



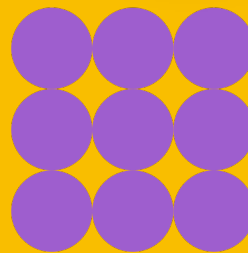
Health
South Eastern Sydney
Local Health District

Healthy Children, Healthy Communities Grants Initiative



2019

2020



**EVALUATION
REPORT**

DECEMBER 2021

**HEALTH
PROMOTION SERVICE**

South Eastern Sydney
Local Health District



ACKNOWLEDGEMENTS

South Eastern Sydney Local Health District Health Promotion Service would like to acknowledge the Traditional Custodians on whose land we stand, and the lands our facilities are located on; the lands of the Dharawal, Gadigal, Wangal, Gweagal and Bidjigal peoples. We would like to pay our respects to the Elders past, present and those of the future.

Artwork by
Brenden Broadbent

THE HEALTH PROMOTION SERVICE

SESLHD Health Promotion Service strives to improve the health and wellbeing of our community. We aim to empower people to have more control over their health by working in collaboration to deliver evidence informed programs and support clinical services. We focus on childhood obesity, falls prevention, smoking cessation and creating healthy spaces and places.

For more information, resources and to collaborate visit:

www.seslhd.health.nsw.gov.au/health-promotion-service

Additional information is available upon request, please contact

Jacqueline.chan2@health.nsw.gov.au

EXECUTIVE SUMMARY

In the 2019-2020 financial year, South Eastern Sydney Local Health District (SESLHD) Health Promotion Service awarded 12 Healthy Children, Healthy Communities Grants to organisations working with children (aged 0-17 years) to enhance children's healthy lifestyle practices.

Funded projects successfully reached children through a range of settings who may not otherwise receive healthy and active lifestyle messaging and supports.

Projects supported children to eat well, be physically active and reduce sedentary behaviour through:



Management support and the alignment of grant objectives with recipient's organisational goals are key drivers to enhancing staff capacity and providing a supportive environment to promote healthy and active lifestyles to children. The Healthy Children, Healthy Communities Grants enabled recipients to design and implement strategies that are appropriate and acceptable to their target audiences, increasing readiness and capacity to sustain changes.

Recommendations for future grant initiatives are to:

- Provide regular communication and flexibility to ensure recipients feel supported, and can continue with adjustments when unplanned events occur i.e. COVID-19 Pandemic.
- Consider alignment of grant objectives to organisational goals to ensure acceptability by the service and its staff.
- Promote sustainable practice by including strategies to enhance the existing environment, increase staff capacity and embed changes into local processes, practice and policy.

01 BACKGROUND



SUPPORTING CHILDREN TO ACHIEVE AND MAINTAIN A HEALTHY WEIGHT

The NSW government and SESLHD are committed to preventing and reducing childhood overweight and obesity as demonstrated in health plans, policies and strategies including:

- ✓ [NSW Health State Plan - Towards 2021](#)
- ✓ [NSW Healthy Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014-2024](#)
- ✓ [The First 2000 days Framework](#)

- [SESLHD Journey to Excellence Strategy 2018-2021](#)
- [SESLHD Childhood Obesity Prevention Framework 2018](#) - Guides local action to prevent and reduce childhood overweight and obesity under 3 streams:

Stream 1:

Building Health Sector Organisational Capacity

Stream 2:

Community Partnership Development

Stream 3:

Children's Everyday Settings

ABBREVIATIONS

- **HCHC:** Healthy Children, Healthy Communities
- **OSHC:** Out of School Hours Care
- **SESLHD:** South Eastern Sydney Local Health District
- **NSW:** New South Wales

WHAT WE KNOW OVERWEIGHT AND OBESITY



Nearly 1 in 4 children living in New South Wales (NSW) in 2019 were above a healthy weight¹.



Almost 1 in 2 residents are living with overweight and obesity² in SESLHD.



Children with obesity are more likely to have:

- Breathing difficulties
- Fractures
- Hypertension
- Early markers for cardiovascular disease
- Insulin resistance (pre-diabetes)³

02

HEALTHY CHILDREN, HEALTHY COMMUNITIES GRANTS INITIATIVE



In 2019, SESLHD Health Promotion Service Healthy Children, Healthy Communities (HCHC) Grants initiative awarded funds of up to \$10,000

to government and non-government organisations working with children (aged 0-17 years) in SESLHD. The initiative strategically aligned with the [SESLHD Childhood Obesity Prevention Framework](#) and adopted a strong community focus.

This model was adapted from a similar grants initiative delivered by the Mid North Coast Local Health District, proving to be an effective approach to addressing childhood overweight and obesity⁴.

03

WHAT WE WANTED TO ACHIEVE

The aim of the SESLHD HCHC Grants initiative was **to strengthen community actions to encourage and facilitate children to lead healthy and active lifestyles.**

PROJECT OBJECTIVES

Increase organisations' **awareness** of the importance and support for children and families leading healthy and active lifestyles.

Enhance organisations' and SESLHD services **capacity** to encourage and enable children to lead healthy and active lifestyles.



Improve organisations' **knowledge and skills** in developing supportive environments which enable children to lead healthy and active lifestyles.

Establish/enhance environments that support healthy and active lifestyles.

TARGET GROUP

Intervention Group

Organisations who served children aged 0-17 years



Final Target Group

Children aged 0-17 years and their families residing in SESLHD

GRANT RECIPIENTS

Eligible recipients of funding included:



Government Organisations

Local councils, schools and SESLHD services



Non-government Organisations

Not-for-profit, community and volunteer



Out of School Hours Care (OSHC) services

Recipients must be located within SESLHD boundaries, which covers the local government areas of : **Woollahra, Waverley, Randwick, Bayside, Sutherland Shire, Georges River and part of City of Sydney.**

See [Appendix A](#) for the selection criteria.

04 HOW WE ACHIEVED THIS

2019

JAN

Grants initiative launched
by SESLHD Health Promotion Service

FEB

2 information sessions delivered
to potential applicants

MAR - APR

- **Applications closed**
26 received
- **Applications assessed**
by an internal panel
- **12 projects selected**
to receive funding

MAY

- **Grant awards ceremony**
- **Health Promotion Service provided support**
to recipients when needed –
face to face meetings,
phone calls and emails

SEP

OSHC Healthy Eating and Physical Activity workshop delivered
to 6 OSHC grant recipients

DEC

6 month progress reports submitted to Health Promotion Service by recipients

2020

APR

9 of 12 recipients received a funding extension until 31 Dec 2020 due to impacts of COVID-19

JUN

Round 1 of funding complete
(3 out of 12 recipients)

DEC

Round 2 of funding complete
(9 out of 12 recipients)

05 PROJECTS

Of the 12 projects selected to receive HCHC funding:

6 Non-government organisations and providing out of school hours care for children

3 Internal SESLHD teams

2 Not-for-profit organisations

1 Primary school

See [Appendix B](#) for summary of all projects. All projects aligned with a stream of the [SESLHD Childhood Obesity Prevention Framework](#).

HCHC Grants project alignment with the SESLHD Childhood Obesity Prevention Framework three streams of action.

Stream 1:

Building Health Sector Organisational Capacity

St George Hospital Dietetics:

Creating effective referral pathways for children identified as overweight or obese

Primary Integrated and Community Health, Child, Youth and Family Services - Community Paediatric Physiotherapy: The Healthy Habits Pilot Program

Stream 2:

Community Partnership Development

SESLHD Priority Populations

Unit: Beverly Hills Intensive English Centre (BHIEC) Healthy Lifestyle Project

Project Youth:

Y Connect

Australian Red Cross Society:

Healthy, Connected Communities

Stream 3:

Children's Everyday Settings

Banksmeadow Public School:

Hydrate Banksmeadow

Lilli Pilli, St Francis Xavier's and Arncliffe YMCA Out of School Hour Centres (OSHC):

Healthy Minds Healthy Lives

3Bridges Community Limited:

3BC creating pathways to a healthier childhood

Maroubra Bay Care Centre:

MBCC Healthy Lifestyle Program

Maroubra Junction Before and After School and Vacation Care Centre:

Making children at MJCC happy and healthy for life



06 EVALUATION

The project evaluation framework was designed in partnership with The Prevention Research Collaboration at The University of Sydney, to determine the short term processes, medium term impacts and long term outcomes of the HCHC Grants initiative.

The evaluation was designed to answer:

- Did the HCHC Grants initiative and types of projects that have been funded help to encourage and facilitate children to lead healthy and active lifestyles?
- What is the impact of an organisational approach, and identify the key components that are important to influence cultural change within an organisation?

ETHICS APPLICATION

The initiative was approved by the Human Research Ethics Committee (HREC) of South Eastern Sydney Local Health District (2019/STE15842).

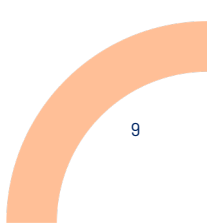
A range of quantitative and qualitative data were collected to inform the evaluation.

Data collection methods include:



DATA LIMITATIONS

- Participation in the evaluation was entirely voluntary, with eight of the 12 grant recipients consenting to complete the evaluation survey and interview as part of the research. Therefore data from 4 grant recipients were not evaluated, with one recipient declining to participate due to limited capacity.
- Two separately funded grant recipients formed a partnership which was recorded as one project for the interview findings (total n=7).
- The evaluation for two grant recipients was completed with staff who had less involvement due to staffing changes or capacity issues, limiting responses related to personal experience.



07 WHAT WE ACHIEVED

Funded projects targeted a range of children and youth age groups, and were implemented in a range of settings.

1x
pre-school
aged children

7x
primary school
aged children

3x
adolescent
age group

1x
paediatric patients
aged 2-17 years



Collaborations occurred across government schools (primary and Intensive English Centre) and SESLHD services. SESLHD Health Promotion Service delivered a pilot OSHC Healthy Eating and Physical Activity training workshop for the 6 OSHC services that received funding. The workshop increased staff skills, knowledge and confidence to facilitate physical activity, provide healthy food options and support healthy eating education to children attending their services. The workshop also provided an opportunity for services to network, and share ideas and strategies.



HCHC Grants Enabled Organisations to Address Previously Identified Healthy Eating and Active Living Needs

Prior to receiving funding, all organisations had strong strategic alignment and awareness of the importance of supporting children and families to lead healthy and active lifestyles.



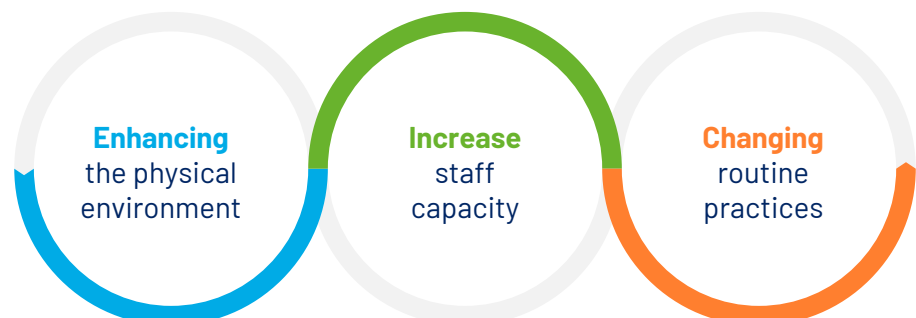
71% recipients
Reported encouraging healthy and active lifestyles to children and families as organisational goals.



29% recipients
Reported their organisation did not have specific healthy eating and physical activity related policies or directives, they viewed the grants as a way to achieve their primary goal of social support through increased physical activity opportunities.

Recipients were committed to taking action, however, many (75%) cited limited organisational resources (human and financial) as a barrier to prioritising HEAL support to children and families in usual practice, service delivery and enhancement of the physical environment.

Interventions increased children's access to opportunities for healthy eating, drinking water and physical activity through:



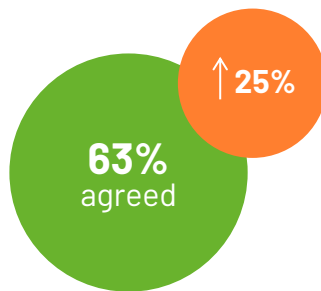
07 WHAT WE ACHIEVED



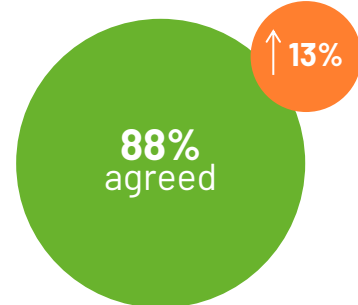
Enhanced Staff Capacity

Post project, recipients reported an improvement in staff knowledge and skills to support children to lead healthy and active lifestyles. There was an increase in recipients who strongly or somewhat agreed staff within their organisation who have completed:

Formal training:



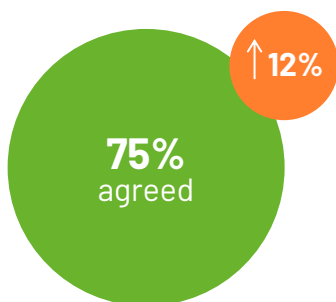
Professional development:



Four recipients implemented strategies or programs to engage and/or upskill staff or participants in vegetable gardening, healthy food preparation and/or physical activities. Most organisations sourced external providers to upskill staff and, in some cases, to deliver activities to the children.

Staff confidence to support children to lead healthy and active lifestyles within their roles improved, and reinforcing actions were observed, including; staff role modelling drinking water and physical activity behaviours.

There was an increase in recipients who strongly or somewhat agreed that staff within their organisation possess the **knowledge and skills to confidently support children to lead healthy and active lifestyles** within their role at the organisation :



- 1x OSHC based centre increased the variety of physical activity opportunities through upskilling staff
- 1x Organisation engaged staff in promoting and role-modelling equipment use

Educational activities were considered less sustainable strategies as they relied on staffing. This was particularly pertinent for organisations whose staff resources were affected by the COVID-19 pandemic.

07 WHAT WE ACHIEVED



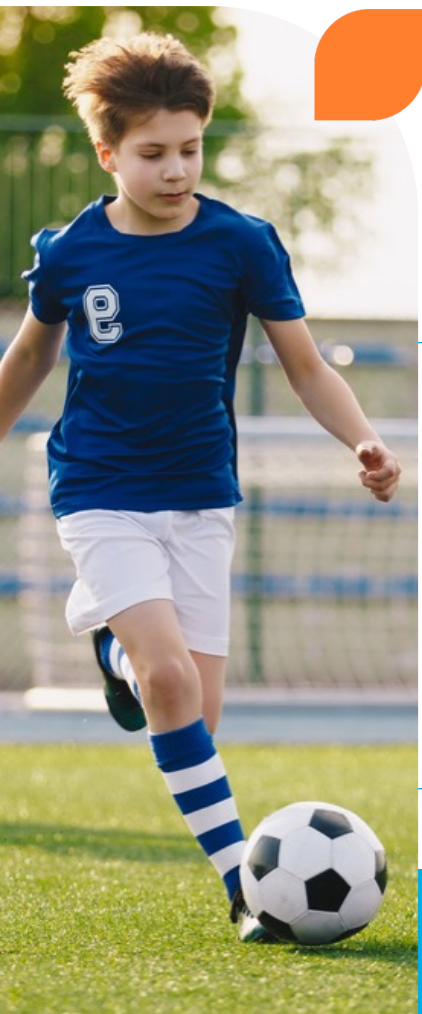
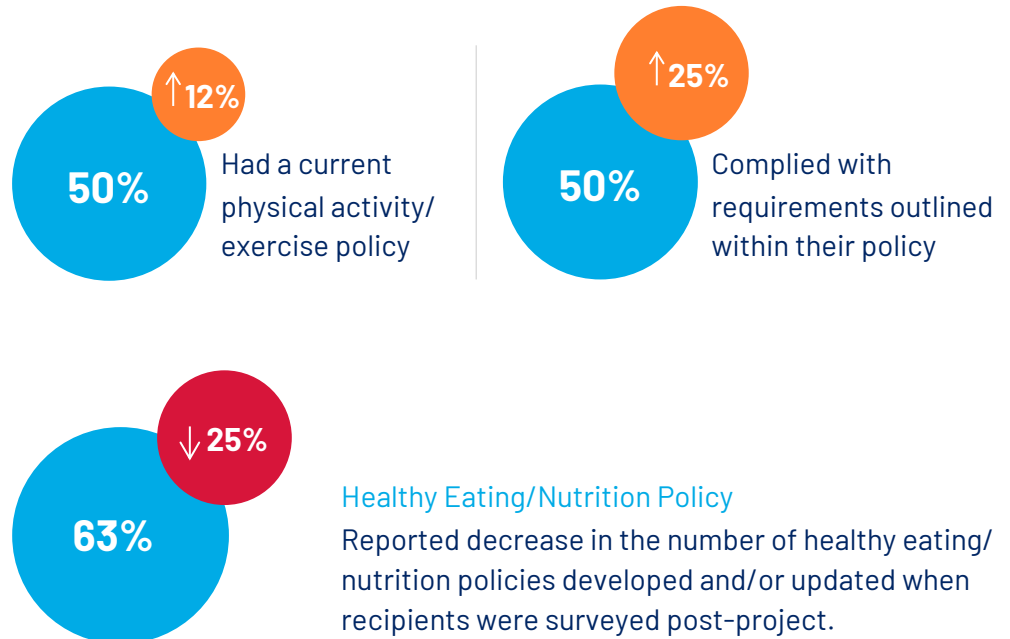
Changing Routine Practices

 57% recipients

That provided food and drinks, changed their routine practices to increase exposure to a variety of healthy foods, water and physical activity. One recipient reported their practice changes were reflected in their updated environmental policy.

Physical Activity/Exercise Policy

Overall, there was an increase in recipients who developed and/or updated their physical activity/exercise policy and reported improved compliance to their policy.



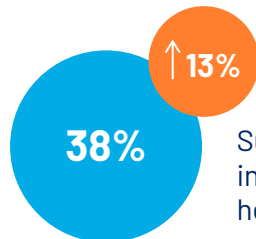
Leadership, Planning and Coordination

Recipients reported improvements to routine practices related to leadership, planning and coordination within their organisation post-project, enhancing service capacity to encourage and enable children to lead healthy and active lifestyles. There was an overall shift in organisation intention to allocate someone to provide leadership on planning/taking action to promote or support healthy eating and physical activity for children accessing their service. There was also a small increase in recipients with at least one staff member allocated to supporting healthy eating and/or physical activity.

07 WHAT WE ACHIEVED



There was an increase in recipients reporting they could provide leadership or intend to in the near future, with:



Surveyed had at least one staff member whose role includes allocated time to addressing and supporting healthy eating and/or physical activity post-project

Post-project there was an improvement in organisational planning, with:



Reported one or more plans to include strategies for addressing healthy and active lifestyles of children/ families accessing their service.



Reported that they have dedicated department/team/committee/ working group to focus work on healthy eating and active lifestyles in the near future.

Contextual Barriers Impacted the Extent of Implementation and Reach



Interviewed post project experienced barriers to deliver their project due to the COVID-19 pandemic. The 'stay at home' restrictions and social distancing requirements affected reach and exposure through the reduced number of service users visiting the setting, or attending usual programs or services.



Reported the physical environment as a barrier to implementation i.e. lack of storage space. Other reported barriers to implementation included difficulty engaging target audience and staff.



07 WHAT WE ACHIEVED



Enhanced Physical Environment

Prior to HCHC funding being awarded, almost all recipients provided one or more activities, programs or services for children and/or families to support healthy and active lifestyles. There were:



88%

Provided activities to encourage healthy eating



100%

Provided activities to encourage physical activity

The top 3 activities from both categories include:



75%

Used portable play equipment



75%

Used playground or permanent play equipment



88%

Promoted water as a drink and less sugar sweetened drinks



75%

Provided low or no cost physical activity programs



63%

Provided healthy eating information to families



63%

Provided healthy eating lessons or activities for children and/or families, e.g. Healthy cooking classes, lessons on healthy eating, vegetable garden activities

The cumulative total of activities delivered by each service on average decreased by 1.4 when comparing pre- and post-project. An average of 5.4 modes of activity were provided pre-project compared to 4 modes of activity post-project. The reduced total number of activities delivered on average is not associated with the frequency and duration of time provided for children to be physically active.



86%

Recipients supported by the HCHC funding to modify their existing physical environments to support children's healthy lifestyle behaviours. Strategies included replacing water bubblers/fillers or the addition of water fountains, providing new sporting equipment, creating an open kitchen space for students to reheat meals, building and replanting vegetable gardens, and providing new catering equipment and serving ware.

Physical environment enhancements were perceived as successful and sustainable.



43%

Recipients who purchased new physical activity or catering equipment, reported would continue the equipment to be used with ongoing promotion to children and families.

08 DISCUSSION

Three overarching themes have been identified from the range of strategies that were implemented by grant recipients to encourage and facilitate children to lead healthy and active lifestyles.



ENHANCING PHYSICAL ENVIRONMENTS

Environmental strategies successfully enhanced interest or engagement of the target audience in healthy foods, drinking water and physical activity, and recipients considered these strategies to be sustainable. To ensure sustainability and continued use of purchased equipment, ongoing promotion and delivery of complementary strategies or programs to engage or upskill staff or participants is needed.

Findings showed a decrease in recipients providing low/no cost programs, organised sport options, and use of playground and portable equipment. This may be attributed to increased staff capacity (knowledge, skills, confidence) to deliver games and activities themselves using purchased sports equipment. Increased staff capacity decreases the reliance on external providers to deliver programs and offers more variety and opportunity for children to be active.

INCREASING STAFF CAPACITY

There was an overall increase in service capacity to plan and implement activities that support healthy and active lifestyles through an increase in staff knowledge, skills and confidence to take action to support healthy and active lifestyles within their roles. Educational strategies were considered less sustainable due to staff attrition, particularly in the context of COVID-19.

LOCAL PROCESSES, PRACTICE AND POLICY

Clear alignment of organisational purpose or goals with objectives related to healthy and active lifestyles, whether directly or in part, is important for supporting implementation and sustainable change.

The HCHC Grants enabled organisations to enhance existing environments, increase staff capacity and dedicate human resources to administer the changes required to implement programs and activities to support healthy and active lifestyles. Management support is essential to sustaining these changes and identifying new areas for service development beyond the HCHC funding. This includes the review and revision of current policies and operational processes, and investment in continuous professional development for new and existing staff to overcome the barrier of staff attrition.



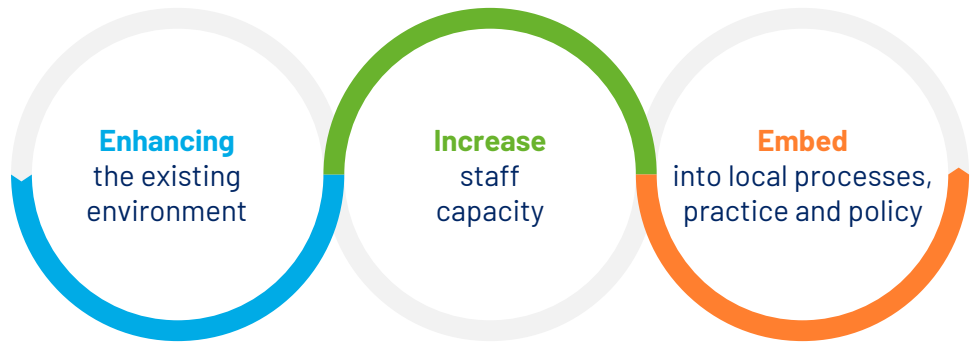
08 DISCUSSION



SUSTAINABILITY

The HCHC Grants funded organisations to design strategies that are appropriate and acceptable for their target audience and draw on the strengths and resources within their community. This ensured strategies were appropriate and feasible in their local context, specifically designed according to the financial resources available, staff capacity and physical environments.

To sustain strengthened community action to encourage and facilitate children to lead healthy and active lifestyles, strategies should include the three factors outlined:



Different organisations and settings required varied levels of support. Regular communication ensured grant recipients felt supported throughout the application, planning, implementation and reporting process.

Project events and meetings (e.g. funding awards ceremony and workshops) provided recipients with opportunities to share challenges and support strategies, and broaden skills set and knowledge base.

Recipients with limited management support and leadership experienced disruptions to projects as a result of staff turnover.

A flexible and supportive approach in response to unplanned events (e.g. COVID-19) allowed recipients to adapt, revise strategies and meet project goals and expectations.

PROJECT LEARNINGS



09 RECOMMENDATIONS

Future grant initiatives that support community action to facilitate children and families to lead healthy and active lifestyles should:



08 CONCLUSION

A community-based health promotion grants initiative

That aims to enhance staff capacity and provide a supportive environment to promote healthy and active lifestyles to children, can enhance a portfolio of initiatives to increase protective factors for childhood obesity.



Investment in community-based organisations ensures strategies are **acceptable and feasible within local context, increasing organisations' readiness and capacity to make and sustain the changes.**

Community-based organisations that provide services to children are an appropriate setting to reach this target audience who may not otherwise receive healthy and active lifestyle messaging and supports.





REFERENCES

1. Centre for Epidemiology and Evidence. NSW Population Health Survey (SAPHaRI). Sydney: NSW Ministry of Health. www.healthstats.nsw.gov.au/Indicator/beh_bmikid_cat [accessed 07.04.21]
2. Centre for Epidemiology and Evidence. NSW Population Health Survey (SAPHaRI). Sydney: NSW Ministry of Health. www.healthstats.nsw.gov.au/Indicator/beh_bmi_age/beh_bmi_lhn_trend?filter1ValueId=18391&LocationType=Local%20Health%20District&name=Overweight%20or%20obesity&code=beh_bmi [accessed 07.04.21]
3. The NSW Childhood overweight and obesity data report 2020 www.health.nsw.gov.au/heal/Publications/childhood-overweight-obesity-detailed-data-report.pdf [accessed 07.04.21]
4. Whiteford, G, Evans, J, Sawyer and A, Bailey A 2020, Healthy Communities Mid North Coast Innovation Fund Program 2018 to 2020

APPENDICES

Appendix A:
HCHC Grant Application Guide (December 2018)
| Selection Criteria

Appendix B:
HCHC Grants Initiative Summary of Funded Projects
Final Report



APPENDIX A

HCHC Grant Application Guide (December 2018) | Selection Criteria

How will applications be assessed?

A panel will assess all applications against the following criteria:

Contribute to childhood obesity prevention within SESLHD

- Projects support healthy eating, physical activity and/or reduced sedentary behaviour amongst children.
- Project demonstrates the ability to improve health and wellbeing, knowledge, attitudes and behaviours and/or establish environments that promote healthy and active lifestyles for children.

Demonstrate the need for the project

- Evidence of need for the project.
- Describes specific health issues the project will address.
- Project targets high risk or vulnerable population groups.

Project planning and evaluation

- Aims are clear.
- Realistic timeframes are outlined.
- Project demonstrates the capacity to collect and interpret data, and to evaluate project processes and outcomes.
- Consideration has been given to how project activities may continue beyond the funding period.

Health promotion principles

- Project incorporates health promotion principles in its design and delivery.
- Project works across one or more of the health promotion areas of action (see page 4).

Partnerships

- Engagement of appropriate partners is specified.
- Consultation and input from local community has been demonstrated.

Comprehensive and realistic budget

- Value for money is demonstrated (match a realistic budget with potential population health improvements).
- Adequate funding has been budgeted for project activities.

Additional elements

Innovation

- Projects that outline innovative solutions will be considered favourably.

APPENDIX B

HCHC Grants Initiative Summary of Funded Projects for Final Report

In 2019, the Healthy Children Healthy Communities Grants initiative awarded funds of up to \$10,000 to 12 organisations in the South Eastern Sydney Local Health District to encourage and facilitate children to lead healthy and active lifestyles.

Stream 1

Building Health Sector Organisational Capacity

1. St George Hospital Dietetics:

Creating effective referral pathways for children identified as overweight or obese

| | |
|---------------------|--|
| Aim | Increase the number of children admitted to the Paediatric ward at St George Hospital above a healthy weight who are referred to appropriate services and programs |
| Audience | Paediatric patients (2-17 years old) |
| Activities | <ul style="list-style-type: none">■ Provided staff training on measuring children's growth and talking sensitively about weight■ Conducted focus groups to identify and address barriers to completing measurements. Changes included reminders in the nursing clinical handover , implementation of a height champion■ Displayed visual reminders such as giraffe "how tall am I?" posters to prompt staff to measure patients |
| Achievements | <ul style="list-style-type: none">■ Upskilled staff and increased the number of children admitted to the paediatric ward who had their height and weight measured■ Developed a referral pathway for children above a healthy weight and increased the number of patients that were referred to out-patient paediatric obesity programs and services■ Collaborated with Community Paediatric Physiotherapy to develop and deliver the <i>Healthy Habits Pilot Program</i> |

2. Primary Integrated and Community Health, Child, Youth and Family Services - Community Paediatric Physiotherapy: The Healthy Habits Pilot Program

| | |
|---------------------|--|
| Aim | Develop and deliver The Healthy Habits Pilot Program for pre-school aged children living in the St George local government area above a healthy weight and/or with poor gross motor skills to support healthy eating, physical activity and reduced sedentary behaviours |
| Audience | Pre-school aged children (3-5 years old) |
| Activities | <ul style="list-style-type: none">■ Developed and delivered 3 groups of the fun play-based, family focused pilot program weekly for 5 weeks■ Provided participating families with resources to reinforce key health messages |
| Achievements | <ul style="list-style-type: none">■ Collaborated with St George Hospital Dietetics to develop and deliver the program■ Prioritised participants from socially disadvantaged, culturally and linguistically diverse backgrounds or new and emerging backgrounds. All participating families reported satisfaction with the program■ Increased participant's fundamental movement skills, increased participant's time spent on physical activity and decreased participants sedentary screen time minutes |

APPENDIX B

HCHC Grants Initiative Summary of Funded Projects for Final Report

Stream 2

Community Partnership Development

3. SESLHD Priority Populations Unit:

Beverly Hills Intensive English Centre (BHIEC) Healthy Lifestyle Project

| | |
|---------------------|--|
| Aim | Increase the number of students drinking water and participating in physical activity during the school day |
| Audience | BHIEC students (12-18 years old). BHIEC students are newly arrived refugees or migrants who have arrived in Australia within the last 12 months |
| Activities | <ul style="list-style-type: none">• Co-designed the project with key stakeholders including parents, teachers, students, health professionals and policy makers• Installed a water refill station and 2 table tennis tables and purchased balls and bats• Displayed the “8 for feeling great” health promotion messages throughout the school and incorporated into classroom learning |
| Achievements | <ul style="list-style-type: none">• Increased the number of BHIEC students drinking water only and increased the number of BHIEC students participating in physical activity during the school day• Engaged BHIEC staff who were motivated to deliver project activities and will continue to support students to use the water refill station and table tennis tables |

4. Project Youth:

Y Connect

| | |
|---------------------|---|
| Aim | To increase physical activity, educate young people on healthy lifestyle choices, increase access to community services that promote health and connect young people with supportive peers |
| Audience | Young people (14-17 years old) |
| Activities | <ul style="list-style-type: none">• Organised fortnightly activities for 5 young people during the school term including rock climbing, bowling, walking and Putt Putt golf• Provided healthy eating information and delivered nutrition workshops with cooking demonstrations• Installed water refill stations at 2 Project Youth centres |
| Achievements | <ul style="list-style-type: none">• Increased the amount of physical activity young people participated in and increased the number of young people drinking water• Engaged hard to reach young people. Participants expressed that they enjoyed meeting new people• Partnered with the Think Eat And Move program to deliver nutrition workshops and improve young people’s knowledge and skills |

APPENDIX B

HCHC Grants Initiative Summary of Funded Projects for Final Report

Stream 2

Community Partnership Development

5. Australian Red Cross Society: Healthy, Connected Communities

| | |
|---------------------|---|
| Aim | Extend the Migrant Youth Orientation Program (MYOP) by supporting newly arrived students to gain knowledge, skills and awareness around nutrition, health and wellbeing |
| Audience | BHIEC students (12-18 years old) |
| Activities | <ul style="list-style-type: none">• Consulted key stakeholders to identify priorities that complemented the school's health initiatives strategy• Delivered a tailored program that introduced students to the history and theory of popular sports such as AFL, basketball and tennis and provided them with opportunities to play them• Purchased kitchen equipment for students to use in food technology cooking lessons• Provided BHIEC teachers with NSW Health and the Red Cross FoodRedi program resources |
| Achievements | <ul style="list-style-type: none">• Increased the amount of physical activity BHIEC students participated in• Improved student's nutrition knowledge and cooking skills• Increased BHIEC students' confidence to participate in a variety of sports. School staff observed students enjoying the activities as well as copying health behaviours modelled by the sport coaches |

Stream 3

Children's Everyday Settings

6. Banksmeadow Public School: Hydrate Banksmeadow

| | |
|---------------------|--|
| Aim | To encourage water as the drink of choice for students and reduce waste from disposable water bottles |
| Audience | Banksmeadow Public School students (4-12 years old) |
| Activities | <ul style="list-style-type: none">✓ Installed 5 water refill stations with bubblers in the playground and outdoor areas✓ Incorporated health messaging into classroom learning✓ Included health messaging in communications with the wider school community sent to parents and carers |
| Achievements | <ul style="list-style-type: none">✓ Increased the number of students bringing water bottles to school✓ Increased the number of students drinking water only during the school day✓ Improved student's nutrition knowledge on the importance of water |

APPENDIX B

HCHC Grants Initiative Summary of Funded Projects for Final Report

Stream 3

Children's Everyday Settings

7, 8, 9. Lilli Pilli, St Francis Xavier's and Arncliffe YMCA Out of School Hour Centres (OSHC): Healthy Minds Healthy Lives

Aim To implement innovative approaches to support children to develop healthy nutrition and physical activity habits

Audience Children attending the 3 centres (4-11 years old) and their families

Activities

- ✓ Provided staff with professional development opportunities to enhance their skills in facilitating games and activities with the children
- ✓ Established vegetable gardens that were cared for by the children
- ✓ Invited local dentists and physiotherapists to present to families on healthy lifestyles
- ✓ Organised gymnastic coaches to deliver lessons for the children
- ✓ Purchased sports equipment for children to use as well as cooking equipment to help staff prepare healthy breakfast and afternoon tea options

Achievements

- ✓ Increased staff confidence to deliver healthy lifestyle information
- ✓ Improved children's and families healthy lifestyle knowledge
- ✓ Increased the amount of physical activity children participated in at OSHC. Staff observed children using the equipment and enjoying the gymnastics lessons
- ✓ Improved the nutrition of the food offered to children in care

10. 3Bridges Community Limited: 3BC creating pathways to a healthier childhood

Aim To improve educator's knowledge, skills and confidence in providing healthy foods and drinks for children attending 3Bridges services at Mascot and Rockdale

Audience Children attending 3Bridges (5-12 years old)

Activities

- ✓ Reviewed and updated the existing 3Bridges nutrition policy
- ✓ Provided staff with professional development opportunities to further enhance their skills in menu planning, promoting healthy eating and facilitating games and activities
- ✓ Co-designed a video with OSHC children and parents and carers to promote healthy lifestyles
- ✓ Disseminated healthy lifestyle resources in key community languages to families

Achievements

- ✓ Increased staff confidence to deliver healthy lifestyle information to children and their families
- ✓ Increased the amount of physical activity children participated in at OSHC
- ✓ Improved families' healthy lifestyle knowledge through engagement with the video. Families were from diverse cultural backgrounds
- ✓ Improved the nutrition of the food offered to children in care

APPENDIX B

HCHC Grants Initiative Summary of Funded Projects for Final Report

Stream 3

Children's Everyday Settings

11. Maroubra Bay Care Centre: MBCC Healthy Lifestyle Program

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| Aim | To incorporate new and innovative activities into the out of school hours weekly program to support healthy eating, physical activity and reduced sedentary behaviour |
| Audience | Maroubra Bay primary school students (4-11 years old) attending the centre's before/after school and Vacation Care services |
| Activities | <ul style="list-style-type: none">✓ Purchased sport equipment for children to use as well as cooking equipment to help staff prepare healthy food and drinks✓ Delivered weekly 'Ninja Warrior' obstacle courses and Box-ercise classes for children✓ Established a fruit and vegetable garden that was cared for by the children✓ Provided staff with professional development opportunities to further enhance their skills in facilitating games and activities with the children |
| Achievements | <ul style="list-style-type: none">✓ Engaged community members including parents and families from diverse cultural backgrounds. Parents welcomed changes to the menu and the opportunities provided by staff to involve their children in different games and activities✓ Improved the nutrition of the food offered to children in care✓ Increased the amount of physical activity children participated in at OSHC. Staff observed children using the equipment and enjoying the 'Ninja Warrior' obstacle courses and Box-ercise classes including those who do not usually engage in sports such as soccer or cricket |

12. Maroubra Junction before and after school and vacation Care Centre: Making children at MJCC happy and healthy for life

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|--------------|---|
| Aim | To improve the health and wellbeing of children attending Maroubra Junction care centre by promoting healthy eating, increasing their physical activity and reducing their sedentary behaviour |
| Audience | Maroubra Junction primary school students (5-12 years old) attending the centre |
| Activities | <ul style="list-style-type: none">✓ Organised a variety of activities for children including yoga, mini Olympics, a hip hop workshop, tennis workshop and Indigenous games workshop✓ Established a vegetable garden and worm farm that was cared for by the children✓ Purchased sport equipment for children to use as well as cooking equipment for children to participate in a weekly cooking club✓ Provided staff with professional development opportunities to further enhance their skills in gardening and facilitating games and activities |
| Achievements | <ul style="list-style-type: none">✓ Increased the amount of physical activity children participated in. Staff observed children spending more time outside and enjoying playing sports together✓ Improved the nutrition of the food offered to children in care✓ Increased staff confidence to implement games and activities |