

Cross Sector Leadership Table

Friday 9 December 2016

9:00am coffee for 9:30am. **Meeting concludes at 12:30pm, followed by Lunch.**

Twin Rivers Centre - 104 River Hills Road, Eagleby

Secretariat: Kellie Hinchy (e) k.hinchy@griffith.edu.au (ph) 3382 1163

Agenda

Item	Time	Papers / notes
1. Coffee and informal meet and greet	9:00am-9.30am	
2. Acknowledgment of Country and welcome and introductions	9:30am-9:35am	
3. Minutes and actions from previous meeting	9:35am-9:40am	Attachment
4. Project presentation: Ensuring Logan children P-2 have adequate nutrition to learn and grow	9:40am – 10:10am	For concept approval Project group members Attachment
5. Reflection process - introduction	10:10am-10:20am	Margaret Allison
6. Reflection workshop – Session 1 What has worked and what hasn't, exploring: <ul style="list-style-type: none"> • Community engagement • Sector and Government engagement • The Roadmap, planning and the project portfolio • Governance and collaboration arrangements: Leadership Table, Chapters, Project Groups • Shared frameworks, learning and knowledge 	10:20am-10:50am	Discussion groups
BREAK	10:50am-11:05am	

7. Top 3 insights from Session 1	11:05am-11:20am	Discussion groups
8. Introduction to Session 2	11:20am-11:30am	Prof Lesley Chenoweth
9. Reflection Workshop - Session 2, exploring key issues: <ul style="list-style-type: none"> • Focussing our effort – what are the game-changers and how to deal with the 1000 flowers • Focussing our effort - geographic and demographic micro communities. • Community leadership and governance structures • Investment and system redesign - approaches 	11:30am-12:10pm	Discussion groups
Session 2 – Top 3 insights	12:10pm-12:25pm	Discussion groups
10. Wrap up and agenda forward planning	12:25pm-12:30pm	Margaret Allison
LUNCH		

Membership

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Cross Sector Leadership Table

Friday 11 November 2016

9:30-11:30pm

Attendance: Note membership list attached to these minutes

Apologies: Prof Lesley Chenoweth, Prof David Crompton, Amanda Currie, Sharyn Donald, Jane Frawley, Alison McClean, Sue Scheinpflug,

Proxies: Susan Carey for Sharyn Donald, Ruth Wall for Sue Scheinpflug, Helene Fuller for Amanda Currie, Kathy Stapley for Prof David Crompton.

Visitors: Blaise Italbo, Kylie Johnstone

MINUTES

2. Welcome and Introductions

Ms Margaret Allison, Chair, welcomed everyone to the November meeting of the Cross Sector Leadership Table and noted the apologies.

3. Minutes and Action from the previous meeting

The minutes from the October meeting were confirmed. With regards to the Action Register, Mr Matthew Cox reported that with regards to action items 16, 22 and 23, these items need further discussion and will be held over until the February 2017 meeting of the Cross Sector Leadership Table. Members were asked to let Matthew know if these items need to be brought forward for whatever reason.

4. Terms of Reference for Multicultural Advisory Group

The Chair welcomed Mr Blaise Italbo from Access to present this item. Mr Italbo spoke to the document circulated to members which outlined the terms of reference for a proposed Multicultural Advisory Group. The aim of the Advisory Group would be to engage and partner with CALD communities and provide advice to Logan Together on issues facing members of the CALS communities in Logan.

Discussion ensued about how this very helpful process might link with other citizen engagement, advice and leadership arrangements.

Action: Matthew Cox to work with Blaise Italbo and Leadership Table community representatives to further the proposal.

Action: Matthew Cox to talk to Jane Frawley regarding how a proposal for a Multicultural Advisory Group fits in with Logan City Council Cultural strategy.

5. Project 11 – Early detection and support for developmental vulnerabilities: Implementation considerations

The Chair welcomed Ms Kylie Johnston, Project facilitator, to present an update on Project 11. The project group has proposed focussing initial efforts on:

- the development of transdisciplinary support teams to work across early childhood services in several priority districts in the city
- the integration of public education messaging and activities relating to child health support as part of a wider Logan Together community engagement and mobilisation campaign
- the development of tools and processes to support better joined up clinical pathways.

Decision: The Leadership Table endorsed the group to focus on these three initial project priorities.

6. Cross Sector Leadership Table Community Leaders: thoughts and future directions

The Chair invited Mr Roger Marshall to speak to this item. Mr Marshall referenced the briefing report which had been circulated to members which outlined some areas for discussion raised by the community representatives regarding their experience on the Cross Sector Leadership Table. Mr Marshall advised that there were a number of recommendations put forward by the community representatives including:

- That the number of community representatives be increased on the Cross Sector Leadership Table;
- That greater cultural and ethnic diversity be considered when appointing these new members; and
- That the start time of the Cross Sector Leadership Table meetings be changed to allow for the community representatives to meet prior to the Table meeting to discuss the meetings agenda.

The Chair thanked the community representatives for their thoughtful contribution and stated she would take the matter under advisement.

Action: The matters raised by the Community Reps group will be scheduled for discussion at the December meeting

7. North America trip and reflections

Matthew Cox gave a presentation on his and Lesley Chenoweth's recent tour of collection impact projects being undertaken in North America. Matthew advised that a couple of presentations will be scheduled for all interested in knowing more detail about the programs they visited.

Action: Matthew to organise a longer presentation of his trip to collective impact projects in North America – now scheduled for Friday 16 December 2016 at 12 noon in the Meadowbrook Room at Griffith Uni Logan Campus.

8. Logan Together: taking stock of progress and thinking ahead to next year.

This item was not discussed however the bulk of the December meeting will be devoted to this item.

9. General business

There was no general business however the Chair asked that the next meeting be 3 hours long to give time for discussion on important issues for 2017. A light lunch will be provided to celebrate the end of a very successful year.

Meeting close

The Chair thanked all for attending. Meeting closed at 11.30pm. The next meeting of the Cross Sector Leadership Table is scheduled for Friday 9 December 2016.

Membership List

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Action Register

Action Number	Date	Action	Who	Due by
16	15/07/16	The Logan Community Response to Domestic and Family Violence action plan to be included on the agenda of the October 2016 meeting.	Secretariat	Future meeting
22	09/09/16	Community mobilisation campaign to be included on the agenda of a future meeting.	Secretariat	Future meeting
23	09/09/16	Project of the month: Decrease smoking, drinking and drug consumption to be included on the agenda of a future meeting.	Secretariat	Future meeting
26	11/11/16	Multicultural Advisory Group to be further considered as part of a wider citizen engagement and leadership framework	Matthew Cox	Future meeting
27	11/11/16	Information to be sought on how the establishment of a Multicultural Advisory Group sits with Logan City Council Cultural Strategy	Matthew Cox and Jane Frawley	Future meeting
28	11/11/16	Community Representation issues paper and matters contained therein scheduled for discussion at December meeting	Kellie Hinchy Matthew Cox	December meeting
29	11/11/16	Dates to be scheduled for Matthew to give a longer presentation on his Collective Impact tour of North America	Kellie Hinchy Matthew Cox	Complete – scheduled 16 December

Decision Register

Decision Number	Date made	Decision
1	11/03/16	Accept the Terms of Reference as a working document.
2	11/03/16	To allow for additional proxy members as long as they are fully briefed prior to attending the meeting.
3	13/05/16	A long-term Roadmap to be delivered at the end of 2016
4	10/06/16	The Leadership Table endorsed the statement of project priorities as reflecting the Table's views.
5	12/08/16	The Leadership Table endorsed the Maternity Continuity of Care proposal in principal, subject to the detailed written proposal being finalised with stakeholders.
6	14/10/16	The Leadership Table endorsed the concept proposal for the Early detection and support for developmental vulnerabilities project and supports further development of the project.

7	14/10/16	The Leadership Table endorsed the Multidisciplinary support for Early Childhood Centres project proposal in principal and supports progress towards the development of a co-designed model of delivery
8	11/11/16	<p>Leadership Table endorsed progressing the following 3 focus projects arising from Project 11 (Early Detection and Support) for further development:</p> <ul style="list-style-type: none"> • the development of transdisciplinary support teams to work across early childhood services in several priority districts in the city • the integration of public education messaging and activities relating to child health support as part of a wider Logan Together community engagement and mobilisation campaign • the development of tools and processes to support better joined up clinical pathways.



Ensuring Logan P-2 children have adequate nutrition to learn and grow

CONCEPT MODEL & DIRECTIONS

DRAFT

It must be acknowledged that in the preparation of this document, some content and formatting has been informed by Project 11- Early detection and support concept model and directions paper.

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1.0 Introduction

1.1 Background

We want to make sure that children aged 5-8 years in Logan are eating healthily and/or are not going hungry in school.

Children need adequate nutrition to enhance immunity, realise their cognitive and physical potential, maintain healthy weight, and reduce future risk of chronic disease (Queensland Health, 2005). Further, there is evidence that good nutrition can impact positively on performance and behaviour at school (Bellisle, 2004; Taras, 2005). This includes decreased rates of absenteeism, increased participation and engagement, better socialisation, and improved academic performance. However, in the 5-7 year age range in Queensland 96.0% of boys and 97.2% of girls met their daily fruit needs, however, the same is not true for vegetables (Queensland Health, 2011). Overall 50.1% of boys and 58.4% of girls met their daily recommended vegetable intake (Queensland Health, 2011). (Queensland Health, 2005). There is evidence that children's intake of fruit, vegetables and energy-dense foods tracks into adolescence, and those food preferences tend to be maintained in adulthood (Craigie, Lake, Kelly, Adamson, & Mathers, 2011; Magarey, Daniels, Boulton, & Cockington, 2003).

Dietary habits also affect levels of overweight and obesity. In 2011-2012 rates of overweight was 18.3% in school age children (Australian Bureau of Statistics, 2013). Boys aged 5–7 had the highest obesity rate (9%), and obesity among girls aged 5–7 was 8% (Australian Bureau of Statistics, 2013). In addition to overweight and obesity, children may also encounter food insecurity, or limited access to food due to a lack of money or resources (Foodbank, 2015). The Australian Bureau of Statistics Census at School 2013

found that in Australia, 14.8% of children did not have breakfast, with rates greater in QLD at 15.9% (ABS, 2013). Rates may well be even higher in the South Brisbane and the Logan area, however. A study conducted by the YMCA in 2015 of schools in the area found that an average of 24% (1 in 4) of students enrolled in schools based in these areas attend a breakfast program on a regular basis (YMCA, 2015). As such, providing good nutrition is complex and multifactorial. Fortunately, with around 37% of children's daily food intake occurring in the school environment, primary schools have a unique opportunity to ensure children receive suitable and sufficient food while children are at school (Queensland Health, 2005).

It must also be noted that the levels of risk factors are not equally distributed across the population with socioeconomically disadvantaged groups and Aboriginal and Torres Strait Islanders having higher burden (Queensland Health, April, 2016).

The Logan City perspective:

As has been documented, overweight and obesity, food choices as well as food insecurity remain challenges in the primary school environment in assisting children to learn, grow and reach their full potential. Evidence highlights overweight and obesity are closely linked with disadvantage. Obesity rates in disadvantaged areas are often up to 2.2 times the rate in advantaged areas (O'Dea & Wagstaff, 2011). In Logan, 2011 SEIFA scores were 970.9, compared with 1047.7 in Brisbane (Logan City Council, 2013). Similarly limited financial resources can also impact regular and appropriate meals and may be impacting Logan children in achieving adequate and suitable nutrition. Suitable nutrition is imperative in assisting children to learn and grow. Without adequate support children are at risk of developmental deficiency, which impacts themselves, their family and the Logan community.

2. Foundation roadmap connections

The ensuring P-2 children have adequate nutrition to learn and grow project group priority action areas are pivotal to the achievement of *Logan Together's* overarching goal of *closing the gap in rates of healthy development for Logan children at age 8*. The provision of appropriate support will result in reduced numbers of kids with health and developmental vulnerabilities and concerns, and contribute to *Logan Together's* Big Result targets.

Figure 2.1. The BIG results

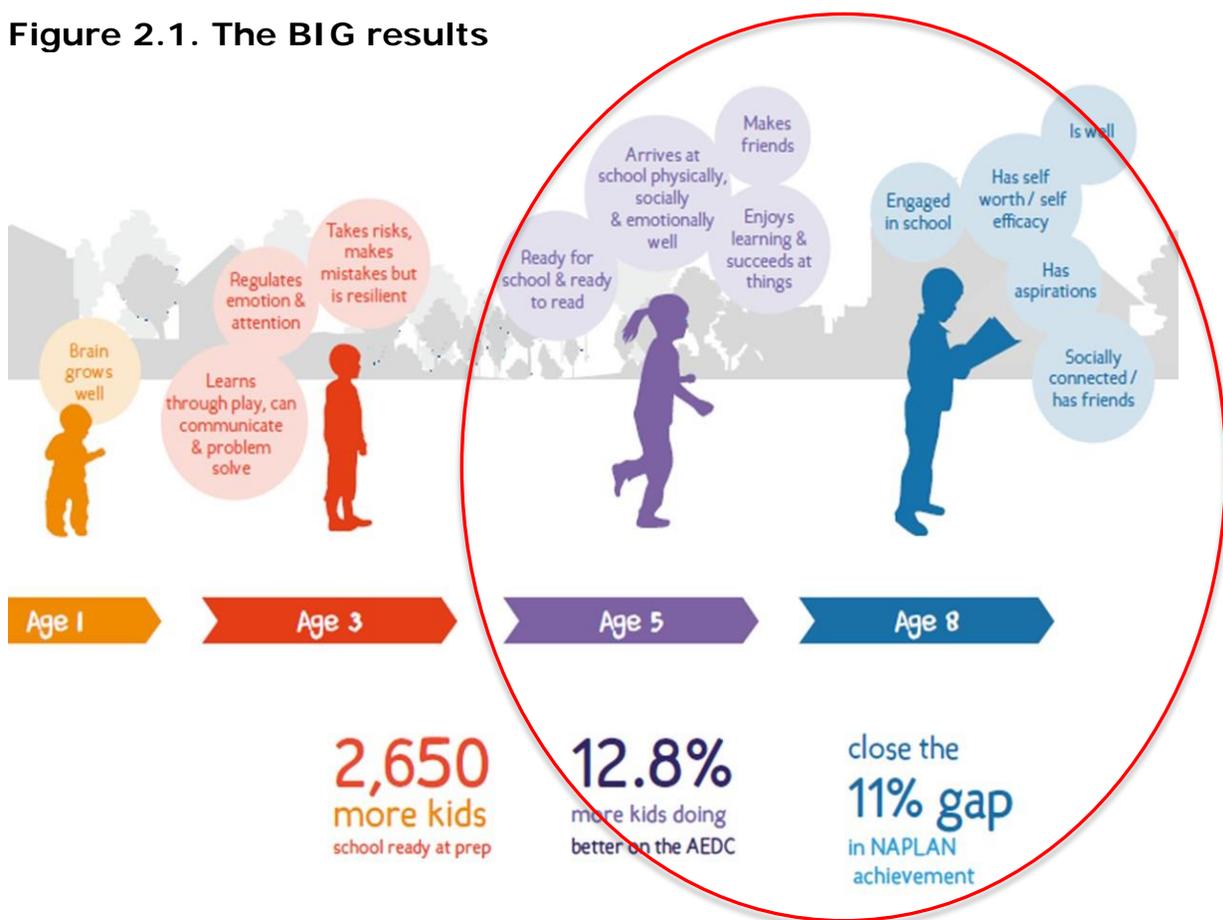


Figure 2.2 The BIG results (continued)

BIG Result	Logan %	Kids 0-8 this was true for or would be true for? (est)	Old %	% Improvement required to close the gap with Old as a whole	Of all kids 0-8 how many do we need to help to close the gap? (est)
Healthy pregnancies					
Women smoking through pregnancy	13.6%	5,954	12.6%	7.3%	433
Women drinking through pregnancy	coming				
Women using drugs through pregnancy	coming				
Healthy at birth					
Babies born under 2,500g	7.4%	3,204	6.6%	11.0%	518
Babies born before 37 weeks	10.5%	4,547	9.3%	11.0%	345
On track at age 4/5					
Children vulnerable on 1 or more AEDC domains	29.3%	12,694	26.2%	12.8%	1,344
Children at risk but not yet vulnerable (avg across 5 AEDC domains)	16.2%	7,015	15.4%	4.9%	344
School ready					
Children not school-ready at Prep	33.5%	14,452	28.6%	14.0%	2,123
On track at school					
Students meeting national minimum standard	92%	39,853	94.6%	2.8%	1,126
Students in top 2 bands	17.98%	7,789	26.3%	16.3%	3,675

The Logan Together Foundation Roadmap identifies *Big Influences* which are further measures of important determinants of child development and wellbeing. The ensuring P-2 children have adequate nutrition to learn and grow project group also aims to contribute to the following *Big Influences*:

Logan Together Relevant Priority Influence Points

1. Community based nutrition support
2. Obesity prevention
3. Engagement in learning

Table 2.1 Big influences relevant to the ensuring P-2 children have adequate nutrition to learn and grow project group

Figure 2.3 Prioritised Strategies



3.0 Population snapshot

Logan is a vibrant, young, ethnically and culturally diverse city. Logan's residents represent approximately 217 different nationalities and ethnic groups, making it one of the most culturally and linguistically diverse communities in Australia.

The latest AEDC results for Logan (2015) have identified that Prep children in general are more vulnerable in the physical readiness domain than they were 3 years ago. One of the key areas of vulnerability relates to whether children have had breakfast/are eating nutritionally well to ensure their health/wellbeing and preparedness to learn.

To reduce the gap in healthy child development for Logan children, appropriate services and supports are required to support three key identified nutritional support areas:

3.1 Children missing breakfast and/ or don't have food while at school

Our preliminary understanding of the reasons contributing to children being hungry while at school include:

- Parents report a lack of "time" to prepare food and / or eat with their children.
- Limited income to purchase food for home or school.
- Children stating they are "not hungry" first thing in the morning.
- Limited community awareness and shared understandings regarding the role of breakfast in healthy child development and its significance across Logan Together Project 16 Concept Model DRAFT

the life course.
(Jackson, 2013)

3.2 The number of children overweight or obese

Our preliminary understanding of the reasons contributing to children overweight or obese include:

- Not eating breakfast and overeating later to compensate
- Families feeling overwhelmed and needing self-efficacy to manage their day / meal plan.
- Limited opportunities to try healthy food – parents may not eat well themselves.
- Teachers at school not always confident to talk about healthy eating which may impact children's way of eating.
- Easy access to fast food that is low in nutritional quality–limited healthy, cheap and fast options.

(Hardus, van Vuuren, Crawford, & Worsley, 2003; Queensland Health, April, 2016)

3.3 Fruit and vegetable intake in children is less than recommended

Our preliminary understanding of the reasons contributing to children not eating recommend amounts and varieties of fruit and vegetables include:

- Limited opportunities to try healthy food – parents may not eat well themselves.
- Fresh fruit and vegetables considered too expensive.
- Quality of produce.
- Parents and children uncertain / lacking confidence to prepare fresh meals.

- At school teachers may not always confident to talk about healthy eating which may impact children's way of eating.
- Healthy eating not incorporated into schools curriculum?
- Easy access to fast food that is low in nutritional quality– limited healthy, cheap and fast options.

(Australian Institute of Family Studies, 2014; Queensland Health, 2005)

4.0 Potential measures for development

4.1. Process Measures

- Raise awareness amongst parents, carers and educators of the importance of healthy child development and its significance across the life course and the role nutrition plays.
- Expand school breakfast programs to be implemented daily in current schools, and expand to other schools without programs to support. KPI's needed to assess impact.
- Development of community hubs / programs to build the capacity and capability of the parents in their role as nutritional caregivers and providers.
- Potentially community and local businesses to offer affordable healthy breakfast & lunch options for families 'on the go'.

4.2. Target Outcomes

- Reduce the percentage of children hungry at school to national average -15.9% to 14.8%
- Overweight levels stable & obesity to national average 9.3% to 7.4%.
- Increase consumption of fruits and vegetables above QLD average, and ideally in-line with national guidelines - Fruit ~96% to 100% & vegetables ~ 50% to 100%.

5.0 Adequate nutrition support for Logan P–2 kids (5-8 years) proposed theory of change

Current Situation	Inputs & Requirements	Activities/Initiatives	Short term outcomes	Medium - Long term outcomes
<p>Higher rates of physical domain vulnerabilities than the QLD average</p> <p>Children missing breakfast and/ or going hungry while at school</p> <p>The number of children overweight or obese is greater than the QLD average</p> <p>Fruit and vegetable intake in children is less than recommended guidelines and below QLD average</p>	<p>Baseline and ongoing (years 1-3) assessment of children going hungry, physically at risk and / or accessing school breakfast clubs</p> <p>Screening of children for overweight and obesity risk by paediatricians and educators and referral to specialist weight management clinics</p> <p>Community engagement – Better understanding of specific barriers / opportunities in addressing meal missing and obtaining adequate nutrition support at school and at home</p> <p>Community engagement – Better understanding of specific barriers / opportunities to increase fruit and vegetable intake to guidelines</p>	<p>Consistent breakfast and embedded nutritional programs to support children at school – and to translate knowledge into the home</p> <p>Increased access and availability of specialised weight management services</p> <p>Development of suitable community informed support programs to ensure nutritional adequacy for Logan children and their families at school, in the community and at home – likely to include- school and community gardens, access to affordable healthy food, cooking workshops, and food hygiene practice education.</p> <p>Public Health/Social Marketing campaign regarding nutrition for healthy child development.</p>	<p>Increased identification of children not physically developed / overweight and opportunity to refer</p> <p>Less children hungry at school leading to better academic opportunity and physical development</p> <p>Children recognised as overweight obtain support an less likelihood of obesity</p> <p>Improved food practices and support in community will likely flow into the home environment</p>	<p>Parents confident and able to support healthy child development through suitable nutrition provision</p> <p>Strengthened partnerships between parents, schools, community hubs and service providers</p> <p>Less risk of chronic diseases and health system burden</p> <p>Improved academic and employment potential</p>

5.1 Ideal model of ensuring children have adequate nutrition to learn and grow

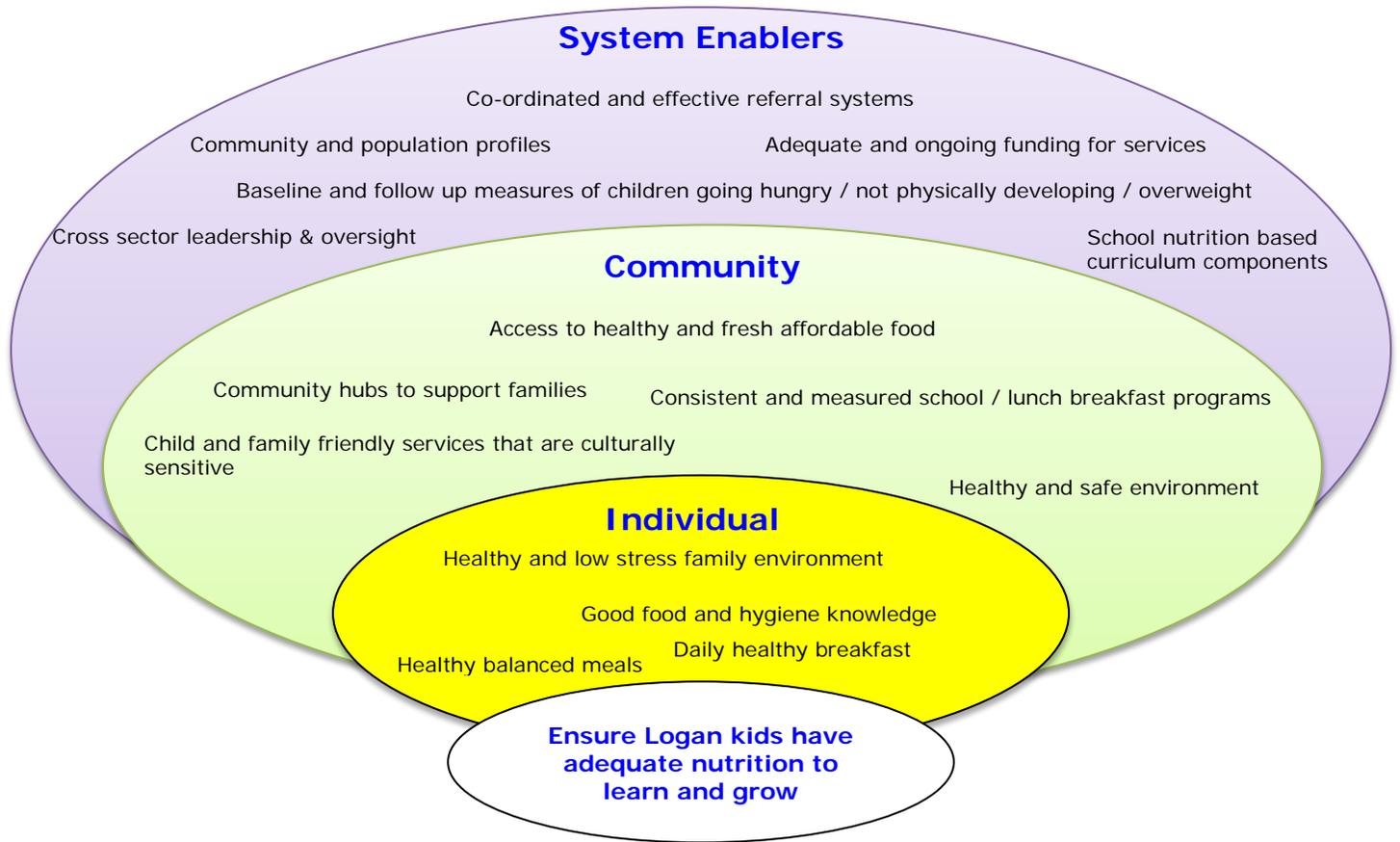


Figure 5.1. Summarises key features of the proposed ideal model of adequate nutrition to learn and grow, ranging from individual level health promoting practices through to community inclusions and system enablers that will help equip every child in Logan with the best chance to learn and grow in the Logan Community.

6.0 Overarching principles

A range of practice principles were introduced and agreed by project group members and underpinned the development of the proposed model. A commitment to these principles is evident in the proposed activities, and will continue to be reflected at each stage of the model's progression.

6.1. Proportionate Universalism

The principle of proportionate universalism characterises service provision or intervention which is provisioned universally with a scale and intensity that is proportional to need. The concept is particularly relevant and applicable in our endeavours to improve outcomes for young children in Logan, where high rates of developmental vulnerability is impacting life chances and long term health and wellbeing.

6.2. Reflective Practice

The principle of reflective practice relates to the ability to reflect on actions to engage in a process of continuous learning. It involves paying critical attention to the practical values and theories which inform decisions and actions, by examining practice reflectively and reflexively leading to developmental insight. A key rationale for reflective practice is that experience alone does not necessarily lead to learning; deliberate reflection on experience is required. Combined with reflective practice it enables the professional to work to their highest scope of practice to achieve healthy outcomes.

6.3. Evidence-Based Practice

Evidence-based practice entails making decisions about how to promote health or provide care by integrating the best available evidence, practitioner

expertise, population demographic and prevalence data with the stated needs, values and preferences of those who will be affected. This is done in a manner that is compatible with the environmental and organizational context.

6.4 Innovation

Despite the apparent high quality health and education systems Logan continues to experience high levels of health and social inequity. Disparities in health and changing needs of the population means that traditional approaches to service delivery should be challenged by innovative, evidenced-based thinking. Services and collective initiatives need to invest in and evaluate new ways of working with communities and families to overcome complex social issues such as closing the gap on healthy development of Logan.

6.5 Multiple Strategies

The factors contributing to the comparatively high levels of developmental vulnerabilities identified amongst kids in Logan are complex and multi-faceted. Influential factors include access to and participation in community awareness, family stress, parenting practices, home, care and education settings, and adverse childhood experiences. The range of strategies needs to reflect this complexity and address the various determinants influencing outcomes.

7.0 Ages and settings

7.1 5 years to 8 years

The first few years at school are critical for the long term well-being of children. Unfortunately, some children in Logan are not having a positive start to formal education either due to under managed health and developmental issues (resulting from poor, over or under nutrition), which impacts their initial and ongoing ability to participate and learn. Nutritional inadequacy and dietary habits learned in childhood often then progress into adulthood.

The scale of the problem in Logan is however not well understood. Whilst there is a great deal of anecdotal data indicating schools are coping with high levels of physical developmental issues and delays, no data is actually available on this other than the broader AEDC vulnerability measures which are collected every 3 years. The prep year represents the first opportunity where children universally come together with approximately 98% participation. This makes schools an ideal setting for reaching children whose vulnerabilities and delays have not yet been picked up and collecting baseline prevalence data for measuring longer term outcomes.

There are currently a number of nutritional programs / supports / education provision in schools across Logan:

7.1.1 To address children that are hungry at school

- In Logan the YMCA currently operates breakfast clubs in 84 schools in the Brisbane / Logan area and is aiming to expand this to 200 by 2020.
- Some other schools / tuckshops offer independent breakfast clubs.

7.1.2 To address levels of overweight and obesity

As part of Queensland health's, *Health and Wellbeing Strategy – 2015 to 2020* has recognised that some of the most significant modifiable risk factors of chronic disease include poor diet and obesity.

While more needs to be done in this area, there are a number of initiatives and groups in Queensland to address the issues of overweight and obesity:

PEACH - The PEACH program provides an evidence-based approach to the management of overweight and obesity in pre-adolescent children (12 years and under). The program is free to attend www.peachqld.com.au

The Lady Cilento Children's Hospital - operates weekly specialist weight management clinics for children and young people. Referrals can be made by a paediatrician, general practitioner or an education provider, however places are limited www.childrens.health.qld.gov.au

Healthier. Happier. – This is a Queensland Health social marketing campaign, designed to promote the benefits of leading a healthy lifestyle, rather than focusing on weight or weight gain. It provides information for parents and carer's to provide healthy meals and physical activity for families www.healthier.qld.gov.au

Good Start - To address and prevent chronic disease in Māori and Pacific Islander communities, the 'Good Start' program, hosted by Children's Health Queensland, provides a culturally tailored initiative for Māori and Pacific Islander children and their families. www.childrens.health.qld.gov.au

Multicultural Healthy Lifestyle Program - To address and prevent chronic disease in selected CALD communities, Ethnic Communities Council of Logan Together Project 16 Concept Model DRAFT

Queensland (ECCQ) provides culturally tailored group-based healthy lifestyle and health education programs for parents and families.

www.eccq.com.au/what-we-do/health/chronic-disease

Smart Choices – Traffic light (green, amber, red) food and drink policy is all about offering healthy food and drink choices to students in Queensland schools. It manages the availability of less nutritionally beneficial foods, and encourages the consumption of healthier options in public schools.

www.education.qld.gov.au/schools/healthy/food-drink-strategy

Nutrition Australia Queensland (NAQLD) - Nutrition education in schools and development of teacher/ educator resources for after hours care includes (but is not limited to), tuckshops and parent organisations, healthy schools (school based program templates and ideas), teacher and classroom resources, & healthy lunchbox ideas for schools: www.naqld.org

NAQLD also provide Early Childhood Learning Centres (ECEC's), the LEAPS (Learning, Eating, Active Play, Sleep) program which involves training ECEC's staff to implement get up and grow healthy eating and physical activity guidelines in children 0-5 years. This program could be utilised to merge with primary school initiatives.

7.1.3 Low fruit and vegetable consumption

While increased fruit and vegetable consumption strategies are often entwined with overweight and obesity measures, there are a number of Queensland strategies that specifically target varied fruit and vegetable intake, preparation and / or knowledge.

NAQLD endorses and encourages Queensland primary schools implement the national campaign Crunch and Sip® that involves a set break during the

school day to eat salad vegetables and fruit and drink water in the classroom. www.crunchandsip.com.au

Further, healthy lunchbox and salad days are recommended. NAQLD also has a number of resources and recipes to improve vegetable and fruit knowledge and consumption in main meals and fruits in both home and at school.

Stephanie Alexander Kitchen Garden Program - This program endeavours to provide the inspiration, information, professional learning and support for primary schools to deliver pleasurable food education, in conjunction with educators, partners and the wider community. While not a primary goal of the program, by educating children in gardening, cooking a variety of school grown produce, and sampling various recipes, it is envisaged that this exposure may encourage in increased consumption of a variety of fruits and vegetables www.kitchengardenfoundation.org.au.

It is recognised that there are a number of initiatives that are attempting to address nutritional challenges and opportunities for Queensland and Logan children. However, AEDC, the Australia Bureau of Statistics and Queensland Health's *Health and Wellbeing Strategy – 2015 to 2020* data highlight that additional measures for Logan children are needed in order to bridge the gap in children going hungry, those that are overweight or obese, and limited fruit and vegetable consumption to a level in line with their Queensland counterparts. This is especially imperative in screening and providing support both in the school, community and home environment.

In order to address community needs in a relevant manner, this project also aims to:

- Strengthen relationships between school communities, parents

- services, programs and other resources in the broader community.
- Provide ongoing practical support and advice on health and nutrition to learn and grow.
 - Aside from working within school settings, the 5-8 age group can also be supported through the promotion of existing child health services, the provision of outreach clinics, services and programs in community settings, as well as providing additional practical supports to families and communities.
 - Consider the development and piloting set lessons / curriculum modification focusing on food and nutrition as currently no national curriculum is in place.

8.0 Priority action areas

The following action areas are supported for their further development and progression and approval will be sought from the Cross Sector Leadership. Sections highlighted in grey represent areas of consensus and priority for development.

8.1. Data Mapping and Collection Project

The ensuring Logan children have adequate nutrition to learn and grow group has prioritised increased capacity for data informed decision-making. In particular, there is a need to collate and analyse existing service participation and prevalence data, and to collect data where there are currently gaps, to establish baselines, understand service utilisation barriers and enablers, and track trends and changes.

Without accurate data demonstrating both the prevalence of health and nutritional related concerns issues, it is difficult to plan an effective response. For instance, the consideration of additional services and programs which seek to address barriers to service uptake / modification to service delivery for specific population groups must be informed by current service models and Logan families not currently accessing services. Similarly, an understanding of the numbers of Logan children starting primary school with physical health and nutritional challenges and during the first years of school will enable the tracking of progress toward appropriate intervention and support.

8.1.1 Priority concept for development

The project group has discussed data requirements and recommend the following priority questions for consideration within a data collection and mapping project:

- What percentage of children in prep and during the first years of school (1-3) have physical health and nutritional vulnerabilities or concerns (hunger / attending a breakfast club) by suburb and population group?
- What percentage of children in prep and during the first years of school (1-3) are overweight and / or obese?
- What percentage of children in prep and during the first years of school (1-3) are not meeting their age determined recommended vegetable and fruit intake?
- Which population groups and suburbs are particularly at risk?
- What are the community challenges and opportunities facing children aged 5-8 and their families in 1. Ensuring children do not go hungry; 2) preventing / managing overweight and obesity; and 3) meeting recommended vegetable and fruit intake?
- What is the capacity of (different stakeholders and sectors e.g. primary schools, community organisations) to identify and respond to children with nutrition related developmental concerns or vulnerabilities?
- Are community services suitably aligned with the needs of children and their families?

It is understood that some of this data may already exist but has to date been inaccessible to the project group members. Some questions however may need to be answered via additional data collection from service providers, schools, and parents and carers.

8.2. Consistent breakfast and embedded nutritional programs to support children at school

Internationally there is strong evidence that having access to school breakfast programs improves cognition and academic achievement

(Adolphus, Lawton, & Dye, 2013; Frisvold, 2015; Hoyland, Dye, & Lawton, 2009). School breakfast availability can reduce short-term hunger (Mhurchu et al., 2013) marginal food insecurity, and food-related concerns in low-income households (J. Bartfeld & Ahn, 2011; Gunderson, 2015).

Schools that offer free breakfast for all students have been shown to dramatically increase school breakfast participation, especially when breakfast is served in classrooms (Bartfeld & Kim, 2010). Universal breakfast also appears to slightly, but significantly, increase servings of fruit and dairy products at breakfast (Crepinsek, Singh, Bernstein, & McLaughlin, 2006). Universal breakfast and breakfast in classrooms appear to increase the portion of kids consuming a nutritionally substantive breakfast (Bernstein, 2004).

Longer breakfast periods and adequate breakfast time between student arrival and the start of class can also increase participation in school breakfast programs (Frisvold, 2015). Anecdotally these programs may improve school attendance; however, additional evidence is needed to confirm this effect (Frisvold, 2015; Hoyland et al., 2009)

Within Australia, the Red Cross was for a long time the largest school breakfast program provider nationally (Australian Red Cross, 2015). More recently, Foodbank (WA), Kick Start for Kids (SA) and YMCA (QLD) provide breakfast to school children.

While it is recognised internationally that school breakfast programs can assist in reducing food insecurity, provide nutrition to grow and positively enhance learning potential, there is limited research in Australia. Further, programs in Australia and specifically Logan may be hindered through:

- Lack of funding and capacity to deliver meals all days of the school week.

- Limit / no nutritional education / support component to assist in translating breakfast habits into the home.
- Restricted operating schedule, with children who arrive late not having access to the program.

8.2.1 Priority concept for development

Logan Together and its partners have the opportunity to promote, build capacity and assess the effectiveness of school breakfast programs through –

- Liasing with schools and funding partners to ensure consistent operation of school breakfast programs to ensure children do not go hungry at the start of the day and during school hours.
- The development of nutrition programs which invite and encourage participation with families and carers in order to encourage a translation of activities into the home.
- An evidence based approach and assessment of implemented programs with close collaboration with community members to address specific barriers and opportunities.

8.3 Overweight and obesity

Overweight and obesity in Queensland children is being addressed in a number of programs as highlighted in section 7.1.2 and in in line with Queensland health's *Health and Wellbeing Strategy – 2015 to 2020*. However, obesity levels in Queensland children remain higher than the Australian average, and children in low-SES suburbs are at greater risk of being obese.

8.3.1 Priority concept for development

- PEACH and the Lady Cilento initiatives require further support and funding to expand their potential to assist overweight and obese children in Logan Together Project 16 Concept Model DRAFT

achieving a healthy weight status.

- Greater understanding is needed to ascertain challenges and opportunities to provide suitable meals for children to encourage healthy weight status.
- Support is needed to assist families in providing nutritionally suitable meals and snacks for children that are in line with recommended guidelines.
- The community and school environment must encourage and support families to make healthy food choices and offer opportunities to do so, and include those from culturally diverse groups (E.g. Through Goodstart – project partner)
- Long term the embedding of nutritional programs within the curriculum to encourage suitable and healthy eating practices needs to be considered.

8.4 Fruit and vegetable intake

Fruit and vegetable consumption in Queensland children is attempting to be addressed in a number of programs as highlighted in section 7.1.3. However, consumption remains below Australian guidelines and may be higher in the Logan area.

8.4.1 Priority concept for development

Further nutrition education on the role of fruits and vegetables and their importance in good health needs to be provided in schools and social media.

- Development of curriculum based programs to encourage greater fruit and vegetable consumption including possible mandatory implementation of programs such as Crunch and Sip®.
- Universal roll out of community and school based gardens to increase exposure / knowledge of fresh produce.

- Social media, community hub development and support to address food access, nutrition knowledge, preparation skills need to be developed. This must be transferable to the home and have initiatives to assess impact.
- Support in ensuring the community have the knowledge and capacity to prepare and deliver healthy and balanced meals for the family.

8.5 Community wide public health social marketing campaign

A Logan wide social marketing campaign is proposed for development with key partners. It is imperative that a social marketing campaign of this nature resonates with Logan families, recognises their strengths and diversity and uses messages and strategies which are culturally sensitive.

8.5.1 Key campaign messages

- Healthy childhood development (physically and mentally) and the important role nutrition plays.
- Promotion of community resources, especially in regards to family support networks, healthy food access points, healthy cooking and lunchbox tips, and meal planning on a budget.
- How to access information and support at school and in the community.

8.6. Develop appropriate and effective governance structures

Governance structures that are representative, responsive, and provides accountability to sponsors and the community will be an important feature of the model for early detection and support at every stage. The agreed structures will reflect a shared commitment to maintaining the integrity of the agreed model and its specific initiatives, and will be inclusive of consumers, key stakeholders and service providers. Governance structures and processes for their establishment are yet to be explored in depth. This will

become a priority once the ideal model has achieved principle support from the Cross Sector Leadership Table and consumers, and the key initiatives requiring appropriate governance have been authorised and sponsored.

8.7. Risks

The key intention of the *ensure children have adequate nutrition to learn and grow* project is to support the nutritional adequacy of children aged 5-8 years. If the project is successful in achieving this objective, it is likely that additional strain will be placed on services as more families have these issues properly assessed and managed. To mitigate this risk, the following strategies have been considered:

- Provide sustainable nutrition support in schools for children who may go to school hungry.
- Ensure children have access and opportunity to consume healthful foods that are in line with recommended nutritional guidelines.
- Attract sustainable funding for ongoing services to meet the needs of children and their families in Logan through close collaboration with schools, community members and services.

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