

MEDIA RELEASE**9 November 2022****ACT childhood healthy eating and active living programs**

Auditor-General, Mr Michael Harris, today presented a report on **ACT childhood healthy eating and active living programs** to the Speaker for tabling in the ACT Legislative Assembly. The audit considers ACT Government agencies' design and delivery of programs and services supporting childhood healthy eating and active living.

Mr Harris says 'while programs have been effective in directing effort to improving food and activity environments for children and building skills and knowledge for children and families, they have not effectively supported core family needs for food security and financial access to active living'. The audit identified variability between programs in the degree to which they provide equity of access for disadvantaged and at-risk populations. The audit also identified a need for improved understanding of the impacts of weight stigma and discrimination.

The audit found there is a high risk current services to treat children aged four to 12-years old with atypical eating or activity behaviours, atypical weight gain and related health concerns cannot meet the scale or breadth of the ACT community's needs. There are no services of this type to assist children between birth and three years-old or young people between 13 and 17 years-old. Mr Harris says 'unmet demand and incomplete service delivery increase the risk of poor health outcomes for children, young people and adults and increases the cost and complexity of healthcare required later in life'.

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.

The report makes eight recommendations for improvement.

ACT childhood health eating and active living programs: Report No 7/2022 is available to download from the ACT Audit Office's website www.audit.act.gov.au. If you need assistance accessing the report please phone 6207 0833.

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
<p>In 2020 the ACT Government launched the <i>Healthy Canberra ACT Preventive Health Plan 2020-2025</i> (ACT Preventive Health Plan). The Plan is broadly aligned to the <i>National Preventive Health Strategy 2021-2030</i> and the <i>Australian National Obesity Strategy 2022-2032</i>. 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, nutrient-poor foods and drinks, increase physical activity and have early access to appropriate healthcare.</p>	2.21
<p>The <i>ACT Preventive Health Plan</i> is intended to be implemented through three-year action plans. The <i>First Three Year Action Plan</i> 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 <i>National Preventive Health Strategy 2021-2030</i> and the <i>Australian National Obesity Strategy 2022-2032</i> 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.</p>	2.28
<p>Tackling weight stigma and discrimination is one of four guiding principles in the <i>Australian National Obesity Strategy 2022-2032</i>. 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 <i>First Three Year Action Plan</i> 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 <i>Australian National Obesity Strategy 2022-2032</i>. 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.</p>	2.36
<p>The <i>ACT Preventive Health Plan</i> 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 <i>First Three Year Action Plan</i> identifies some of the barriers experienced by disadvantaged families, including geographic, socio-economic and safety barriers</p>	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:

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- 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.

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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.

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- 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.

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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.

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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.

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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;

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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.