s12916-018-1116-5.

Hunger J.M., Smith J.P., Tomiyama A.J. (2020). *An evidence-based rationale for adopting weight-inclusive health policy*. Social Issues and Policy Review 14(1): pp. 73-107. doi: 10.1111/sipr.12062.

literature and have been explained in detail by people with lived experience of navigating the world in a larger body.[35] It is important to note that these negative impacts arise not from the size of peoples' bodies, but from the way people with larger bodies are perceived and treated. Because people of different ethnic and racial heritage and people of different sexes tend to have different body sizes and shapes, weight stigma often intersects with racism and misogyny. This means that people of colour and girls and women can experience multiple, intersecting prejudices if their body size and shape differs from the socially and culturally constructed norm.

Weight stigma has negative health impacts

Research evidence and evidence from people's lived experience shows that people subject to weight stigma have increased risk of developing disordered eating or activity behaviours and/or eating disorders, or other mental illness, repeated weight cycling and further weight gain, delaying or avoiding healthcare, delaying or avoiding physical or social activity and harassment and bullying in school, work and social settings.[36] Preventive health activities that use stigmatising language or concepts around children's eating or activity behaviours or their body size and shape place not only children at higher risk of negative experiences and outcomes, but also their families, as any messaging targeting children typically also includes the broader family and social context.

Healthy eating and active living have benefits for all people, regardless of weight

Although it is not clear that the size of most children's bodies is a predictor of their health outcomes, or significantly modifiable by government intervention, it is clear that healthy eating and active living are fundamental building blocks for life-long health and wellbeing. The benefits of healthy eating and active living include cardiac and metabolic health, dental health, and mental health and wellbeing. For some people, improving their eating and activity behaviours changes their body shape or size, for others it does not. The health and wellbeing benefits are there for all, regardless of weight.

[35] For example, Aubrey Gordon, *What we don't talk about when we talk about fat* (2020) Beacon Press, Boston, Massachusetts.

[36] See references above.

APPENDIX B: DATA ANALYSIS METHODS

Analytic methods

The Audit Office used 4 methods to examine the extent to which programs supporting childhood healthy eating and active living have reached the children and families with the most to gain.

- **Index of Community Socio-Educational Advantage (ICSEA)**. For programs delivered primarily through schools, 2020 ICSEA scores are used to examine distribution of program participation across different levels of socio-educational advantage.
- **Index of Relative Socio-Economic Disadvantage (IRSD)**. For programs primarily delivering infrastructure or activities based on one or more identifiable ACT suburbs, IRSD scores are used to examine distribution of expenditure across different levels of socio-economic advantage.
- **Program target groups**. For grants programs supporting non-government organisations to provide specialised programs, target cohorts were recorded as being Aboriginal or Torres Strait Islander people, people with disability, new-migrant and/or culturally and linguistically diverse people, socio-economically disadvantaged people, other disadvantaged or marginalised groups (including people with a mental illness, people experiencing homelessness, people living with domestic and family violence, people who are lesbian, gay, bisexual, trans and gender diverse, intersex and/or questioning (LGBTIQ+)), or the general population. These categories reflect the population groups with different health needs, and/or potentially higher health risks identified in the *Healthy Canberra ACT Preventive Health Plan 2020-2025* and *First Three Year Action Plan*.

ICSEA analysis of school-based programs

Although most ACT schools enrol students from a range of socio-economic backgrounds, the relatively higher numbers of disadvantaged students in some ACT schools provides opportunities to target healthy eating and active living programs to children and families with the most to gain.

The Index of Community Socio-Educational Advantage (ICSEA), created by the Australian Curriculum, Assessment and Reporting Authority, is a scale that identifies the socio-educational advantage of a school.[37] Key factors in students' family backgrounds (parents' occupation, school education and non-school education) have an influence on students' educational outcomes at school. Data on these factors, as well as the Aboriginal and Torres Strait Islander identity of students and geographic location of the school, is utilised in the calculation of the index. The analyses shown in this report use the 2020 ICSEA data set, obtained from the myschool.edu.au website, obtained and used in accordance with the Terms of Use (July 2020).

[37] ACARA 2020 *Guide to understanding ICSEA values*.

Table A-1 ACT schools, by ICSEA percentile and type (2020 ICSEA data)

ICSEA percentiles	Government Schools	Non-Government Schools	Total schools
0 to 50th percentile	14 (91%)	1 (9%)	15 (11%)
51st to 75th percentile	28 (76%)	9 (24%)	37 (27%)
76th to 100th percentile	46 (55%)	37 (45%)	83 (62%)
Total schools	88 (65%)	47 (35%)	135

Table A-1 shows the distribution of ACT government and non-government schools across ICSEA percentiles in the 2020 ICSEA data set. Eleven (11) percent of schools in the ACT were below the 50th ICSEA percentile (less advantaged than 50 per cent of schools in Australia). These consist of 14 government schools and one non-government school. Twenty-seven (27) percent of schools were between the 51st and 75th percentiles, and 62 percent were above the 75th percentile (more advantaged than 75 per cent of schools in Australia).

Table A-2 ACT schools, by ICSEA percentile and language and Aboriginal and Torres Strait Islander background of students

ICSEA percentiles	Average percentage Language Background Other Than English (LBOTE)	Average percentage Aboriginal and Torres Strait Islander	Total schools
0 to 75th percentile	21%	8%	52
76th to 100th percentile	30%	2%	83
All schools	26%	5%	135

Table A-2 shows that ACT schools with different ICSEA scores tend to have different student demographics. For schools with ICSEA scores below the 75th percentile, on average 21 percent of students have a language background other than English, and on average 8 percent of students are Aboriginal and Torres Strait Islander. For schools above the 75th percentile, on average 31 percent of students have a language background other than English and on average 2 percent of students are Aboriginal and Torres Strait Islander.

A research paper published in the journal *BMC Public Health* used data collected in the 2018 ACT Physical Activity and Nutrition Survey to show that children attending schools with lower ICSEA scores are more likely to have high Body Mass Index compared to those attending schools with higher ICSEA scores.[38] The data also showed that children attending less-advantaged schools report

[38] Yang, Z., Phung, H., Hughes, A.M., Sherwood, S., Harper, E., Kelly, P. (2019). *Trends in overweight and obesity by socioeconomic status in Year 6 school children, Australian Capital Territory, 2006-2018*. BMC Public Health 19:1512 doi.org/10.1186/s12889-019-7645-9.

lower levels of physical activity, higher levels of screen time, and higher levels of non-nutritious foods and drinks consumed compared to those attending more-advantaged schools. These data also showed that, while the estimated prevalence of high Body Mass Index decreased over time in more-advantaged student cohorts, the estimated prevalence remained high in less-advantaged student cohorts, increasing the disparity between the least and most advantaged children.

IRSD analysis of location-based activities

The Index of Relative Socio-Economic Disadvantage (IRSD) is a general socio-economic index provided by the Australian Bureau of Statistics that summarises a range of information about the economic and social conditions of people and households within an area. Unlike the other socio-economic indexes, this index includes only measures of relative disadvantage.[39]

A low IRSD score indicates relatively greater disadvantage in general. For example, an area could have a low score if there are many households with low income, many people with no qualifications, or many people in low skill occupations. A high IRSD score indicates a relative lack of disadvantage in general. For example, an area may have a high score if there are few households with low incomes, few people with no qualifications, or few people in low skilled occupations.

The Australian Bureau of Statistics recommends using IRSD in situations where the user wants to look at disadvantage and lack of disadvantage and/or wants a broad measure of disadvantage, rather than a specific measure (such as low income). The ABS considers IRSD to be an applicable index for examining allocation of funds to disadvantaged areas.

Target group analysis of programs funded by Healthy Canberra Grants

Program descriptions were examined to identify the intended target group for each funded activity, see Table A-3.

[39] abs.gov.au, 2033.0.55.001 – Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia 2016, IRSD.

Table A-3 Healthy Canberra Grants program, grant distribution by target group

Target group	Program/project funded	Recipient	Funding
Aboriginal and Torres Strait Islander people	Jervis Bay School Gardens Project	Jervis Bay School	$134,398
	Wirra Club	Wirrpanda Foundation	$464,453
	Winnunga Healthy Weight Program	Winnunga	$640,000
	Nourish and Nurture	Nutrition Australia	$77,665
	Live Life Well	Tuggeranong CFC	$24,975
	The Deadly Lunchbox	Ngunnawal Primary School	$7,000
New migrants and culturally and linguistically diverse people	Healthy Futures	Companion House	$158,531
	Women's Healthy Life	Companion House	$82,305
	Healthy Happy Life	Companion House	$141,390
	HEAL	MARSS Australia	$82,368
	Nourish and Nurture	Nutrition Australia	$77,665
	Live Life Well	Tuggeranong CFC	$24,975
People with disability	Stronger Us	Woden School	$19,720
	Healthy Cooking Skills	Wanniassa School LSU	$14,400
	Circus for Health	Warehouse Circus	$352,730
	Preventing Diabetes	Asthma Australia (ACT)	$74,360
	Live Life Well	Tuggeranong CFC	$24,975
Socio-economically disadvantaged people	Lanyon Cluster of - Every Chance to Dance	Gordon Primary School	$27,000
	NEST	OzHarvest	$149,028
	Jervis Bay School Gardens Project	Jervis Bay School	$134,398
	Live Life Well	Tuggeranong CFC	$24,975
General population	Ride or Walk to School	Physical Activity Foundation	$572,433
	Connect Up for Kids	ACT Medicare Local/CHN	$571,188
	Take Off!	YMCA and Bluearth	$438,000
	Good Sports ACT	Australian Drug Foundation	$429,120
	Grow Together	Canberra Environment Centre	$88,765
	ACT Nutrition Support Service	Nutrition Australia ACT	$419,000
	Nutri-Ys Canteen	YMCA	$406,720
	Health Foods and Drinks at School	HKA	$223,325
	Mighty Movers	Bluearth Foundation	$305,980
	Nourishing Little Minds	Nutrition Australia ACT	$100,800
	Meet and Move	Bluearth Foundation	$361,031
	Healthy women, healthy mums, healthy families	Diabetes NSW and ACT	$702,300

Source: Audit Office analysis, based on based on information provided by Health Directorate.

Audit reports

Reports Published in 2021-22	
Report No. 06 – 2022	Annual Report 2021-22
Report No. 05 – 2022	Procurement and contracting activities for the Acton Waterfront Project
Report No. 04 – 2022	Governance arrangements for the planning of services for Parkwood, Ginninderry
Report No. 03 – 2022	Taxi Subsidy Scheme
Report No. 02 – 2022	Fraud Prevention
Report No. 01 – 2022	Management of detainee mental health services in the Alexander Maconochie Centre
Report No. 13 – 2021	Campbell Primary School Modernisation Project Procurement
Report No. 12 – 2021	2020-21 Financial Audits – Financial Results and Audit Findings
Report No. 11 – 2021	Digital Records Management
Report No. 10 – 2021	2020-21 Financial Audits Overview
Report No. 09 – 2021	Annual Report 2020-21
Report No. 08 – 2021	Canberra Light Rail Stage 2a: Economic Analysis
Reports Published in 2020-21	
Report No. 07 – 2021	Procurement Exemptions and Value for Money
Report No. 06 – 2021	Teaching Quality in ACT Public Schools
Report No. 05 – 2021	Management of Closed-Circuit Television Systems
Report No. 04 – 2021	ACT Government's vehicle emissions reduction activities
Report No. 03 – 2021	Court Transport Unit Vehicle – Romeo 5
Report No. 02 – 2021	Total Facilities Management Contract Implementation
Report No. 01 – 2021	Land Management Agreements
Report No. 10 – 2020	2019-20 Financial Audit – Financial Results and Audit Findings
Report No. 09 – 2020	2019-20 Financial Audits Overview
Report No. 08 – 2020	Annual Report 2019-20
Report No. 07 – 2020	Management of care of people living with serious and continuing illness

These and earlier reports can be obtained from the ACT Audit Office's website at http://www.audit.act.gov.au.