Implementation Plan for the Healthy Children initiative

NATIONAL PARTNERSHIP AGREEMENT ON PREVENTIVE HEALTH

NOTE: The Australian Government may publish all or components of this jurisdictional implementation plan, following initial consultation with the jurisdiction, without notice in public documents pertaining to the National Partnership Agreement.

PRELIMINARIES

1. This Implementation Plan is created subject to the provisions of the National Partnership Agreement on Preventive Health and should be read in conjunction with that Agreement. The objective in the National Partnership is to address the rising prevalence of lifestyle related chronic diseases, by:

   1.1 laying the foundations for healthy behaviours in the daily lives of Australians through social marketing efforts and the national roll out of programs supporting healthy lifestyles; and

   1.2 supporting these programs and the subsequent evolution of policy with the enabling infrastructure for evidence-based policy design and coordinated implementation.

   The measures funded through this Agreement include provisions for the particular needs of socio-economically disadvantaged Australians, and those, especially young women, who are vulnerable to eating disorders.

2. The Healthy Children initiative provides funding to support implementation of healthy lifestyle programs in childhood settings across Australia.

3. Under the Healthy Children initiative jurisdictions are responsible for developing programs that may include a range of different activities. Some of these activities may be grouped according to similarities.

TERMS OF THIS IMPLEMENTATION PLAN

4. This Implementation Plan will commence as soon as it is agreed between the Commonwealth of Australia, represented by the Minister for Health and Ageing, and the State of Western Australia, represented by Minister for Health (known as the Parties to this Implementation Plan).

5. This Implementation Plan may be varied by written agreement between authorised delegates.

6. This Implementation Plan will cease on completion of the specified program, including the acceptance of final performance program reporting and processing of final payments against performance benchmarks specified in this Implementation Plan.

7. Either Party may terminate this agreement by providing 30 days notice in writing. Where this Implementation Plan is terminated, the Commonwealth's liability to make payments to the State is limited to payments associated with performance benchmarks achieved by the State by the date of effect of termination of this Implementation Plan.

8. The parties to this Implementation Plan do not intend any of the provisions to be legally enforceable. However, that does not lessen the parties' commitment to this Implementation Plan.

FINANCIAL ARRANGEMENTS

9. The maximum possible financial contribution to be provided by the Commonwealth for the Healthy Children initiative is $33.11 million. Payments will be structured as 50 percent facilitation and 50 percent reward. The reward payments are conditional on achievement against performance benchmarks specified in the National Partnership.

10. Facilitation payments will be payable in accordance with Table 1 from July 2011 to 2014 in accordance with the National Partnership. All payments are exclusive of GST.

Table 1: Facilitation and Reward Payment Schedule ($million)

Facilitation Payment		Due date	Amount
(i)	Facilitation payment	July 2011	3.301
(ii)	Facilitation payment	July 2012	6.602
(iii)	Facilitation payment	July 2013	3.282
(iv)	Facilitation payment	July 2014	3.370
Reward Payment *		Due date	Amount
(v)	Reward payment	2013-2014	6.622
(vi)	Reward payment	2014-2015	9.933

* note the actual amount of reward payment is conditional on assessment of achievement against performance benchmarks as set out in the National Partnership

11. Any Commonwealth financial contribution payable will be processed by the Commonwealth Treasury and paid to the State Treasury in accordance with the payment arrangements set out in Schedule D of the *Intergovernmental Agreement on Federal Financial Relations*.

OVERALL BUDGET

12. The overall program budget (exclusive of GST) is set out in Table 2.

Table 2: Estimated overall program budget ($ million)

Expenditure item		**Year 1 2011-12**	**Year 2 2012-13**	**Year 3 2013-14**	**Year 4 2014-15**	**Total**
Activity 1:	School Settings	1.965	2.362	2.370	2.418	9.115
Activity 2:	Other Settings	1.875	2.043	2.035	2.027	7.980
TOTAL		3.840	4.405	4.405	4.445	17.095
Australian Government NPAPH funding		*3.300*	*4.405*	*4.405*	*4.445*	*16.555*
Western Australian Government funding		*0.540*	*0*	*0*	*0*	*0.540*

*Western Australian Government additional contribution of $0.54m in 2011-12.

13. Having regard to the estimated costs of program and associated activities specified in the overall program budget, the State will not be required to pay a refund to the Commonwealth if the actual cost of the program is less than the agreed estimated cost. Similarly, the State bears all risk should the costs of the program and/or a project(s) exceeds the estimated costs. The Parties acknowledge that this arrangement provides the maximum incentive for the State to deliver projects cost-effectively and efficiently.

PROGRAM OVERVIEW AND OBJECTIVE

14. **Western Australian Healthy Children Program**

15. The objective of the Western Australia Healthy Children Program is to contribute to healthy development and the prevention of chronic disease in children and young people in Western Australia (WA) by addressing overweight and obesity, poor nutrition and physical inactivity. This will be done by implementing a range of programs and activities targeting children and their families in and through key settings.

    No single intervention will achieve the necessary changes in health behaviour and achieve the performance benchmarks. A range of initiatives needs to be provided, addressing different factors in a sustained way to reach a high proportion of Western Australian children and their parents/families, with particular emphasis on reaching those at greatest need and/or risk. A multifaceted approach will allow the delivery of consistent, coordinated and synergistic programs across a number of settings. It will complement other elements of the NPAPH and a range of additional healthy lifestyle programs and initiatives funded by the Western Australian Government.

16. The Western Australian Healthy Children Program is inclusive of the following activities:

    a) Activity 1: Healthy Children – School Settings.

    b) Activity 2: Healthy Children – Other Settings.

17. The contact for this program is:

Chronic Disease Prevention Directorate
Public Health Division
Department of Health, Western Australia
PO Box 8172
Perth Business Centre, WA, 6849
Telephone: (08) 9222 4478
Email: CDPD.Admin@health.wa.gov.au

ACTIVITY DETAILS

18. Activity 1: Healthy Children – School Settings

19. Overview:

Activity 1, Healthy Children – School Settings, will deliver a range of healthy eating and physical activity initiatives to children through Western Australian schools across the State. Initiatives will utilise direct program delivery; capacity building; school environmental and policy change; curriculum and teacher support; and parent and community engagement to achieve the desired results. Key elements will be:

- ***WA Healthy Schools Project (WAHSP)***: A comprehensive, statewide program will promote and facilitate implementation of best practice healthy eating and physical activity initiatives into school policies, structures, programs and environments.
- ***Crunch&Sip® Program***: The statewide initiative involves certified schools offering students a daily set classroom break to eat fruit or salad vegetables and drink water; parent and student education about benefits of healthy eating; and relevant school policy changes.
- ***Healthy School Food and Drink Policy***: Implementation of the Western Australian Department of Education (WA DoE) policy, based on the 'traffic light' system of categorising food and drinks. The WA public school policy specifies foods that can be provided through schools and related activities.
- ***Food and Nutrition Curriculum Support Materials***: A suite of curriculum and syllabus support materials focusing on food, healthy eating, nutrition and food preparation skills will be developed for teachers of kindergarten to Year 10.

20. Outputs:

Element	Description	Timeframe
WA Healthy Schools Project (WAHSP)	• The WAHSP will target hard to reach primary[i] schools and students most at risk of poor health outcomes across WA. • Practical advice, resources and support will be offered through local healthy school officers.	July 2011 on
Crunch&Sip® Program	• NPAPH funding will maintain participation of existing schools and support expansion into new schools, particularly those classed as disadvantaged. • Schools will be offered tailored practical implementation support/advice, support materials, and access to the Crunch&Sip® website. • An annual Crunch&Sip® week. • Parent information and promotional materials will be distributed to support the initiative.	From November 2011
Healthy Food and Drink Policy in schools	• Statewide implementation of the policy will be continued through canteens and schools. • Canteen staff training, advice and support will be provided. • Parents will be engaged to increase understanding and support for the policy.	January 2012 on
Food and nutrition	• Curriculum and syllabus support materials will be	Staged availability

[i] Depending on the outcome of a 2010-11 trial, the target group may be expanded to include those up to 16 years.

Element	Description	Timeframe
curriculum support materials	developed (reviewed against the new Australian Curriculum and re-issued as needed). • Materials will support teachers to incorporate age specific nutrition content on food, healthy eating, nutrition and food preparation into a range of learning areas, including but not limited to, Health and Physical Education and Technology, Enterprise and Science. • The resources will be available online and supported by teacher development opportunities.	from July 2012

21. **Outcomes:**

Activity	Long term outcomes (2014-15)
Activity 1: Healthy Children – School Settings	• Increased proportion of children at healthy weight. • Increased mean number of daily serves of fruit and vegetables consumed by children. • Increased proportion of children participating in at least 60 minutes moderate physical activity every day.

22. **Rationale:**

As the vast majority of Western Australian children attend school from the age of 4 years, school-based interventions have the potential to reach most children aged 4 to 16 years. Children spend almost 50% of their waking hours in the school environment[1], and school based programs provide an excellent opportunity to enhance health during critical periods of growth, lower the risk of chronic disease and establish healthy behaviours from an early age[2, 3]. Additionally, well planned comprehensive programs have the capacity to also reach school staff, parents and other community members[1]. Targeting children aged 4 to 12 years has the potential for significant health gains in both the short-term (normal physical and social development) and long-term (reducing risk of obesity and ill health in adulthood)[4].

Achieving significant changes to the health outcomes of children through schools requires a multi-component approach supported by appropriate policy, curriculum support materials and environmental strategies[5]. Schools often require practical support to facilitate and sustain their involvement in healthy lifestyle initiatives. Recognition that this support was not available prompted the development of the WA Healthy Schools Project (WAHSP) in 2008. The WAHSP has enabled schools with a high proportion of at risk or disadvantaged children to adopt healthy lifestyle initiatives and policies whilst building their capacity to become self-sustaining health promoting schools. The WAHSP is based on the National Framework for Health Promoting Schools[6], and therefore focuses on implementing change through schools' environments, policies and practices; developing community partnerships; and curriculum and teaching practices.

Evaluation has shown the WAHSP's engagement of local partners and use of multi-component strategies to be an effective model in working with the most disadvantaged schools in WA around issues of healthy eating and physical activity. The evaluation has also shown increased student and parental knowledge of, and positive attitudes towards, healthy eating and physical activity; increased parental and community involvement in related school initiatives; establishment of school health promotion committees and policies; implementation of a range of healthy eating and physical activity programs in schools; and supportive changes to school environments, practices and plans[7]. As the majority of initiatives are whole of school activities, a significant number of disadvantaged children across WA are being reached through this project. Of the 380 primary

schools eligible for the WAHSP, 99 had formally signed to participate in the project at the end of April 2010, indicating substantial capacity for expansion of the program in future years.

Although the majority of WA children aged 4 to 11 years consume the recommended daily serves of fruit, less than half eat enough vegetables[8], with consumption of both significantly decreasing from the age of 12. The Crunch&Sip® program is a simple and effective way of increasing children's consumption of fruit, vegetables and water and reinforcing healthy eating habits from an early age. The program also facilitates cultural, policy and environmental change within the school. Parental support is a key feature of the scheme, ensuring support for the program in the home environment[9]. Reviews of school-based fruit and vegetable schemes show significant positive effects on fruit and vegetable intake as well as improvements in children's knowledge, attitudes and preference for fruits and vegetables[9-11]. Teachers have also reported that participating students are happier, better behaved and more willing to learn[9]. Crunch&Sip® has proven to be sustainable and is now implemented across the state, with 31% of eligible primary schools in WA participating[12] but there is capacity for substantial program expansion.

Food services in schools, particularly school canteens, are an integral part of the school environment and have an important role in setting healthy eating standards. In WA, this is being addressed through implementation of the WA DoE's Food and Drink Policy. Such policies facilitate students' healthy eating behaviours while at school, reinforce nutrition information learnt in the classroom, and model healthy food and drink choices. Additionally, they can be used to influence food choices in the wider community. Evaluation of the Healthy Food and Drink Policy indicates strong stakeholder support and positive impact on the provision of healthy foods and drinks within school canteens. However, some areas still show low compliance (e.g. use of 'red' foods for fundraising and classroom rewards)[13], with on-going support required to address these areas and to maintain high canteen compliance.

Consultation with stakeholders and the WA DoE identified a substantial gap in the availability of curriculum support materials addressing food, nutrition and food preparation skills. As teachers are often time poor, providing them with curriculum support materials across a variety of learning areas facilitates their inclusion of specific content when developing lesson plans, thus impacting students' knowledge, attitudes and skills in these areas. The WA DoE's FUNdamental Games Strategies program is an example of curriculum support materials and professional development being used successfully to increase physical activity amongst primary school children[14]. The teaching support materials will be developed to support the delivery of the Western Australian Curriculum Framework, making appropriate changes once the Australian Curriculum is finalised.

23. **Contribution to performance benchmarks:**

Activity 1 will contribute to the NPAPH performance benchmarks for children relating to:

- The proportion at a healthy weight.
- The mean number of daily serves of fruit and vegetables consumed.
- The proportion participating in at least 60 minutes of moderate physical activity every day.

24. **Policy consistency:**

Activity 1 is consistent with the objectives, outputs, scope and principles of the Healthy Children Scoping Statement and Guiding Policy Principles. It addresses poor nutrition and physical inactivity in children through a school settings based approach. It is based on available evidence and feedback from consultation with a wide range of key stakeholders and includes a comprehensive mix of interventions including program delivery, policy enhancement, system change, awareness raising, capacity building and parent engagement.

Activity 1 recognises the importance of families, in particular parents, in supporting children to adopt healthy lifestyle behaviours. It will focus on healthy and desirable behaviours rather than weight to minimise the possibility of any unintended harm. It expands, enhances and complements existing initiatives that have proven to be successful in supporting behaviour change in children and adolescents, to be sustainable and innovative.

This activity supports and is consistent with a range of policies, such as the National Health Care Agreement, *Australia: the Healthiest Country by 2020* (National Preventative Health Strategy), *Western Australian Health Promotion Strategic Framework* and other Western Australian preventive health reforms, policies and strategic directions relating to children.

25. **Target group(s):**

- ***WA Healthy Schools Project***: School children aged 4 to 12[ii] years from populations most at risk of poor health outcomes, directly and through influencing teachers, parents and local school community members.
- ***Crunch&Sip® Program***: School children aged 4 to 12 years, teachers and parents.
- ***Healthy Food and Drink Policy***: Public school children aged 4 to 16, teachers and school canteen staff.
- ***Food and Nutrition Curriculum Support Materials:*** School children aged 4 to 16 years through relevant teaching/school staff.

26. **Stakeholder engagement:**

A wide range of stakeholders will continue to be engaged using a variety of strategies including:

- Regular formal meetings to establish collaboration with key partner agencies.
- Regular updates and briefing via an electronic communication network and/or face to face communication.
- Ongoing consultation and engagement in the development of activities.
- Regular discussions to ensure consistency and promote synergies between agencies activities/resources.
- Provision of materials to promote the initiative.
- Awareness-raising through WA DoH's healthy lifestyle social marketing campaign targeting parents and adults.
- Public relations/advocacy strategies.
- Awareness raising and referral through contact with health and other professionals.
- Through existing stakeholder networks and communication mechanisms, including school/professional and program related newsletters, email and websites.
- Linkages through other Western Australian healthy lifestyle programs for parents, children, workers and adults.

Key stakeholders to be engaged via these strategies include, but are not limited to:

- Primary partner agencies: Departments of Health (including public health units), Communities, Education and Sport and Recreation, Catholic Education Office, Association of Independent Schools WA, Physical Activity Taskforce and WA Curriculum Council.
- Relevant non-government agencies and registered training organisations.
- Schools and key staff.
- Wider school community, such as local government, local business and non-government agencies.
- Parents/carers of school aged children.

[ii] Depending on the outcome of a 2010-11 trial, the target group may be expanded to include those up to 16 years.

27. **Risk identification and management:**

Risk	Level	Mitigation Strategy	Responsibility
Delays in tender and approval processes delay project commencement	Low	• Ensure necessary paperwork for partnership establishment and tender processes is completed and ready for use as soon as approval received.	WA DoH
Some schools have limited capacity to implement initiatives	Med	• WAHSP officers support/facilitate involvement of highest risk schools. • Schools provided with practical resources, tools, small grants. • Streamlined processes for participation.	Delivery agencies
Limited support from/ interest by parents	Low-med	• Project delivery agencies will provide information for parents to foster their support. • Schools encouraged to engage parents when developing healthy school policies. • State funded parent social marketing campaign to foster support and demand for children's healthy lifestyle activities.	Delivery agencies
Agency contracted to provide the program unable to deliver project outputs	Low	• Ensure clear communication with contracted agencies to monitor progress and potential delays, and identify and address any issues in a timely manner. • State contract management processes applied with regular review on progress and milestones.	WA DoH Delivery agencies
Programs put in place are not effective in generating interest/change	Low	• Ongoing evaluation, quality management and continuous improvement of programs.	Delivery agencies

28. **Evaluation:**

Evaluation is a major component of the WA Healthy Children Program. Approximately 10 per cent of the Activity 1 budget has been allocated to evaluation. Appropriate evaluation plans will be developed by a partnership between WA DoH, the delivery agencies and relevant research experts. Evaluation will include the following approaches, as appropriate:

- **Formative research,** to inform the development of key approaches, activities and resources.
- **Process evaluation,** to measure the extent to which each program has been delivered as intended and its reach.
- **Impact evaluation,** including measures of impact on relevant knowledge, attitudes and behavioural intentions, and where relevant, changes to school policy, practices and/or environments.
- Use of both quantitative and qualitative evaluation methodologies.
- Alignment with the national evaluation framework and tools, where possible and appropriate.

29. **Infrastructure:**

WA DoH's Child and Adolescent Health Service and WA Country Health Service will provide the infrastructure to manage the WA Healthy Schools Project. The WA DoE will manage the Healthy School Food and Drink Policy. The delivery and management of the other programs will be contracted to appropriate not-for-profit service providers. The WA DoH will manage external contracts; stakeholder engagement and communication to facilitate consistency, linkages and synergy across NPAPH and state funded initiatives; evaluation; and reporting.

30. **Implementation schedule:**

Table 3: Implementation schedule

Deliverable and milestone		Due date
(i)	WA Healthy Schools Project implemented	July 2011 – June 2015
(ii)	Crunch&Sip® Program implemented	Nov 2011 – June 2015[iii]
(iii)	Healthy School Food and Drink Policy implementation support provided	Jan 2012 – June 2015[iii]
(iv)	Food and nutrition curriculum support materials available	Staged from July 2012

31. **Contact details:**

Chronic Disease Prevention Directorate, Public Health Division, Department of Health, Western Australia, PO Box 8172, Perth Business Centre, WA, 6849. Telephone: (08) 9222 4478. Email: CDPD.Admin@health.wa.gov.au

32. **Activity budget:**

Table 4: Activity project budget ($ million)

Expenditure Item	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Total**
Activity 1: Healthy Children – School Settings	1.965	2.362	2.370	2.418	9.115
TOTAL	1.965	2.362	2.370	2.418	9.115

Note: Most evaluation costs for Activity 1 elements are included in the Activity 2 budget to allow an integrated evaluation approach.

[iii] Gap period funded by WA DoH.

33. Activity 2: Healthy Children – Other Settings

34. Overview:

Activity 2 will deliver a range of initiatives directly to children and adolescents, and indirectly via parents/families and professionals, through a variety of settings in WA:

- ***Childcare Healthy Lifestyle Scheme:*** A statewide scheme to encourage and support family day care and long day care facilities to implement healthy eating and physical activity activities, build supportive environments and establish healthy lifestyle habits in children age 0 to 4 years.
- ***Parent Support Sessions:*** Small group sessions offered free to parents of children aged 18 months to 12 years to provide them with the skills, confidence and resources to establish healthier eating and physical activity behaviours among their children.
- ***"Talking to Parents" Professional Development:*** Online training to equip professionals with the skills to raise the issue of child obesity with parents of overweight or obese children.
- ***Lifestyle Triple P Program (LPPP):*** LPPP facilitates the adoption of healthy lifestyle behaviours in families with identified overweight children aged 5 to 10 years by developing parents' healthy lifestyle-specific content and parenting skills.
- ***Adolescent Food Literacy Skills Development:*** A practical hands-on small group-based program to improve adolescents' practical skills and knowledge related to budgeting, purchasing, storing and preparing/cooking healthy food.
- ***Healthy Food and Drink Policies in Child Orientated Venues:*** The project will encourage and support child recreation and entertainment venues to implement structural and policy reforms to increase their provision and marketing of healthy foods/drinks, and decrease these for unhealthy food/drinks.

35. Outputs:

Element	Description	Timeframe
Childcare Healthy Lifestyle Scheme	• The program will provide practical support for facilities to implement activities, adopt best practice and align with regulatory requirements related to healthy eating and physical activity. • Key elements provided may include: - practical advice/support service for centre staff - professional development - promotion of existing national/state childcare resources/development of new ones if needed - best practice recognition activities - engagement of parents.	Advice available from April 2012
Parent support sessions	• Small group sessions will be delivered by health professionals in a range of local settings, such as playgroups, health care settings, childcare, schools, community and government. • The program will offered as single or multi session, responding to local needs.	April 2012[iv] on
"Talking to Parents" professional development	• An online training package for professionals to raise awareness of the importance of addressing the issue of obesity and overweight children with parents and provide skills and practical tips about how to talk	From June 2012

[iv] Dependent on outcomes of tender process.

Element	Description	Timeframe
	sensitively and constructively about the issue.	
Lifestyle Triple P program	• The intensive 17 week program for parents of overweight/obese children is delivered via small groups led by trained facilitators in local/community health care settings. • Program offered in Perth and at least two large regional centres.	From Term 1, 2012 (Perth)
Adolescent food literacy program	• Building on existing food literacy programs (e.g. FOODcents®), the program will be offered in settings appropriate for adolescents, particularly those from disadvantaged backgrounds. • The program will provide small group education and practical skills development in budgeting, purchasing, storing and preparing/cooking healthy food.	From June 2012
Healthy food and drink policies in child orientated venues	• The program will expand on current initiatives to encourage and support leisure/recreation venues, youth centres, sporting clubs, recreation clubs and entertainment complexes to increase the availability and promotion of healthy options and reduce these for unhealthy options. • Approaches may include: - A practical advisory service - Web-based/print supporting educational materials - Partnership and promotional approaches.	Project funding to commence July 2012

36. **Outcomes:**

Activity	Long term outcomes (2014-15)
Activity 2: Healthy Children – Other Settings	• Increased proportion of children at healthy weight. • Increased mean number of daily serves of fruit and vegetables consumed by children. • Increased proportion of children participating in at least 60 minutes moderate physical activity every day.

37. **Rationale:**

Childcare Healthy Lifestyle Scheme

Establishing healthy behaviours in children during the early years is essential for optimum growth and development, with childcare facilities and parents/families having significant roles in this process[15-17]. Food preferences and lifestyle behaviours are often well established by the time children commence school[18, 19].

The Childcare Healthy Lifestyle Scheme will draw upon learnings from the Start Right-Eat Right (SRER) award program, extending the content to include physical activity as well as healthy eating. It will offer support for centres (including promotion of available national materials/resources (Get Up and Grow) and development of new resources/parent education as needed). These will align with the National Quality Framework and Australian Curriculum, where appropriate. The SRER program, based on organisational change stage theory to bring about policy and organisation change to improve the quality of food provided to children in childcare, was highly successful, with 80% of participating childcare centres making healthy changes to their

menus[20]. With 1,500 registered childcare facilities in WA servicing approximately 70,000 children aged 0 to 4 years, there is significant potential to reach and influence the lifestyle behaviours of a high proportion of young children and their parents/carers and families.

Parent engagement, support and education

The home environment, family characteristics and parenting style all contribute to children's behaviour[21, 22]. Long-term healthy weight maintenance in children is associated with positive food habits within the whole family and parental support of healthy eating and physical activity[17, 19, 23-25]. Children often have limited control over their environment, with parents being the gatekeepers for food provision and facilitating access to physical activity. Although most parents broadly understand children's nutritional and physical activity requirements, many lack the specific knowledge, confidence, parenting skills or support to establish healthy eating and physical activity behaviours among their children[26, 27]. Recent Western Australian unpublished research suggests that specific nutrition and healthy eating advice and tips are particularly sought after but can be difficult to access.

The parent support sessions will provide parents with the opportunity to access advice and tools to build their knowledge, skills and confidence to influence positive healthy lifestyle behaviour changes in their children. The sessions are a cost effective mechanism for directly providing specific and relevant information, which cannot be achieved from web or written sources alone. The NPAPH initiatives will be supported by and integrated with a comprehensive adult and parent education social marketing mass reach campaign and associated information availability and dissemination.

While early detection of obesity and poor lifestyle behaviours is essential to improving life outcomes for affected children, childhood obesity is a sensitive issue for parents and health carers[28]. Anecdotally there is high demand from a wide range of health and non-health professionals for training on talking to parents about their child's weight, particularly around how to raise the issue. The development of a free, online, self-directed professional development course will enable training access to a wide range of professionals, particularly those in regional and remote areas, and has been successfully used in the past with other topic areas (for example, Hand Hygiene Australia's online learning package).

Lifestyle Triple P

Strategies to address childhood obesity must consider the influence of parents and families on children's food choices and physical activity levels[16]. Studies indicate that long-term weight maintenance in children is associated with altered food habits within the whole family and parental support of healthy eating and physical activity [17, 19, 23-25]. Western Australian parents who are concerned about their child's weight have limited access to practical support as one-to-one programs offered by the tertiary health sector are stretched and inaccessible to many parents, with the cost of accessing these programs also prohibitive to many.

Lifestyle Triple P is an evidence-based child healthy lifestyle program[29]. It builds on the original Triple P (Positive Parenting Program®), which is based on child development theory and social learning principles, but specifically targets children's healthy eating, physical activity and weight behaviour[30]. A randomized control trial investigating Lifestyle Triple P as an approach to manage childhood overweight and obesity showed significant reductions in children's BMI, body fat, energy intake and lifestyle behaviour problems, with short-term intervention effects maintained at 12 months[31]. A Western Australian pilot of the program found positive results for parents and children, with significant increases in physical activity and decreases in BMI, sedentary behaviour, the consumption of excess energy foods and total kilojoules and fat intake[32]. By being delivered in a small group setting, the program provides a cost effective means of providing access to a greater number of families with overweight children.

Adolescent food literacy program

As adolescents become more autonomous from their families it is essential that they are encouraged and supported to engage in healthy lifestyle behaviours and opportunities that are available to them within the wider community. During the transition from childhood to adulthood, adolescents establish patterns of behaviour and make lifestyle choices that affect both their current and future health. However, in comparison to younger children, there is a significant decrease in fruit and vegetable consumption and substantially lower levels of physical activity amongst WA adolescents[8, 33].

Consultation with stakeholders in WA identified the need to develop adolescents' food literacy skills. Evidence suggests that nutrition and physical activity programs which encourage school/community partnership and school/community linkages are more likely to engage adolescents[34].

Practical food selection, purchasing, budgeting and cooking skills are not taught to all school students and often not taught in the home, resulting in many young people being unable to prepare themselves a healthy meal. There is a growing demand for adolescent-orientated food literacy programs which can be delivered both in school and community settings, with the appeal of hands-on food preparation sessions amongst Western Australian adolescents considered high. Food literacy encompasses food budgeting, selection, shopping, meal planning and preparation and cooking skills. Food literacy programs such as FOODcents® have been successfully implemented in WA, tailored to meet the specific needs of adolescents and delivered through settings such as schools. The project will both directly deliver the program as well as facilitate additional delivery by training health and non health professionals and community members. The program will need to be suitable for and inclusive of the needs for all key target groups.

Child Orientated Venues

Targeting community settings provides an opportunity to influence children's healthy lifestyle behaviours outside of the school and family environment. A significant proportion of Western Australian children access community settings, particularly sporting and cultural venues, and therefore the potential to reach children through this setting is high. The Australian Bureau of Statistics estimates 63% of Western Australian children aged 5 to 14 years (71% of males and 54% of females) participated in organised sport outside the school environment in the past 12 months up to April 2009. Around 71% of children attended cultural venues and events in the same time period[36].

Research indicates that advertising junk food to children can affect their food choices, influence dietary habits and is a probable cause of weight gain and obesity [37]. The World Health Organisation recommends limiting the marketing of food and beverages to children and adolescents and protecting them from inappropriate marketing of unhealthy foods and beverages[3]. Supporting child-orientated venues to implement structural and policy reform to limit the promotion and supply of unhealthy food/drink is a non-regulatory avenue to reduce inappropriate marketing to children and adolescents.

This activity is based on the proven health promotion practices and principles currently being used in successfully implementing the Department of Education's Healthy Food and Drink Policy, and Healthway's Venue Sponsorship program to motivate and assist large commercial venues to increase the availability of healthy food and drink options. Existing momentum within many local governments to support healthy lifestyles within their local populations will also be leveraged as many are the owners or managers of venues to be targeted.

38. **Contribution to performance benchmarks:**

Activity 2 will contribute to the NPAPH performance benchmarks for children relating to:

- The proportion at a healthy weight.
- The mean number of daily serves of fruit and vegetables consumed.
- The proportion participating in at least 60 minutes of moderate physical activity every day.

39. **Policy consistency:**

Activity 2 is consistent with the objectives, outputs, scope and principles of the Healthy Children Scoping Statement and Guiding Policy Principles. It addresses poor nutrition, physical inactivity and overweight and obesity in children and adolescents through a settings based approach. It is based around the available evidence and feedback from consultation with a wide range of key stakeholders and includes a comprehensive mix of interventions including program delivery, policy enhancement, system change, raising awareness, capacity building and parent engagement. It includes an element of secondary prevention in order to quickly reverse weight problems in childhood that could otherwise lead to significant health issues in adulthood.

This activity recognises the key role and involvement of families, in particular parents, in supporting children to adopt healthy lifestyle behaviours and will focus on healthy and desirable behaviours rather than weight to minimise the possibility of any unintended harm. It expands, enhances and complements existing initiatives that have proven to be successful in supporting behaviour change in children and adolescents, as well as being sustainable, and also incorporates elements of innovation.

This activity supports and is consistent with a range of policies, such as the National Health Care Agreement, *Australia: the healthiest country by 2020* (National Preventative Health Strategy), *Western Australian Health Promotion Strategic Framework* and other Western Australian preventive health reforms, policies and strategic directions relating to children.

40. **Target group(s):**

- ***Childcare Healthy Lifestyle Scheme***: WA children aged 0 to 4 years who attend childcare facilities, by influencing the staff and management of child care facilities and parents.
- ***Parent Support Sessions***: Western Australian parents of children aged 18 months to 12 years, with a particular emphasis on reaching those from low socioeconomic circumstances and Aboriginal people across the state.
- ***"Talking to Parents" Professional Development***: Professionals who have contact with parents of overweight and obese children.
- ***Lifestyle Triple P Program***: Parents of children aged 5 to 10 years who have been identified as overweight or obese in Perth and three regional centres, and through them, children.
- ***Adolescent Food Literacy Skills Development***: Adolescents aged 12 to 16 years (up to 18 years if not in the workforce) from low socioeconomic backgrounds across the state.
- ***Healthy Food and Drink Policies in Child Orientated Venues:*** Staff and management of WA public venues frequently accessed by children and families, excluding schools and large venues sponsored by Healthway.

41. **Stakeholder engagement:**

A wide range of stakeholders will be engaged using a variety of strategies including:

- Regular formal meetings to establish collaboration with key partner agencies.
- Regular discussions to ensure consistency and promote synergies between agencies activities.

- Ongoing consultation and engagement in the development of activities.
- Regular updates and briefing via an electronic communication network and/or face to face communication.
- Provision of materials to promote the initiative.
- Awareness raising through WA DoH's parental healthy lifestyle social marketing campaign
- PR/advocacy strategies.
- Awareness raising and referral through contact with health and other professionals.
- Through existing stakeholder networks and communication mechanisms, including newsletters, email and websites.
- Linkages through other Western Australian healthy lifestyle programs for parents, children, workers and adults.

Key stakeholders to be engaged via these strategies include, but are not limited to:

- Primary partner agencies: Departments of Health (including public health units), Communities, Education, Sport and Recreation, WA Local Government Association, Healthway, and Physical Activity Taskforce.
- Relevant non-government agencies who deliver programs to parents, adolescents and children.
- Childcare facilities (owners, managers and staff).
- Schools, key staff, the wider school community (local government, local business and non-government agencies), the Catholic Education Office and the Association of Independent Schools WA.
- Sporting, recreation, leisure and community organisations and venues frequently accessed by children and families, and the local governments who manage these venues.
- Health care and other professional associations and groups (e.g. WA GP Network, WA Practice Nurse Association, child/community health nurses and Aboriginal Medical Services).
- Parents/carers of school aged children.

42. **Risk identification and management:**

Risk	**Level**	**Mitigation Strategy**	**Responsibility**
Delays in tender and approval processes delay project commencement	Low	• Ensure necessary paperwork for partnership establishment/tender processes is completed and ready for use as soon as approval received.	WA DoH
Failure to recruit suitable external provider(s)	Low	• Promote activity to potential providers early. Ensure tender is widely advertised. • Ensure tender documents are clear and concise.	WA DoH
Limited support from/ interest by parents	Low-med	• Project delivery agencies will provide information for parents to foster their support. • Provision of parent programs in suitable local venues/format. • Parents engaged and referred to parent support programs through existing networks, settings (childcare, schools, community health, playgroups, websites, workplaces) and state funded	WA DoH Delivery agencies

Risk	Level	Mitigation Strategy	Responsibility
		parent education approaches, including parent social marketing campaign to foster support/demand for initiatives to support children's healthy lifestyle.	
Limited interest/participation by adolescents	Med	• Early stakeholder feedback indicates adolescent interest for initiatives exists. • Communication to raise awareness among adolescents and stakeholders through school, community and youth networks. • Adolescents/stakeholders involved when developing programs.	Delivery agency
Limited engagement of child care sector into awards scheme	Low	• Promote scheme widely. • Design program to support centres to comply with regulatory requirements. • Continually engage through promoting benefits, available support, resources and evaluation findings. • Previous program was well received in WA.	Delivery agency
Lack of engagement by community-based organisations/venues	Low-med	• Use evidence and advocacy/public relations to raise awareness of issues and seek support. • Develop partnerships with high level stakeholders to enlist their support. • Ensure participation in activities is not onerous and provide practical support/advice for changes. • Early engagement in program design and planning and ongoing consultation.	Delivery agency Key stakeholders
Agency contracted to provide the program unable to deliver project outputs	Low	• Ensure clear communication with contracted agencies to monitor progress and potential delays, and identify and address any issues in a timely manner. • State contract management processes applied with regular review on progress and milestones.	WA DoH Delivery agencies
Programs put in place are not effective in generating interest/change	Low	• Ongoing evaluation, quality management and continuous improvement of programs.	Delivery agencies

43. **Evaluation:**

Evaluation is a major component of the WA Healthy Children Program. Approximately 10 per cent of the Activity 1 budget has been allocated to evaluation. Appropriate evaluation plans will be developed by a partnership between WA DoH, the delivery agencies and relevant research experts. Evaluation will include the following approaches, as appropriate:

- **Formative research,** to inform the development of key approaches, activities and resources.
- **Process evaluation,** to measure the extent to which each program has been delivered as intended and its reach.

- **Impact evaluation,** including measures of impact on relevant knowledge, attitudes and behavioural intentions, and where relevant, changes to school policy, practices and/or environments.
- Use of both quantitative and qualitative evaluation methodologies.
- Alignment with the national evaluation framework and tools, where possible and appropriate.

44. **Infrastructure:**

WA DoH's Child and Adolescent Health Service will provide the infrastructure to manage the Lifestyle Triple P Program. The delivery and management of the other programs will be contracted to appropriate external not-for-profit service providers. A small proportion of the Activity 2 funding will be retained by the WA DoH for essential infrastructure to manage external contracts, coordinated stakeholders engagement and communications to facilitate consistency, linkages and synergy across contracted projects and other state funded initiatives; coordinate evaluation; and reporting (including 0.5 FTE project officer).

45. **Implementation schedule:**

Table 3: Implementation schedule

Deliverable and milestone		Due date
(i)	Childcare support services commence	April 2012
(ii)	Childcare facility awards program commences	Second half 2012
(iii)	Parent support sessions commence	April 2012[v]
(v)	"Talking to Parents" professional development training available	June 2012
(vii)	Lifestyle Triple P Program commences	Term 1, 2012 on
(viii)	Adolescent food literacy skills program commences	June 2012 on
(xii)	Child venues food and drink project commences	July 2012 on

46. **Contact details:**

Chronic Disease Prevention Directorate, Public Health Division, Department of Health, Western Australia, PO Box 8172, Perth Business Centre, WA, 6849. Telephone: (08) 9222 4478. Email: CDPD.Admin@health.wa.gov.au

47. **Activity budget:**

Table 4: Activity project budget ($ million)

Expenditure Item	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Total**
Activity 2: Healthy Children – Other Settings	1.875	2.043	2.035	2.027	7.980
TOTAL	1.875	2.043	2.035	2.027	7.980

Note: Includes most of the evaluation budget for both Activity 1 and Activity 2 to allow an integrated evaluation approach.

[v] Dependent on outcomes of tender process.

ROLES AND RESPONSIBILITIES

Role of the Commonwealth

48. The Commonwealth is responsible for providing incentive-based funding to reward improved performance, as outlined in the Agreement.

Role of the State

49. The State is responsible for all aspects of program implementation, including:

    (a) fully funding the program, after accounting for financial contributions from the Commonwealth and any third party;

    (b) completing the program in a timely and professional manner in accordance with this Implementation Plan; and

    (c) meeting all conditions of the National Partnership including providing detailed annual report against milestones and timelines contained in this Implementation Plan, performance reports against the National Partnership benchmarks, and a final program report included in the last annual report that captures lessons learnt and summarises the evaluation outcome.

50. The State agrees to participate in the Healthies Steering Committee or other national participation requirements convened by the Commonwealth to monitor and oversee the implementation of the initiative, if relevant.

PERFORMANCE REPORTING

51. The State will provide performance reports to the Commonwealth to demonstrate its achievement against the following performance benchmarks as appropriate to the initiative at 30 June 2013 and 31 December 2014:

    a) Increase in proportion of children at unhealthy weight held at less than five per cent from baseline for each state by 2013; proportion of children at healthy weight returned to baseline level by 2015.

    b) Increase in mean number of daily serves of fruits and vegetables consumed by children by at least 0.2 for fruits and 0.5 for vegetables from baseline for each State by 2013; 0.6 for fruits and 1.5 for vegetables by 2015.

    c) Increase in proportion of children participating in at least 60 minutes of moderate physical activity every day from baseline for each State by five per cent by 2013; by 15 per cent by 2015.

    d) Increase in proportion of adults at unhealthy weight held at less than five per cent from baseline for each state by 2013; proportion of adults at healthy weight returned to baseline level by 2015.

    e) Increase in mean number of daily serves of fruits and vegetables consumed by adults by at least 0.2 for fruits and 0.5 for vegetables from baseline for each state by 2013; 0.6 for fruits and 1.5 for vegetables from baseline by 2015.

f) Increase in proportion of adults participating in at least 30 minutes of moderate physical activity on five or more days of the week of 5 per cent from baseline for each state by 2013; 15 per cent from baseline by 2015.

g) Reduction in state baseline for proportion of adults smoking daily commensurate with a two percentage point reduction in smoking from 2007 national baseline by 2011; 3.5 percentage point reduction from 2007 national baseline by 2013.

52. The requirements of performance reports will be mutually agreed following confirmation of the specifications for measuring performance benchmarks by the Australian Health Minister's Conference.

53. The performance benchmarks for the State will be monitored and independently assessed by the COAG Reform Council.

54. The performance reports are due within two months of the end of the relevant period.

ATTACHMENT A

National Partnership Agreement on Preventive Health

HEALTHY CHILDREN

Scoping Statement and Guiding Policy Principles

PART 1: INTRODUCTION AND OVERVIEW

1.1 Purpose

This document, developed in consultation with states and territories, is designed to provide guidance in developing jurisdictional implementation plans and support a consistent approach to the implementation of the Healthy Children initiative under the National Partnership Agreement on Preventive Health (NPAPH).

1.2 Objectives

The objective of the NPAPH is to reduce the risk of chronic disease by reducing the prevalence of overweight and obesity, improving nutrition and increasing levels of physical activity in adults, children and young people through the implementation of programs in various settings. The NPAPH provides funding for:

- settings based interventions in pre-schools, schools, workplaces and communities to support behavioural changes in the social contexts of everyday lives and focusing on improving poor nutrition, and increasing physical inactivity. For adults also focusing on smoking cessation and reducing harmful and hazardous alcohol consumption;
- social marketing for adults aimed at reducing obesity and tobacco use; and
- the enabling infrastructure to monitor and evaluate progress made by these interventions, including the National Preventive Health Agency and research fund.

1.3 Outputs

To realise these objectives, the Healthy Children initiative will fund states and territories to deliver a range of programs:

a) building on existing efforts currently in place, while adapting them to suit demographic and other factors in play at various sites;
b) covering physical activity, healthy eating, primary and secondary prevention;
c) in settings such as child care centres, pre-schools, schools, multi-disciplinary service sites, and children and family centres; and
d) including family based interventions, settings based interventions, environmental strategies in and around schools, and breastfeeding support interventions.

1.4 Evidence Base

The interim results of the Australian Bureau of Statistics *National Health Survey 2007-08* show the proportion of combined overweight or obese children aged 5 -17 years increased from 20.8 per cent in 1995 to 24.9 per cent in 2007-08.[vi] Further, results from the 2007 *Australian National Children's Nutrition and Physical Activity Survey* indicate that:

- the proportion of children meeting the guidelines for fruit intake (1-3 serves per day depending on age group and gender) declines with age (61 per cent for 4-8 year olds, 51 per cent for 9-13 year olds and 1- 2 per cent for 14-16 year olds); and
- the proportion of children meeting the guidelines for vegetable intake (2-4 serves per day depending on age group and gender) decreases with age (22 per cent for 4-8 year olds, 14 per cent for 9-13 year olds and 5 per cent for 14-16 year olds).[vii]

Key factors emerging from the international and national literature that can determine the success and sustainability of health promotion programs suitable for children and young people include:

- *Well established project planning and implementation* ensures the identified needs and interests of children are met. A participatory approach to planning the program structure and content involving the key influencers in children's lives is beneficial.
- *Recognition of the role of the family and community and involvement in key activities.*
- *A focus on good nutrition and physical activity.*
- *Structural support for healthy lifestyles* including safe places and spaces for physical activity and increased access to healthy food.
- *Effective and consistent communication* of the aims and purpose of the program to build positive engagement.
- *Multi-component programs* can ensure a variety of behavioural risk factors, issues and strategies are addressed to engage greater numbers of children and young people with different preferences and health needs and ensure lasting change.
- *Monitoring and evaluation* of all program components should be established during program planning and inception.

PART 2: HEALTHY CHILDREN

Terminology, Scoping Statement and Guiding Policy Principles

2.1 Terminology

For the purposes of the Healthy Children initiative in the NPAPH, the following terms are defined:

Access and equity is about ensuring that individuals, families and populations are not further disadvantaged in a health and social sense through the programs and activities delivered as part of the NPAPH. It requires consideration of a range of factors that can impact on access to, reach of and appropriateness of programs for certain populations, removing or reducing barriers to health and access to health-based activities. Programs must support equity of outcomes for all by increasing opportunities and removing or reducing barriers for participation. There are a number of interacting factors that must be considered in addressing access and equity, for example:

[vi] Australian Bureau of Statistics (2009); National Health Survey 2007-08 – Summary of results, Canberra

[vii] Australian National University (2007); Children's Nutrition and Physical Activity Survey – Fact Sheet – Key Findings 2007, Canberra

- the size of the organisation or setting and relative capacity to access, take up, participate in and/or be reached by programs and implement programs;
- consideration of the characteristics of children and young people, and their families at both a group and individual level including gender, cultural and linguistic background, Aboriginal and Torres Strait Islanders, people with a disability, physical location and socio-economic status. These factors should be considered in program design, delivery and evaluation;
- equity of outcome that considers all the elements above in relation to the outcomes for individuals (for example, were there organisations and individuals who experienced better results than others in the same cohort); and
- elements outlined in the Australian Government's *Social Inclusion Toolkit.*[viii]

Children, for the purposes of this initiative, are defined as children and young people from birth to 16 years of age. Young people between the ages of 16 and 18 years are included in the definition of children if they are not participating in higher education as this setting is best addressed by the Healthy Communities and Healthy Workers initiatives.

Healthy living programs, in the context of this initiative, are those programs that cover physical activity and healthy eating. The use of the term 'program(s)' is inclusive of activities targeting individuals, groups of individuals and of activities that are of an organisational wide, enabling or capacity building nature. This may include policy enhancement, system change and minor supporting infrastructure improvements directly related to the implementation in the specific setting that are made to facilitate and support the health of children and young people and associated with behavioural change. The following language will be used to describe the hierarchy of elements of the NPAPH:

1. NPAPH initiatives, such as Healthy Children;
2. jurisdictional programs (i.e., state and territory programs or activities implemented according to an agreed plan); and
3. activities within jurisdictional programs; local government programs or pilot programs..

Primary and secondary prevention definitions are drawn from *The Language of Prevention,* National Public Health Partnership (2006)[ix] and in the context of the Healthy Children initiative mean:

- *Primary prevention* - limiting the incidence of disease and disability in the population by measures that eliminate or reduce causes or determinants of departure from good health, control exposure to risk and promote factors that are protective of good health; and
- *Secondary prevention* – reduction of progression of disease through early detection, usually by screening at an asymptomatic stage, and early intervention.

Quality assurance framework, accreditation and standards or other relevant material are already in place and/or currently being developed by the Australian Government under the NPAPH. Programs and program providers will be encouraged to have regards to relevant accreditation processes in order to receive funding under the initiative from jurisdictions.

[viii] www.socialinclusion.gov.au/Documents/SIToolKit.pdf
[ix] National Public Health Partnership (2006), *The Language of Prevention,* Melbourne.

2.2 Scope

Consistent with the objectives and expected outcomes of the NPAPH, the policy scope for the Healthy Children initiative is summarised below:

2.2.1 The focus of the initiative is the prevention of lifestyle related chronic disease through addressing the modifiable lifestyle risk factors of poor nutrition and physical inactivity through sustained behaviour change for children and young people.

2.2.2 The primary target group is children and young people and program funding should be directed to these groups taking into account the key role and involvement of the family, particularly parents. Setting based initiatives may involve making the environment more supportive of healthy lifestyles. For example, food and physical activity policies, training of relevant health professionals, curriculum development and activities that target children and their families directly or indirectly through a child care or school setting, and child behaviours through combined parent/child interventions.

2.2.3 Substantial built environment or infrastructure improvements are beyond the scope of the NPAPH and this initiative.

2.2.4 Mental health is not included as a performance benchmark under the NPAPH. While programs may have a mental health element, this should not be the sole focus of the program.

2.2.5 Programs should ensure a positive body image is promoted and that emphasis is on a healthy lifestyle. This should involve consideration of the target audience for programs and individuals and groups who may be vulnerable to forming a negative body image. For example, programs that target groups such as teenage girls may need different support and messages than programs for very young children or for primary school aged children.

2.2.6 Programs should focus on preventive health activities and the promotion of healthy behaviour. Programs with a tertiary management focus (i.e., the clinical management of existing chronic conditions) are not within the preventive scope of this initiative. However, individuals already participating in tertiary treatment programs are not to be excluded. Note that only preventive programs may attract funding.

2.2.7 New and innovative programs can be implemented where gaps exist for children and young people, and their families, or existing programs can be adapted or extended to suit demographic and other factors.

2.2.8 Programs can be delivered in settings such as child care centres, pre-schools, schools, multi-disciplinary service sites, children and family centres and potentially other less formal settings such as play groups or youth sporting groups.

2.2.9 Programs may take the form of settings based initiatives, strategies in and around schools and early childhood settings, and breastfeeding support interventions. Programs must focus on delivery of activities within the defined setting. Delivery of program activities exclusively in the home is not within the scope of the initiative.

2.2.10 Programs should actively support breastfeeding, where relevant.

2.3 Policy Principles

General

2.2.1 Programs under the initiative should be focused on primary and secondary prevention.

2.2.2 Funding for programs should be invested in:

- significant enhancements or expansions to existing program(s) that have already demonstrated they are efficacious;
- new programs that have demonstrated efficacy elsewhere that are directly translatable to the initiative setting;
- programs that can demonstrate significant innovation and/or promise from initial results, but lack formal evidence to demonstrate effectiveness; and/or
- programs that have a high likelihood of being sustainable beyond the funding received under this initiative (should the program be effective and there is a demonstrated continuing need).

2.2.3 Programs should reflect the requirements of the Australian Government's *Social Inclusion Toolkit*.

2.2.4 Access and equity in terms of both access to programs and equity of outcomes as a result of participation in programs must be a key consideration.

2.2.5 Participation in-NPAPH programs is voluntary. However, the voluntary participation requirement does not override specifications of existing or new setting-based legislative requirements or policies (e.g., food supply, curriculum, and requirements for physical activity).

2.2.6 Programs and associated evaluations should not further stigmatise obesity and other applicable health conditions and behaviours and should promote a positive body image. Programs should also consider the potential for any negative body image messages and have appropriate management strategies in place.

2.2.7 Measures must be in place to protect the privacy of individuals as appropriate. Programs must comply with applicable legislation in relation to consent to collect personal and health information and the use, access, storage and disclosure of this information.

2.2.8 Program providers may be expected to comply with specified requirements, including quality assurance frameworks, standards or other guidance in existence or currently being developed under the NPAPH.

2.2.9 Programs should be developed and implemented in consideration of relevant local enablers and barriers (i.e. appropriate stakeholder consultation and support, infrastructure issues and different industry and workforce requirements).

2.2.10 Funding under the initiative may be used to extend existing programs or create new programs. However, the duplication of funding already allocated at a state and territory level, or by an organisation should not be permitted.

2.2.11 Programs will not be funded if they support, promote or utilise sponsorship of food or beverage products considered to be high in sugar, salt and saturated fat, or of tobacco and/or alcohol or promote sedentary behaviour.

2.2.12 Consistency and complementarity with programs already in place should be considered. An assessment of possible efficiencies and effectiveness should be undertaken that recognises activities in other settings (i.e. the community and workplaces).

2.2.13 Programs should have monitoring systems in place to ensure they are capable of reporting in an accurate and timely way on the achievement of program outputs in accordance with performance monitoring and evaluation requirements under the NPAPH.

2.2.14 Programs should have mechanisms in place for continuous quality improvement. Monitoring and evaluation arrangements should, where possible, be developed to help facilitate evaluation at a national level.

And specifically for the Healthy Children initiative

2.2.15 Programs that have a clinical risk assessment component should have identified clear and appropriate referral pathways in place that include complementary support activities that aim to address and lead to a reduction in identified lifestyle risk factors.

2.2.16 Programs should emphasise the importance of healthy lifestyles, good nutrition and regular physical activity and should include a comprehensive mix of interventions. This includes both universal approaches and targeted interventions for children and young people who may be at high risk of overweight/obesity, physical inactivity and/or have poor nutrition.

2.2.17 Consideration should be given to populations of children and young people at higher risk of overweight or obesity, physical inactivity and/or poor nutrition, in particular socioeconomically disadvantaged populations and Aboriginal and Torres Strait Islander communities.

2.2.18 Programs should complement existing effective programs and policies for children and young people.

2.2.19 Programs should explicitly support breastfeeding where relevant.

2.2.20 Programs should comply with requirements for working with children and young people in each state and territory.

2.2.21 Programs must be safe and appropriate for children and young people and their parents and families.

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