

Kingston Bayside Primary Care Partnership

Health Promoting Communities: Being Active Eating Well



Final Project Report
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Lead Agency: Kingston City Council



City of KINGSTON

Kingston Bayside
Primary Care Partnership



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Section 1: Main messages

Research

- Thought needs to be given to how research is conducted with community-based health promotion initiatives to ensure that they are evaluated appropriately and ethically, without burdening projects and participants.

Planning

- The Kingston Bayside Primary Care Partnership (KBPCP) '*Health Promoting Communities: Being Active Eating Well*' Project was ambitious in scope with effectively two separate geographical areas and a large age range for the target group. This made it challenging to manage across a number of different settings and stakeholders.

Partnership, leadership and governance

- Good communication at all governance levels (within the project, between lead agency and KBPCP, between the Department of Health and projects/Primary Care Partnerships) is critical to ensure that emerging issues are dealt with efficiently and effectively.
- Primary Care Partnerships are a good platform to deliver community-based health promotion interventions. It was valuable to establish the project in a partnership that has experience and a history of working together collaboratively to improve health and wellbeing outcomes.
- The *Being Active Eating Well* project has strengthened the KBPCP. The KBPCP has increased its membership through partnerships initiated and developed through the *Being Active Eating Well* project. These partnerships will have ongoing benefits for the community as more agencies work collaboratively to improve health and wellbeing in the catchment area.
- Alignment of project goals and the goals of partner organisations and settings is imperative to successful engagement.
- Shared values and goals, a good mix of skills and experience and capacity to work collaboratively supported by good governance structures were critical to the success of this complex project.

Working with schools and early childhood services

- Despite interest and acknowledgement of the importance of health and wellbeing, capacity remained a significant challenge for working with schools and early childhood services. To effectively engage these settings in health promotion, resources need to be allocated to allow active participation in planning and delivery of initiatives.

Working with communities

- It is important to build on the strengths of a community and allow opportunities for people to learn from each other.
- People participating in community-based programs valued learning opportunities that were inclusive, practical and hands-on, as opposed to "being told what was good for them".
- Opportunities to socialise and have fun while expanding knowledge and developing new skills was highly valued.

- Culturally and linguistically diverse communities cannot be treated the same as each other. Each community must be involved in the development of project activities to ensure their particular learning needs are identified and their cultural preferences are understood.

Evaluation

- The projects would have benefited greatly if the external evaluators were engaged at the start of the project to provide an opportunity to contribute to the planning phase.
- Access to baseline data in the early stages of the project would have been beneficial for the project.
- Clearly defined roles and responsibilities for statewide project evaluation and local evaluation from the start of the project would have been beneficial.
- Increased implementation time is required to give projects a chance of showing any longer term outcomes. Delays associated with the appointment of statewide evaluators had flow on effects to baseline data collection and implementation time.

Section 2: Executive summary

Introduction

The 'Health Promoting Communities: Being Active Eating Well' project was a 'Go for your life' initiative aimed at increasing physical activity and healthy eating. The Kingston Bayside Primary Care Partnership (KBPCP) was funded by the Department of Health (DH) and Department of Planning and Community Development (DPCPD) from July 2007 until June 2010 to implement the project.

The project involved working with residents, schools, early childhood services, local agencies, community groups and businesses to support physical activity and healthy food choices. There was a focus on children aged 0-12 years in the selected communities of Clayton South in the City of Kingston and parts of the City of Bayside, including Hampton East, Highett and Sandringham (with a focus on public housing communities).

The project aims to build the skills and knowledge of the community and enhance access and opportunities for being active and eating well. Planning workshops incorporated input from a wide range of local service providers and community members to identify key priorities for the project.

2.1 Location and target groups for project

The target communities were identified during the submission preparation phase and were Clayton South (in the City of Kingston) and the suburbs of Highett, Hampton East and Sandringham (in the City of Bayside) with a focus on public housing communities.

Children aged 0-12 years were selected as the primary target group during the planning phase of the project. Secondary target groups included:

- Parents, carers, and grandparents of children 0-12 years living in the communities of interest
- Primary school staff
- Early childhood services staff
- Staff from KBPCP member agencies.

2.2 Goals and objectives

- Goal: To build skills and knowledge, and enhance access and opportunities within our diverse communities, to improve healthy eating and physical activity of our children aged 0-12 years.
- Objective 1: To increase the community's capacity to promote healthy eating and physical activity for children aged 0-12 years.
- Objective 2: To achieve a high awareness of the *Being Active Eating Well* messages among parents and children.
- Objective 3: To reduce high-sugar drink consumption (including fruit drinks) and promote water consumption in children aged 2-12 years.
- Objective 4: To improve eating patterns among children aged 0-12 years by increasing the consumption of fruit and vegetables and decreasing consumption of energy-dense foods (sometimes/occasionally foods) at school, early childhood settings and at home.

Objective 5: To increase the amount of active play and physical activity in children aged 1-12 years.

Objective 6: To improve the role modelling behaviours related to food and physical activity of parents, carers and grandparents.

2.3 Main interventions

Table 1 below lists the major initiatives undertaken as part of the *Being Active Eating Well* project. While the initiatives have been grouped into domains, many of the initiatives addressed more than one objective and addressed multiple domains.

Table 1 – Major initiatives of the ‘Health Promoting Communities: Being Active Eating Well’ Project

Domain	Initiative
Community capacity building	<ul style="list-style-type: none"> • <i>Healthy Living in Australia</i> program • <i>Playtime Buddies</i> program • <i>Bizzy Bodies</i> program • Events Program – Family Fun Days and Play Days • <i>Community Kitchens</i> program • Active Play Training
Physical activity opportunities	<ul style="list-style-type: none"> • <i>Tai Chi for Kidz</i> • <i>Being Active</i> grants program in primary schools
Supportive environments for healthy eating and physical activity	<ul style="list-style-type: none"> • Facilitating and supporting the development and implementation of physical activity and healthy eating policies in schools and early childhood services • Supporting local schools and services to achieve the <i>Kids – ‘Go for your life’</i> award criteria
Social Marketing	<ul style="list-style-type: none"> • <i>Being Active Eating Well</i> Newsletter • <i>Being Active Eating Well</i> Displays • Healthy Eating Puppet Show

2.4 Progress against action plan

Overall the implementation of the action plan was successful. Although delays associated with the statewide evaluation also delayed the commencement of full scale implementation, the majority of nominated actions were completed or partially completed.

2.5 Evaluation methods

This project was evaluated in order to build on knowledge and evidence about the benefits of community level interventions for increasing healthy eating and physical activity. Assessing the quality, appropriateness and reach of the programs is also critical in understanding, interpreting and explaining the impact and outcomes of the project. The information gained from the evaluation may serve as a guide to other communities as to which interventions are effective, as well as identify potential barriers to success and how these can be overcome.

A range of methods were used to evaluate the KBPCP *Being Active Eating Well* project which include both qualitative and some quantitative analysis of data. All available project documentation was examined for this report. Documents included minutes of meetings, terms of reference, project reports to steering committee, action plan drafts and final version, budget records, funding and service agreements, grant applications, media releases and coverage, strategic plans of partner agencies and project reports, and case studies. Triangulation (multiple methods of data collection) was used to increase confidence in these research findings. This involved integrating the results from a range of evaluation activities using different methods. Feedback from stakeholders was also collected via focus groups, surveys and key informant interviews.

Approval was granted by the Department of Health Human Research and Ethics Committee for this project (project number 23/08).

Approval to conduct research in schools was also obtained from the Catholic Education Office in July 2008 (Project Reference Number 1434) and the Department of Education and Early Childhood Development (dated 30 September 2008).

2.6 Evaluation results

The local evaluation was heavily dependent on qualitative results as there were poor response rates to surveys for community activities. Some programs dealt with small numbers of participants and a significant number of participants were from culturally and linguistically diverse backgrounds. Therefore, focus groups were the most suitable method of gaining insight into the experience of the community.

Program documentation, key informant interviews and results of the VicHealth Partnership analysis tool all showed that a strong partnership had been developed with shared goals, a mix of skills and experience, and a willingness to share resources, resulting in true collaborative efforts. The project engaged reasonably well with primary schools however less successfully with early childhood services.

Social marketing activities of the project successfully raised awareness of the project and contributed to the awareness of key messages about physical activity and healthy eating, with high level of support for the key messages amongst parents. There were indications that families from participating schools and services were more aware of the project, were more likely to receive information and more likely to participate in activities or programs than families connected with other schools and early childhood services. Parents also rated schools and early childhood services highly concerning promotion of healthy messages.

Community-based programs were all well attended and all reported some increase in knowledge and skills as a result of participation. In some programs there were indications that these knowledge and skill gains were being translated into behaviour change and positive role modelling at home. Although no schools or services progressed to *Kids – 'Go for your life'* award status there were indications that healthy policies and practices were being developed in some primary schools and early childhood services. Some initiatives also resulted in infrastructure changes, providing a more supportive environment for physical activity and drinking water in preference to sweet drinks.

Workforce capacity was also increased with staff accessing a range of professional development opportunities. Programs to support professional development among staff of primary schools and early childhood services were less successful.

An added bonus was that the project addressed mental health and wellbeing in addition to promoting being active and eating well. Several programs demonstrated success in strengthening links within the community by developing support networks and friendships as a result of participation in the program.

2.7 Discussion and conclusions

The *Being Active Eating Well* project built on a strong partnership and used established governance structures through the KBPCP to implement the project.

The partnership was strengthened by new partners, existing alliances were reinforced and workforce development gains were identified as a result of participation in the project. Shared values and goals, a good mix of skills and experience and capacity to work collaboratively supported by good governance structures were critical to the success of this complex project. Professional development opportunities, the transfer of knowledge and skills between workers engaged in partnership initiatives, the allocation of brokerage funds, and responsibility for delivery of parts of the project plans were effective ways of building capacity within the partnership.

The capacity of the community to promote healthy eating and active lifestyles was enhanced through well planned and well delivered community-based programs. Strong community engagement was evidenced by high participation rates in community-based initiatives. There were indications that these knowledge and skill gains were being translated into behaviour change at home.

The high levels of participation and satisfaction reported may be explained by the commitment to consultation and engagement of the community in planning and decision making around activities, as well as the use of established programs to deliver *Being Active Eating Well* objectives. Programs based on experiential learning were highly valued and appropriate formats for transferring knowledge and skills. This format was also appropriate in culturally and linguistically diverse communities.

Working with primary school and early childhood services presented challenges. The major barriers were the high demands on these settings and limited capacity of staff. Enablers such as support from project staff, strong alignment of project goals with the goals of the school or service, and access to resources to support involvement helped to overcome these barriers to some degree. Relatively small amounts of funding provided to schools were wise investments with co-contributions and in-kind support increasing the value of the projects implemented, resulting in projects creating supportive environments for physical activity and programs to increase physical activity.

The positive findings of the social marketing survey of parents demonstrated that relatively low cost investment in social marketing can achieve significant outcomes in the community when implemented locally, however links with a larger statewide campaign were beneficial to the project. The results confirmed that the healthy message campaign was a successful strategy in raising awareness of the project and key messages, with the newsletter highlighted as an important social marketing tool. Settings were also confirmed as important partners in communicating with families. Differences between the responses of parents connected to participating schools and early childhood services compared to non participating schools or services, demonstrated the contribution the project made in raising awareness and creating positive attitudes to being active and healthy eating.

Focus groups with program participants indicated that some messages were understood and being taken up by program participants. The significant barriers identified for social marketing were: time allocation of staff involved in the working group, lack of understanding of the benefits of social marketing and skills within partner agencies, access to appropriate resources for culturally diverse communities and limited implementation time. The successful strategies included a dedicated newsletter developed by the project, links established with trusted and well respected statewide programs such as *'Go for your life'* and *'Kids – Go for your life'* and a partnership approach.

The project demonstrated some gains concerning physical activity and healthy eating but also demonstrated significant contributions to social connection through linking communities to local services and programs, as well as providing opportunities for developing friendships and fostering greater understanding of other cultures.

The capacity built through the project will continue to support efforts to increase healthy eating and participation in physical activity into the future. This capacity may also be utilised to address other priority issues, strengthening health promotion efforts in the community.

Section 3: Whole of project progress

3.1 Project background

The '*Health Promoting Communities: Being Active Eating Well*' project was a '*Go for your life*' initiative aimed at increasing physical activity and healthy eating. The Kingston Bayside Primary Care Partnership (KBPCP) was funded by the Department of Health and the Department of Planning and Community Development from July 2007 until June 2010 to implement the project.

The project involved working with residents, schools, early childhood services, local agencies, community groups and businesses to support physical activity and healthy food choices. There was a focus on children aged 0-12 years in the selected communities of Clayton South in the City of Kingston and parts of the City of Bayside, including Hampton East, Highett and Sandringham (with a focus on public housing communities).

The local evaluation of the project was conducted by the project manager supported by a consultant (Collaborations) and the project steering committee.

About the communities

The Cities of Kingston and Bayside have a combined population in excess of 222,000. The Australian Bureau of Statistics indicates both of these areas as having generally higher levels of income, home ownership and employment than many other local government areas in metropolitan Melbourne¹. However, there are specific communities within the KBPCP catchment that experience significant disadvantage. This project focused on two communities, Clayton South in the City of Kingston and the public housing estates in the City of Bayside, that demonstrated unmet health and support needs.

The selected communities for the project included a population of approximately 40,000 across two municipalities. Clayton South in the City of Kingston (population approximately 11,000) and suburbs within the City of Bayside incorporating public housing estates (population approximately 31,000, with a particular focus on communities surrounding public housing estates). These communities were selected because unmet needs in relation to healthy eating and participation in physical activity had been identified through local needs assessments.

The project aimed to build the skills and knowledge of the community and enhance access and opportunities for being active and eating well. Planning workshops incorporated input from a wide range of local service providers and community members to identify key priorities for the project.

Being active and eating well is important to maintaining and protecting health. Good nutrition is closely related to optimal growth, good education outcomes and health throughout life. Being physically active helps to maintain good physical and mental health and participation can also assist in the building of social capital by improving social connectedness and developing community networks. In contrast, unhealthy diets and physical inactivity are among the leading causes of illness including cardiovascular disease, type 2 diabetes and some cancers. Given that habits are often established in childhood, promoting more active lifestyles and good nutrition for children was seen as an investment in future health.

To address the complex influences on healthy eating and physical activity levels, a multi-intervention and multi-setting approach was adopted.

3.2 Governance structure and staffing

Governance

The project was established within the governance framework of KBPCP, a voluntary alliance of health and support care providers and community organisations providing services to the Cities of Kingston and Bayside. Kingston City Council was lead agency, holder of the project funds and host agency for the project manager.

A project steering group was established to oversee, monitor progress and performance, and support the delivery of the project. The project steering committee was responsible to the Health Promotion Committee which, in turn, reported to the Management Committee of the KBPCP. Decisions were made based on common agreement as far as possible, but by simple majority vote in circumstances where this was not achieved. The chairperson of the steering committee, or a representative, provided a project report to the Health Promotion Committee every two months.

A range of stakeholders from local government, health sector, not-for-profit, education, early childhood services, sport and recreation, community centres, public housing, multicultural services and the community were engaged to plan for and to support the implementation of the project.

Members of the *Being Active Eating Well* project steering group included:

Agency	Titles of representatives
KBPCP	Health Promotion Coordinator
Kingston City Council	Community Projects Officer, Maternal and Child Health Nurse and Team Leader Children's Services Development
Bayside City Council	Health Planner, Service Planning and Development Officer (Family Services)
Central Bayside Community Health Services (CBCHS)	Health Promotion Coordinator, Community Dietitian and Community Development Worker
Bentleigh Bayside Community Health Service (BBCHS)	Health Promotion Coordinator and Community Dietitian
New Hope Foundation (formerly New Hope Migrant and Refugee Centre/South Central Region Migrant Resource Centre)	Program Development Coordinator
Adult Multicultural Education Service	Social Enterprise Unit Manager
Family Life	Community Development Coordinator and Family Worker (Children and Family Services)
Community Representatives	A Clayton South resident and a public housing resident
Kinect	Senior Health Promotion Officer

The steering committee played a critical role in overseeing the planning, implementation and evaluation of the project as well as providing support and guidance to the project manager. This committee originally met on a monthly basis during the planning phase, shifted to bi-monthly meetings during implementation and, for the last six months of the project, met monthly. (Please refer to attachments to view the terms of reference).

A number of smaller working groups were established to focus on key areas and to support the implementation of local initiatives. These working groups reported to the project steering committee:

- Primary School Working Group
- Early Years Working Group
- Social Marketing Working Group
- *Healthy Living in Australia* Working Group.

In late 2008, an additional group was established to provide a formal link between the funded agency (KBPCP) and the lead agency (Kingston City Council) and to support project management. This group also assisted in exit and sustainability planning, linking the project with broader planning processes and monitoring the budget.

3.3 Activity summary

Please refer to the attachments for a copy of the Action Plan with updated status reports.

Intervention activity forms

Please refer to the attachments for copies of the intervention activity forms.

3.4 Whole of project summary

The *Being Active Eating Well* project built on a strong partnership and used established governance structures through the KBPCP to implement the project. Project steering committee meetings were well attended and the members demonstrated a strong commitment to the project. A number of active working groups made up of representatives from partner agencies and community groups worked collaboratively towards achieving the goals and objectives of the action plan.

Actions were initiated under all objectives, however a small number of actions were not completed or did not commence as a result of reduced implementation time. The major barrier to progress was the delayed appointment of external evaluators and the subsequent delays in baseline data collection. There were also unexpected processes required, such as ethics approval which also impacted on workload and implementation.

The revised plan, submitted in January 2009, was an opportunity to reflect on the nominated actions. As a result some actions were deleted from the plan to accommodate reduced implementation time. While some actions were deleted or revised, staff capacity was overestimated resulting in some actions not being implemented, despite this opportunity to review the plan.

Allocating brokerage funds to partner agencies to implement initiatives worked well to foster ownership, increase the capacity of organisations and enhance the sustainability of efforts. Although individual agencies were funded to implement parts of the project plan, the delivery of the initiative was a collaborative effort.

Community-based initiatives were some of the earliest initiatives to commence. Using existing programs as a starting place or working within communities with a history of community development work meant that engagement of target populations was streamlined and the lead time to implement the projects was reduced.

Initiatives involving schools worked well, however, engagement and progress was slower than anticipated due to high demands, competing priorities and the finite capacity of schools to commit to external projects. Some work was delayed so as to not overburden schools that participated in the baseline data collection process which involved a significant allocation of time and efforts from staff and students. Grants were a successful engagement strategy and provided some resources to support the implementation of the project and overcome some barriers for participating schools. The project was less successful in engaging early childhood settings, likely due to the limited capacity of staff from partner agencies and great demands on smaller services.

In the original action plan a training program for primary school teachers was nominated under objective five to develop skills around role modelling being physically active. Following discussions with primary schools this action was revised in response to feedback that indicated it would be unlikely that target participation rates would be met due to the capacity of schools to release teachers from teaching time, even if funding was available for replacement teachers. Furthermore, schools indicated that greater flexibility to support physical activity promotion would better meet their needs. A grant program to support primary schools to increase physical activity levels of students replaced the professional development action.

The *Healthy Living in Australia* program was fully implemented, however some changes were introduced to respond to emerging issues. Project staff working within the community were concerned about the impact of the global financial crisis on the communities engaged, especially as cost was viewed as a barrier to healthy lifestyles. The third workshop was cancelled and replaced by three information forums with a greater emphasis on low cost healthy living ideas. This resulted in the project reaching a much larger number of people.

With most actions within the plan being implemented or having commenced, the project was able to reach a broad cross section of the targeted communities, using primary school, early childhood services and community settings to promote being active and eating well.

Section 4: Process evaluation by objective

Objective 1: Building capacity

Introduction

Capacity building is an important tool in health promotion and has been described as “the ‘behind the scenes’ efforts by practitioners that increases the likelihood that effective health promotion programs will be sustained”². Strengthening the capacity of local partner agencies, staff in children’s settings and families was identified as an important objective of the project to support efforts to improve healthy eating and participation in physical activity. Increased capacity also provides ongoing benefits for the community by increasing the potential to sustain efforts to improve health outcomes.

Objective one of the project was to build the capacity of the community around healthy eating and physical activity for children 0-12 years. A number of key strategies and actions were identified:

- 1.1 Establish governance structures, organisational capacity and partnerships that support the implementation of the project
- 1.2 Develop an evidence-based action plan
- 1.3 Resource the implementation of the action plan
- 1.4 Develop skills and knowledge around healthy eating, physical activity and accessing local support networks and services, targeting parents, carers and grandparents
- 1.5 Source and provide training to improve skills and knowledge of staff in key settings
- 1.6 Adapt the *Kids – ‘Go for your life’* awards program to playgroups and other services not eligible to participate in the *Kids – ‘Go for your life’* awards program
- 1.7 Integrate *‘Health Promoting Communities: Being Active Eating Well’* with local health promotion plans
- 1.8 Develop case studies to share success stories among partners and settings.

This section outlines the process by which these strategies were implemented.

Overview of capacity building activities

1.1 Partnership, organisational capacity and governance

Efforts to develop partnerships and provide leadership for the project were guided by actions 1.1.1 – 1.1.6 in the project action plan.

The *Being Active Eating Well* partnership began in 2006 when the Department of Health (formerly Department of Human Services) released a project brief to primary care partnerships and called for submissions for the '*Go for your life*' Health Promoting Communities: *Being Active and Eating Well* Demonstration Initiatives (Second Phase). The Food and Nutrition working group of the Kingston Bayside Primary Care Partnership (KBPCP) identified the funding opportunity as a means to progress work around promoting healthy eating. A separate working group also existed around the physical activity priority. A working party was established with representatives from both working groups to develop a submission.

KBPCP had a strong history of working collaboratively around common health promotion priorities, including healthy eating and physical activity as well as a sound base of community development work in the communities of interest. KBPCP was, therefore, well placed to demonstrate capacity to successfully implement *Being Active Eating Well*. Kingston City Council was nominated to act as lead agency should the submission be successful. In March 2007, KBPCP was announced as one of the six funded projects across Victoria.

KBPCP's 'Food and Nutrition' and 'Physical Activity' working groups amalgamated to act as the interim steering committee. The role of the project steering group was to: oversee the project; monitor progress and performance; support the planning, implementation and evaluation of the project and provide support and guidance to the project manager. This steering committee sat within the governance framework of KBPCP. Please refer to section 3.2 Governance structure and staffing on page 9 for a detailed description of the governance arrangements for the project.

In May 2007, a launch event was held to announce the project funding to the community. The launch was also used as an opportunity to engage local agencies and community groups in the project. A formal expression of interest process was implemented as part of the launch with a range of levels of involvement in the project offered, including: receiving information and updates, attending planning workshops, participating in future consultation processes or becoming an active member of the project steering committee.

A project manager was appointed and commenced in July 2007. Initial tasks included meetings with a range of local stakeholders to develop links and partnerships to support the project. Meetings in early stages encouraged participation in the planning workshops however stakeholder engagement meetings continued after the planning workshops to further develop partnerships and links within the community. Stakeholders from local government, health sector, not-for-profit, education, early childhood services, sport and recreation, community centres, public housing, multicultural services and the community were engaged to plan for and to support the implementation of the project.

The steering committee was also expanded in these early months. It was recognised that the steering committee should engage a broad range of stakeholders from a range of sectors and disciplines as well as the community to meet the needs of the project. The terms of reference for the steering committee were adopted in January 2008. This committee originally met on a monthly basis during the planning phase and from April 2008 – December 2009 met bi-monthly. For the final six months of the project, the committee met monthly.

A number of smaller working groups were also established to focus on key areas and support the implementation of local initiatives. The expression of interest process for the working groups commenced in May 2008 with groups established June 2008. These working groups reported back to the project steering group. The working groups were responsible for monitoring and supporting the delivery of the action plan relevant to each key area. They were:

- Primary School Working Group
- Early Years Working Group
- Social Marketing Working Group
- *Healthy Living in Australia* Working Group (established April 2008).

An additional group was established in late 2008 to provide a formal link between the funded agency (KBPCP) and the lead agency (Kingston City Council) and to support project management. The role of this group was to enhance communication between the project steering committee, PCP and the lead agency. This group also assisted in exit and sustainability planning, linking the project with broader planning processes and monitoring budget.

Project champions

Project champions were recruited during the submission phase of the project. The role of the champions was to actively promote, support and advocate the benefits of the project and motivate others.

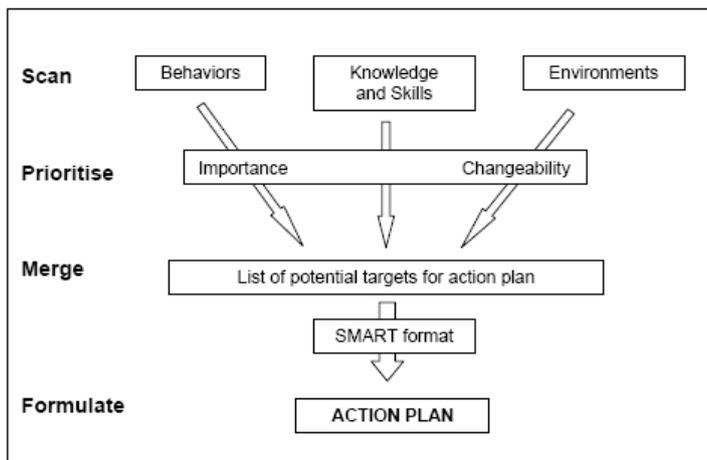
Champions were sought from a range of backgrounds: those with technical skills and expertise in certain areas; those in positions of authority to provide leadership and influence policy and decisions; well known and respected members of the community and people who have a passion to create change in their communities.

1.2 Project action planning

The ANGELO process

The interim steering committee agreed to use the Analysis Grid for Environments Linked to Obesity (ANGELO) process to consult with stakeholders and to develop an evidence-based action plan. The ANGELO process enabled key stakeholders to identify and prioritise the potential environmental, behavioural, and knowledge and skills gap for intervention; consider the contextual information available and to develop an agreed draft plan of prioritised actions. Please refer to Figure 1 below.

Figure 1 – The ANGELO planning process³



The planning workshops were held over two days in August 2007. Deakin University was engaged to facilitate the process.

On day one, participants were briefly presented with the situation analysis for the target communities by the Project Manager. Following on, the international evidence on obesity prevention for children and 'best practice' for obesity prevention was presented by the facilitators from Deakin University. Experience from the WHO Collaborating Centre was shared around two projects in the Barwon-SW region of Victoria. The projects reported on were *Be Active Eat Well* in Colac which targeted primary school children and *Romp and Chomp* in Geelong targeting children from birth to five years. Day two was dedicated to developing the draft action plan using the ANGELO process, a practical tool for prioritising strategies for intervention.

Participants were provided with worksheets for two targeted age groups: under 5s and 5-12 years, and were asked to work in groups around the age group they affiliated with most. Initially, participants assessed a comprehensive list of potential elements for behaviours and gaps in knowledge and skills. The participants needed to scan this list, agree on the elements listed and the understanding of these elements, and add any others they identified as important to target for their particular community. These elements were then ranked and scored for importance (what is the relevance and impact of this in our situation?) and changeability (what is the potential for changing it?). The scores from all participants across the groups were collated to display the priority behaviours, knowledge and skill gaps for targeted action.

As the final step in the development of the action plan the prioritised behaviours, knowledge and skills and environments were merged to form the draft action plan. The target group was determined to be birth up to 12 years.

A draft aim was to build the skills and knowledge and enhance access and opportunities within our diverse communities to improve healthy eating and physical activity in our children aged 0-12 years.

Seven broad objectives were identified concerning:

- Increasing capacity
- Social marketing
- Evaluation (later embedded across all objectives)
- Reducing high sugar drink consumption and promoting water consumption

- Improving children's eating patterns and increasing the 'healthiness' of foods
- Improving the role modelling of behaviours by parents, carers and grandparents
- Increasing active play and physical activity.

Action and evaluation planning

Following the planning workshops an initial draft project plan was submitted to the Department of Health as required. The seven objectives identified through the ANGELO process formed the basis of the first draft of the action plan. The '*Go for your life' Health Promoting Communities: Being Active and Eating Well* Demonstration Initiatives Project Brief was also considered as this included the expectations concerning objectives of funded projects.

The initial draft plan included broad objectives and strategies. The next stage of the process was to determine appropriate interventions to meet the objectives. Using the priorities that emerged from the planning workshops, a report was prepared for the steering committee to consider evidence-based interventions. A second draft plan was then developed that included specific actions.

Evaluation was not included as a discrete objective in the final action plan but integrated across all objectives with a separate evaluation plan being drafted as required by the Department of Health. This plan was submitted as required.

In April 2008, the Department of Health advised that funded projects were required to obtain ethics committee approval for local evaluation. As the lead agency did not have an ethics committee, the Department of Health Human Research and Ethics Committee considered the submission and approval was granted. Relevant approvals to conduct research in schools and preschools were also sought and obtained.

Development of capacity building strategies

The strategies for Objective one were developed using a range of inputs including the evidence based planning report presented to the committee, experience and knowledge within the project steering committee and consultation with stakeholders. When drafting the strategies the New South Wales Health Framework for Building Capacity to Improve Health was used to ensure that activities were spread across the five main domains.

1.3 Resource allocation

Funding from the state government was in the order of \$630,000 over three years. There were also significant in-kind contributions from partner agencies.

Using the initial draft action plan, meetings were convened with project partners to discuss and determine capacity to support the delivery of the action plan. A range of commitments were obtained concerning in-kind support for the delivery of the plan.

Five proposals to deliver various aspects of the draft plan were also presented to the steering committee by partner agencies. Service and funding agreements were then developed for these initiatives. The New Hope Foundation was funded to deliver a community capacity building program in Clayton South called *Healthy Living in Australia* focussing on the needs of culturally and linguistically diverse communities. Four agencies were funded to deliver community capacity building programs in the Bayside area, including Bayside City Council (*Playtime Buddies*), Family Life (*Bizzy Bodies*), Bentleigh Bayside Community Health (*Tai Chi for Kidz*) and Sandybeach Centre (Bayside Estates *Community Kitchens* program).

Between December 2007 and March 2008, costing and allocation of responsibility for actions in the draft plan were undertaken in consultation with the partner agencies. In March 2008, the costing of the draft project plan was finalised and approved by the steering group.

Alternative funding opportunities were also sought with information about identified opportunities being shared among members of the partnership. Support was offered to partner agencies to apply for funding grants. For further details, refer to Table 6 on page 41.

1.4 Developing skills and knowledge

A range of initiatives included strategies to develop skills and knowledge around healthy eating and physical activity among parents, grandparents and carers of children in the target age range. *Healthy Living in Australia* was the main community capacity building project in the Clayton South area. *Bizzy Bodies* and *Playtime Buddies* programs were implemented in the Hampton East/Highett area to build community capacity to promote healthy eating and physical activity.

Healthy Living in Australia

Healthy Living in Australia was an 18 month program to create a supportive environment in which culturally and linguistically diverse communities could improve their knowledge, skills and confidence in developing healthier eating patterns and active lifestyles for their children and families.

The project targeted children 0-12 years of age within culturally diverse communities in Clayton South (in the City of Kingston). Parents, carers and grandparents of these children were secondary target groups.



The New Hope Foundation submitted a proposal to the steering group to deliver the project. Funding of approximately \$48,000 was provided from project funds. The New Hope Foundation was the lead agency and convened a group to plan the initiative in partnership.

The *Healthy Living in Australia* program sub-committee was formed in 2008 to develop and manage this initiative. The partnership was comprised of regional and local services including Kingston City Council, Central Bayside Community Health Services, AMES, Westall Primary School, New Hope Foundation and a number of community groups and local leaders. The sub-committee also sought input from local community members throughout the delivery of the program.

The working group reported to the *Being Active Eating Well* project steering group. Decisions were made by common agreement where possible and by a simple majority in circumstances when this could not be achieved.

The aim was to deliver a capacity building program that could be tailored to the specific needs of the identified community groups, including members of many multicultural communities such as Cook Islanders, Indochinese, African, Indian and Bangladeshi in the Clayton South Area. The program included a community education and mentoring program. The project also aimed to establish sound linkages between the selected communities and mainstream services.

The goals of *Healthy Living in Australia* were to:

1. Increase community capacity to promote healthy eating and physical activity for children 0-12 years by working closely with parents, carers and grandparents.
2. Achieve a high awareness of the *Being Active Eating Well* messages among children by establishing sound relationships with parents, cares and grandparents.
3. Raise awareness and understanding of the links between healthy eating, physical activity and wellbeing.
4. Resource the local communities with skills and knowledge on how to use resources and improve local opportunities to be active and healthier.

Two part time project workers were employed to support the delivery of *Healthy Living in Australia* (approximate total of 16 hours per week for 18 months). Recruitment strategies encouraged applications from members of the local community.

The program components included:

a) Community engagement

- Family Health Day – August 2008

The Family Health Day was held on Saturday 30 August 2008 to launch the *Healthy Living in Australia* program. This free community event was held at a local primary school. The day was a celebration of healthy eating and being active, and featured cultural dancing and singing by local community groups. Children's activities included face painting, a basketball clinic, skipping and hula-hooping. Younger children watched a puppet show which helped them to understand more about the foods they should eat everyday and the foods that should only be eaten sometimes. The children also had the chance to eat more everyday foods while being creative making healthy food faces from fruit and vegetables. The event also provided an opportunity to promote the upcoming Healthy Living Workshop series and register participants.

- Community Health and Harmony Day – February 2009

The Health and Harmony day provided a fun environment where families learned more about healthy eating and being active. The event also aimed to increase understanding of the different cultural traditions in the local area as part of Harmony Day celebrations.

Target groups for the event were culturally and linguistically diverse community members from Clayton South and the surrounding areas. Members from the wider community were also targeted to promote cultural diversity to mainstream society.

Community events were widely publicised through: local newsletters (schools etc); local newspaper coverage; fliers placed in community venues and local service providers; presentations to local community groups, letter box drops and word of mouth.

b) Community education

- Healthy Living Workshops, multicultural series – six sessions (September – October 2008)
- Healthy Living Workshops, Cook Islanders series – six sessions (March 2009)
- Healthy Living Forums – three forums (July, September and November 2009).

Two series of *Healthy Living in Australia* workshops were delivered within the Clayton South area, one to a multicultural group and the other specifically to a Cook Islander group. These workshops were co-facilitated by local service providers including a community health dietician, maternal and child health nurse, health promotion workers, physiotherapists and fitness instructors. The content of the workshops consisted of four main components: health and nutrition, shopping wisely, healthy meals and active lifestyles.

Community events were then used to promote community information workshops with a variety of methods including: staff and sub-committee members discussing the workshops directly with attendees, expression of interest forms and fliers provided to local community venues and agencies. Project officers with direct links to local communities also promoted the workshops through their community network, friends and families.

Each series consisted of six sessions delivered as an interactive 'hands-on' learning experience to maximise knowledge transfer and skills development.

- Workshop Session 1: Health and Nutrition
- Workshop Session 2: Shopping wisely – eating for health, reading nutritional panels
- Workshop Session 3: Active lifestyles – included a practical physical activity session along with facilitated discussions around active families and the benefits of walking
- Workshop Session 4: Field trip – the group visited a farm with a large scale domestic vegetable garden to learn more about fresh produce and home gardening
- Workshop Session 5: Healthy meals – healthy meal tips delivered through a hands on cooking session
- Workshop Session 6: Graduation and celebration session. Using the knowledge and skills gained, participants were asked to prepare a healthier version of a traditional meal at home to share with the group. Participants gave a short presentation to the group about their meal. Each participant received a certificate of completion.



The sessions were run in local community venues. Interpreters, child care and transport were offered to provide an accessible program.

In May 2009, the *Healthy Living in Australia* Working Group presented a proposal to change the delivery of the third planned workshop series to three independent community forums. The main reasons for changing the mode of delivery were to respond to the changing economic climate and to reach a larger number of people.

The forums proposed a focus on low-cost healthy living information, resources and skill development opportunities to address the impact of the global financial crisis on low income families as a barrier to healthy lifestyles. Details of the content of the forums are listed below.

Healthy Living Forum 1:

This forum was held on a weekday morning on 15 July 2009. Four workshops were presented in a round robin format:

- Walking for fun and fitness
- Healthy meals on a budget
- Soup making demonstration
- Gardening demonstration.

Healthy Living Forum 2:

This forum was held in the evening on 16 September 2009. Three presentations included:

- Healthy meals on a budget
- Gardening demonstration for adults and a "How much sugar is in this drink?" activity for children
- Being active with your family.

Healthy Living Forum 3:

This forum was held on Saturday 14 November 2009 using a local school as the venue. Three presentations included:

- Healthy living presentation by peer educator team
- Healthy lunchboxes and snacks for children
- Being active.



The forums were held in three different venues and at different times of the week to increase the reach of the project in the community.

c) Peer education and mentoring program

Peer educators were recruited from the pool of participants in the *Healthy Living in Australia* workshops. Participants in the two Healthy Living Workshops series were invited to attend an information session on Thursday 25 June 2009.

The peer educators were then provided with training to develop skills and confidence to share their knowledge and skills with their own communities about healthy living. The Peer Educator training consisted of six sessions, delivered in July – August 2009.

As part of the program, participants worked together in cultural teams to develop healthy living presentations for their own communities.

Training topics included:

- Introduction to peer education
- Communication skills
- Conflict resolution
- Networking
- Healthy lifestyle and healthy eating
- The role of a facilitator
- Introduction to writing skills
- Using Microsoft PowerPoint for presentations
- Presentation skills.

The training program finished with a celebration session where participants received a certificate of completion.

d) Linking the community

Developing links between service providers and the community was incorporated into the delivery of events, workshops and forums, and training to strengthen the sustainability of this intervention.

Playtime Buddies

Playtime Buddies was an existing support and social group for women and their children who live in public housing within the City of Bayside. *Playtime Buddies* was an initiative of the Maternal and Child Health Service in Bayside City Council and is delivered through a partnership between Maternal and Child Health, Youth Services and Children's Services.

The program engages with isolated and vulnerable families including young mothers living in public housing in Bayside, many of whom do not access mainstream support services. The focus of the program is to provide opportunities to develop new skills around parenting in a safe, fun and supportive environment. Nutrition and active play were identified as needs for this community.

Bayside City Council proposed the incorporation of '*Health Promoting Communities: Being Active Eating Well*' activities into the existing program to capitalise on existing engagement with families with young children living in public housing. A small proportion of the total funding for the program was provided through the project funds to re-orient service provision in line with the objectives of the project.

Families were referred to the program by Maternal and Child Health and family support agencies. Sessions were held weekly during school terms at Highett Children's Centre for 1.5 hours and were facilitated by a Family Support Worker, Youth Worker and Early Childhood Educator. Additional support was provided by links developed with the dietician from the local community health service and other local service providers. In February 2009, the *Playtime Buddies* program amalgamated with a playgroup provided through Youth Services 'Mum's and Babes'.

The program uses a playgroup format, with guests invited for sessions on specific topics. Sessions included routine active play, healthy snacks and cooking demonstrations. Interventions have focussed on instruction, information and role modelling. Excursions were also offered including the Royal Children's Hospital, swim centre, play centre and local parks and playgrounds.

The program leaders role modelled active play with children and parents, cooking, healthy eating behaviours and positive parenting. The program sessions included activities to promote active play as well as activities to assist women and children in choosing healthy food options and developing cooking skills. The program also aimed to link the families with local programs and services.

Bizzy Bodies

Bizzy Bodies was an initiative to promote increased physical activity and improved nutrition for primary school aged children (6-12 years) who live on the Dunkley Fox Housing estate, responding to the identified needs of low income families. *Bizzy Bodies* was incorporated into the after school program run by Family Life on the Dunkley public housing estate to capitalise on the existing engagement with local families. The After School Club represents one of the five key strategies of a broader project called Creating Capable Communities (CCC) aimed at helping people lead healthier, happier and more fulfilling lives.

Program flyers were distributed by letter box drop to residents of the housing estate. These flyers provided families with information about the program and invited them to join. The regular presence of Family Life staff on the estate during program delivery as well as regular events on the estate (such as school holiday activities and community barbeques) were used as an informal way to connect with residents and invite families to participate in the Breakfast club and After School Club.

The program was delivered on a weekly basis between 4pm and 6pm during each school term. The program aimed to improve healthy eating and physical activity by providing opportunities and role modelling healthy behaviours, enhancing knowledge and skills as well as introducing changes to provide a more supportive environment. The key messages of the program were:

- To drink water and limit sweet drinks
- To eat more fruit and vegetables
- To exercise and become involved in fun physical activities
- To bring a healthy lunch to school
- Try new things.

'Go for your life' fact sheets and resources were used to reinforce these messages.

All activities were offered to children at no cost. Physical activity was built in to the program schedule with organised structured activities offered at each session. A range of games and sports equipment were purchased through project funds to support this initiative. Two key programs were also offered each semester. These activities were facilitated by qualified instructors and community sporting groups. Guest programs included activities such as karate, hip hop dance and basketball. Local sporting clubs were also engaged to run football and cricket clinics for the program to encourage links between the community and local sporting opportunities.

A healthy eating component also reviewed snack provision through the program as well as role modelling and hands-on sessions to develop skills around food preparation, healthy lunchboxes and snacks for children. Water was promoted as the drink of choice throughout the initiative. To promote access to water, a dispenser was installed in the community centre on the estate where the program operates.

Although the program's focus was children, parents were encouraged to attend the sessions and join in with their children to provide positive role modelling opportunities. The messages of the program were also reinforced in the Breakfast Club and School Holiday Programs within the estate, also run by Family Life.

1.5 Workforce development

A range of professional development opportunities were made available to partners participating in the project. In some cases relevant opportunities were shared among the partners while in some instances training was provided through the project.

Promoting membership of the Kids – 'Go for your life' professionals' network

The Kids – 'Go for your life' program includes a health professionals' network that aims to build the capacity of professionals to support early childhood services and primary schools in their efforts to provide a supportive environment for healthy eating and physical activity. The program also links services with local health professionals for support.

The project encouraged staff from partner agencies to join this network and therefore have access to resources and professional development opportunities to support the implementation of *Kids – 'Go for your life'* awards program locally. Refer to the section on *Kids – 'Go for your life'* on page 127.

Kids – 'Go for your life' Forum

In addition to statewide professional development opportunities, a forum was held in October 2008 within the project area to support the delivery of the *Kids – 'Go for your life'* awards program.

Invitations were distributed to all primary schools and early childhood services in the project area and surrounding suburbs. Invitations were also extended to all steering and working group committee members with a request to circulate invitations to relevant staff within partner agencies as well as any relevant networks these agencies had with target settings.

The forum was facilitated by staff from the *Kids – 'Go for your life'* program and included:

- General introduction to the *Kids – 'Go for your life'* Awards Program
- Partnering programs that support the *Kids – 'Go for your life'* Workshop for early childhood services
- Concurrent workshops for primary schools or early childhood services
 - How to achieve the *Kids – 'Go for your life'* Award
 - The range of activities, resources and strategies that can be implemented to support healthy eating and active play in children's services
 - How policy can sustain a service's work in healthy eating and active play
 - Where to get support.
- A short presentation was also delivered by the health promotion worker from Dental Health Services Victoria, reinforcing eat well and drink water messages.

Social marketing training

During the project planning workshops, social marketing was identified as an objective. The group identified a gap in local skills and expertise concerning social marketing. After the establishment of the working group, research was undertaken concerning social marketing training. A web-based training for social marketing was sourced from the Centers for Disease Control and Prevention; Division of Nutrition, Physical Activity, and Obesity website (<http://www.cdc.gov/nccdphp/dnpa/socialmarketing/training>)

The course is specific to social marketing for nutrition and physical activity and is available free of charge. The course provides training for public health professionals in how to use social marketing to plan nutrition, physical activity and obesity prevention programs.

1.6 Adapting *Kids – 'Go for your life'* Awards for playgroups

The Early Years Working Group scoped existing models for an awards program to encourage supportive environments for services not eligible for the *Kids – 'Go for your life'* awards program. It was established that Playgroups Victoria and *Kids – 'Go for your life'* were planning a pilot and a partnership was initiated with Playgroups Victoria and *Kids – 'Go for your life'*.

1.7 Integrated planning

Physical activity and healthy eating were identified priorities in local health promotion plans at the commencement of the project. The project aimed to sustain the work initiated, by ensuring there would be an ongoing commitment to these priority areas within local strategic plans.

In June 2009, a unique opportunity arose in Kingston and Bayside, whereby the planning cycles aligned for each of the health and wellbeing plans that were required to be developed by local governments, community health services and primary care partnerships. A collaborative planning process was undertaken resulting in common health and wellbeing priorities and effective integrated health promotion initiatives being developed across the catchment.

The project manager and partner agencies contributed to the collaborative planning process to inform the resulting Public Health and Wellbeing Plans and Community Health Integrated Health Promotion Plans. A presentation on the project was delivered to the planning workshops for healthy eating and physical activity priorities.

1.8 Sharing lessons learnt

Case studies were identified by the steering committee in order to document and share lessons learnt and success stories among partners and settings. A case study template was developed and distributed to partner agencies in August 2008. Funded agencies were encouraged to provide case studies

In March 2010, a showcase event was held to recognise the work of the partnership and celebrate the achievements of the project as well as to share lessons learnt with the broader network of partners. Senior staff from partner agencies were invited to provide information to support decision making amongst partner agencies to feed into planning beyond the project funding. Seven presentations were given at the *'Health Promoting Communities: Being Active Eating Well'* Showcase.

Evaluation methods

Document analysis

All available project documentation was examined for this report. Documents included steering committee minutes (including attendance list for time allocation), terms of reference, working group meeting minutes, planning process report, action plan drafts and final version, budget records, funding and service agreements, grant applications, media releases and coverage, strategic plans of partner agencies, and project reports and case studies. The evaluation report on the ANGELO planning workshop was also used.

Triangulation

Triangulation (multiple methods of data collection) was used to increase confidence of these research findings. This involved integrating the results from:

- Key informant interviews and focus groups
- Partnership analysis survey
- Assessment of action plan.

Key informant interviews

Key informant interviews were undertaken with members of the project steering committee, working groups, primary school staff and early childhood services staff to assess the change in capacity to promote healthy eating and physical activity for children aged 0-12.

Key informants from the steering committee and working groups were identified by the project manager and the KBPCP Health Promotion Coordinator and included a broad cross section of individuals.

All primary schools engaged in the project were invited to participate in the interviews, with the exception of one primary school that was excluded as a result of a key staff change at the time invitations were being issued. All early childhood services identified as target settings for the project were invited to participate. Eight of the nine invited services participated.

Key informants were advised by email and invited to participate. Interviews were conducted by a consultant who was engaged to support data collection and analysis for the local evaluation.

Where agreed to by participants, focus groups were audio recorded and then transcribed for thematic analysis. In other cases notes were taken at the time of the session and analysed by the facilitator afterwards.

Focus groups

Focus groups collected self-reported actual or anticipated change to eating and activity level, and enablers and barriers to success. Focus groups were held with:

- Participants of two *Healthy Living in Australia* workshops
- The social marketing working group and representatives of funded projects to explore key issues around social marketing for the project
- Program participants of *Playtime Buddies*
- Program participants of *Tai Chi for Kidz*
- Program participants of *Bizzy Bodies*.

Partnership analysis tool

The VicHealth partnership analysis tool⁴ provides a means of assessing the effectiveness of partnerships as well as highlighting areas for improvement to strengthen partnerships in the future. Twenty-four representatives of the project steering committee and working groups were invited to complete the VicHealth Partnership Analysis Tool. Eighteen surveys were completed, demonstrating a 75 per cent response rate.

Community awareness of key messages survey

A random telephone survey to obtain feedback on the social marketing activities was undertaken. Parents, with children 12 years and under, living in the targeted communities of Clayton South and Clarinda (Kingston), and Hampton East, Highett and Sandringham (Bayside) were invited to participate in the survey. Households were randomly telephoned until 100 surveys (50 each from the Kingston and Bayside municipalities) were completed. The standard error was plus or minus 10 per cent at the 95 per cent confidence interval. Subgroup results need to be treated with caution as the standard error for samples under 100 is high.

Evaluation results and findings

1.1 Partnership, organisational capacity and governance

Partnership and leadership

Launch of the project

Over 160 local agencies and community groups were invited to attend the launch of the project, including: early childhood service providers (playgroups, childcare, preschool); primary and secondary schools, aged care, sport and recreation, community centres, local government, churches, health services, service clubs and community groups operating or serving the selected geographical areas.

Sixty-four people attended the launch with strong representation from local government and community health and a spread of the other agencies and groups invited. Fifty per cent of attendees submitted an expression of interest (32 forms received). Table 2 shows the spread of interest in participating in the project in various ways.

Table 2 – Project launch expression of interest results

Level of involvement	Number of expressions of interest
Receiving information and updates	31
Attending planning workshops	26
Participating in future consultation processes	14
Membership of the project steering committee	15

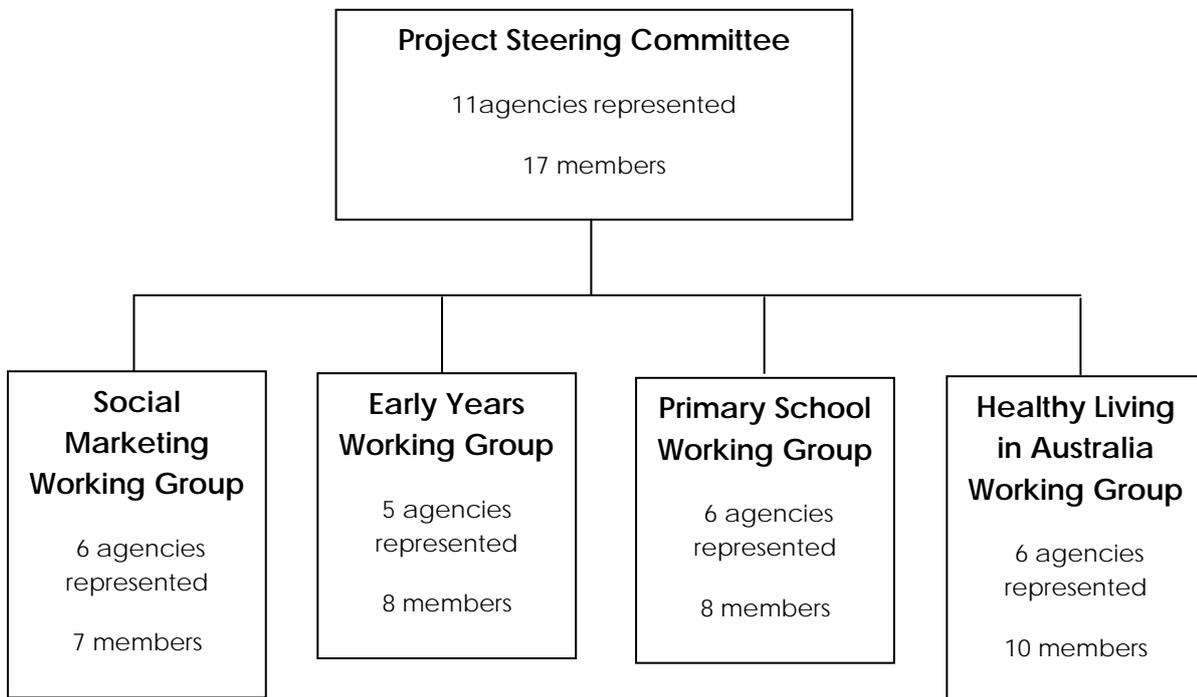
Engagement of stakeholders

The partnership attracted one new member and engaged another member agency that had not actively participated in previous health promotion activities.

Project steering committee

Five agencies were represented by 10 individuals on the **interim steering committee**. The **expanded committee** included representatives from seven core agencies with others co-opted as needed. Those agencies included local government, community health, non-government sport and recreation and migrant services. Overall, 11 agencies and two community representatives were engaged to participate in the steering committee. The additional co-opted agencies included representatives from the community and health sectors. On average 8 agencies were represented at steering committee meetings with an average of 12 attendees per meeting out of a possible 17 representatives. Four working groups were established and included representatives from nine different agencies and a range of sectors/disciplines. Please refer to Figure 2 below.

Figure 2 - *Being Active Eating Well* committee and working groups



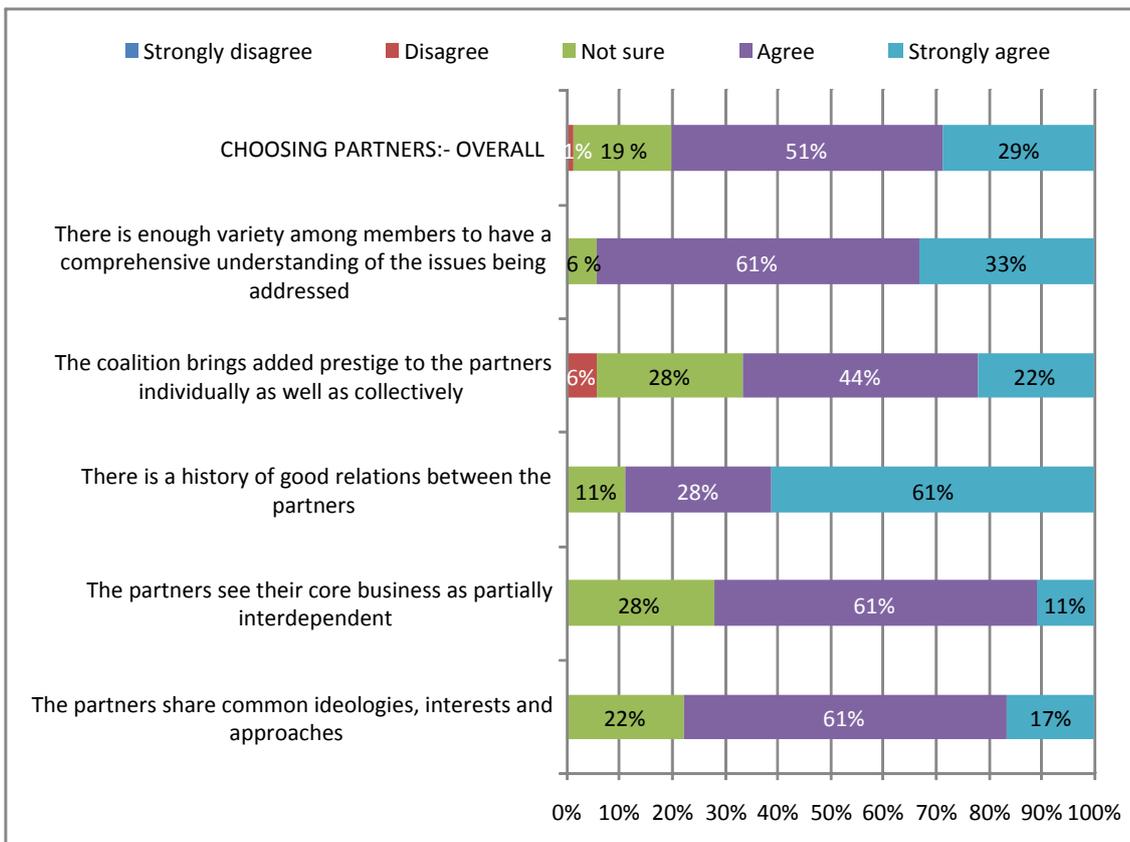
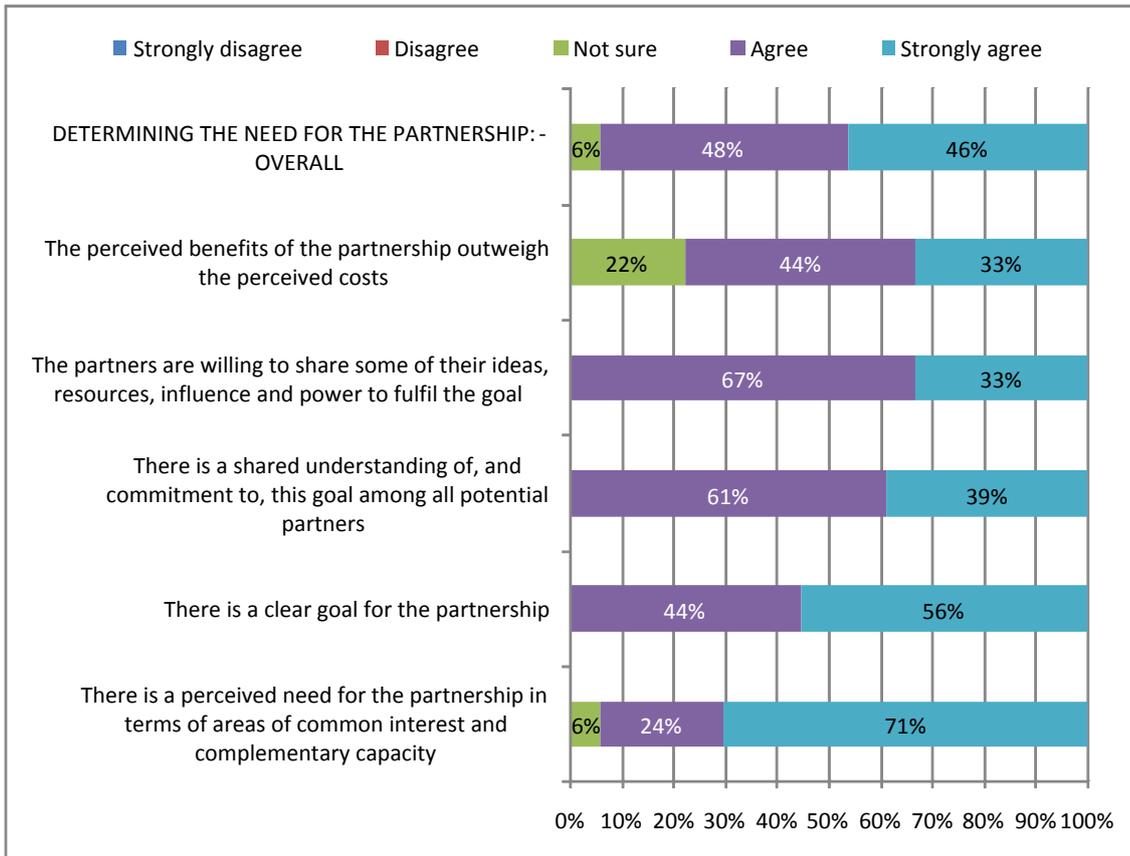
Champions

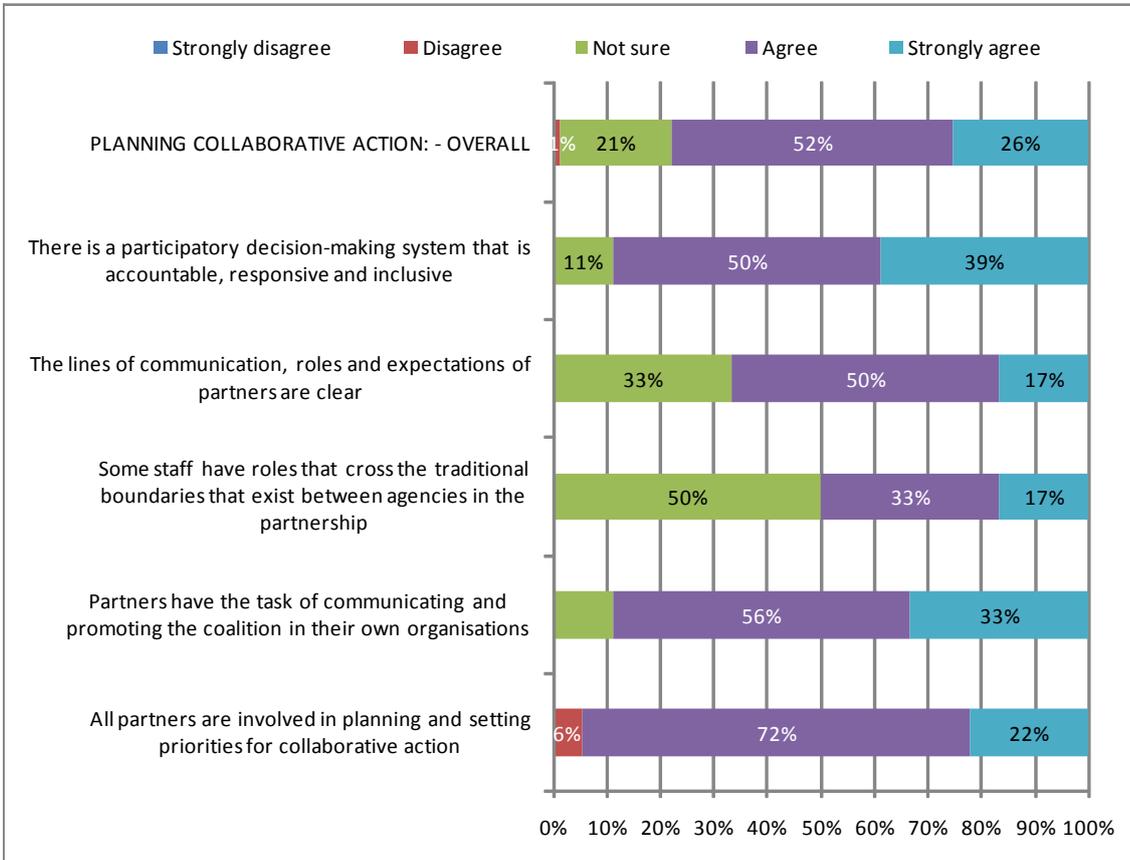
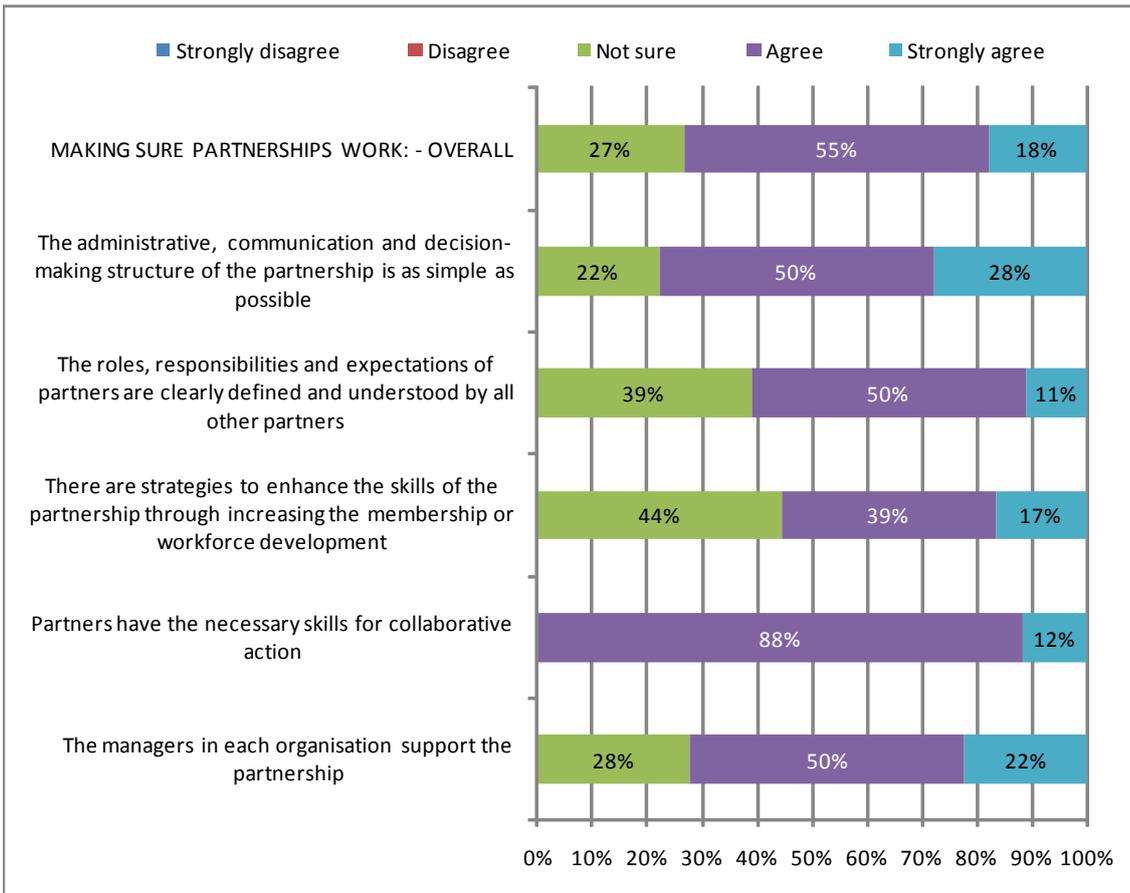
Five high profile representatives were identified and recruited as project champions during the submission phase. A Mayor, a councillor and both the Chief Executive Officers from the two local governments involved in the project, as well as a principal of a primary school from the project community, agreed to act as project champions.

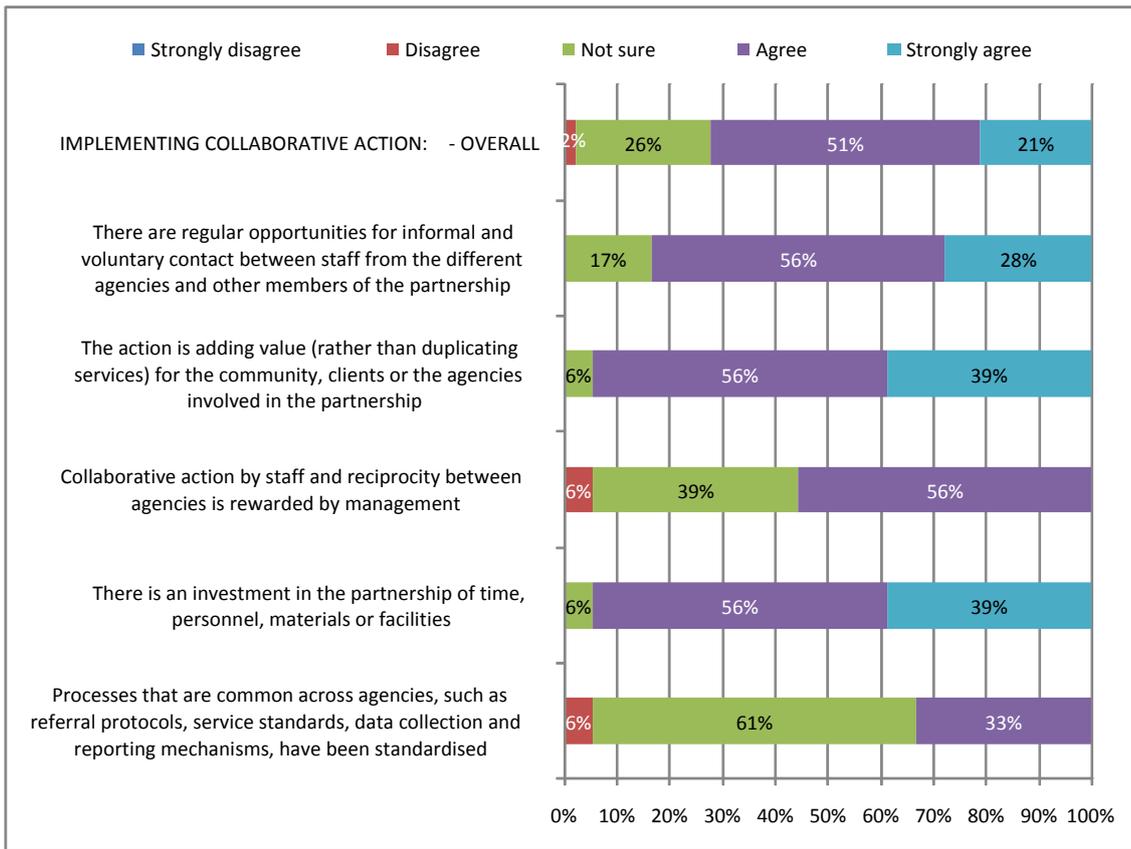
Staff changes and elections during the life of the project meant that only one original champion remained at the conclusion of the project. However, a number of informal champions also emerged during the project. Informal champions included a Mayor; primary school principals; community members, including peer educators, and project staff.

VicHealth Partnership Analysis Tool

Twenty-four representatives of the project steering committee and working groups were invited to complete the VicHealth Partnership Analysis Tool. Eighteen surveys were completed, demonstrating a 75 per cent response rate. Agreement with statements around seven key partnership aspects is detailed in the following graphs.







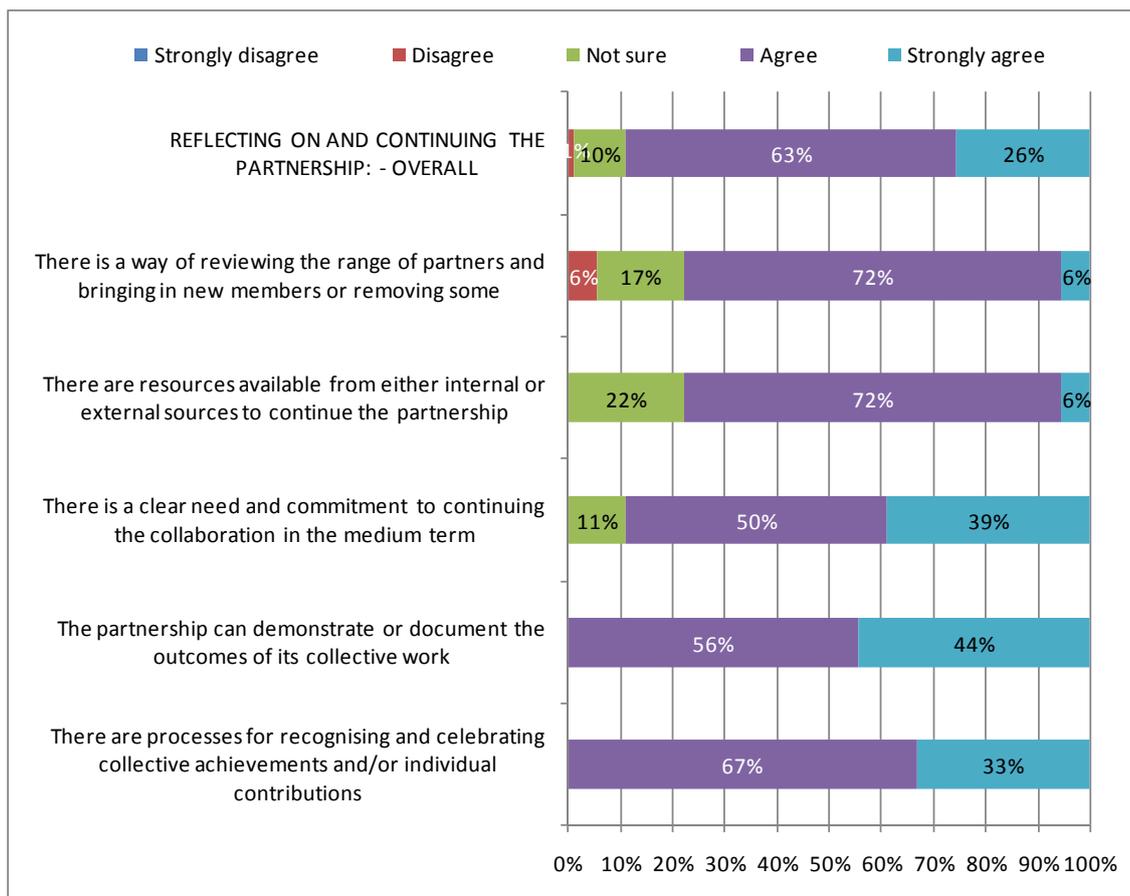


Table 3 below shows the aggregate scores for each section of the Partnership Analysis Tool.

Table 3 – VicHealth Partnership Analysis Tool aggregate scores

Domain	Maximum score	Average score
Determining the need for the partnership	20	17
Choosing partners	20	15
Making sure the partnership works	20	14
Planning collaborative action	20	15
Implementing collaborative action	20	15
Minimising the barriers to partnership	20	13
Reflecting on the partnership	20	16
Overall	140	105

The tool provides a guide to interpret the overall strength of the partnership.

0-49	The whole idea of a partnership should be rigorously questioned.
50-91	The partnership is moving in the right direction but it will need more attention if it is going to be really successful.
92-140	A partnership based on genuine collaboration has been established. The challenge is to maintain and build on the current success.

A summary of statements with a higher proportion of “unsure” responses:

- Strategies to enhance the skills of the partnership through increasing the membership or workforce development (44 per cent unsure)
- The roles, responsibilities and expectations of partners are clearly defined and understood by all other partners (39 per cent unsure)
- Staff have roles that cross the traditional boundaries that exist between agencies in the partnership (50 per cent unsure)
- The lines of communication, roles and expectations of partners are clear. (33 per cent unsure)
- Collaborative action by staff and reciprocity between agencies is rewarded by management (39 per cent unsure, 6 per cent disagree)
- Processes that are common across agencies such as referral protocols, service standards, data collection and reporting mechanisms have been standardised (61 per cent unsure, 6 per cent disagree)
- Differences in organisational priorities, goals and tasks have been addressed (56 per cent unsure).

Key informant interviews

A total of 14 interviews were conducted with members of the project steering committee. All 14 members invited to participate did so, resulting in a response rate of 100 per cent. Responses have been summarised in key themes, below.

Planning

- The majority of respondents were involved in the planning stages of the project and were largely satisfied with their level of involvement and believed that they were able to make a contribution. However, there was some dissatisfaction with the process around the complex nature and professional orientation of the process.
- Respondents believed considerable effort was made to gain buy-in from the right partners with a view to broader engagement.
- While there was some involvement of community members, some respondents felt this could have been improved.
- There was high satisfaction with the resulting action plan, driven by the belief that the plan ultimately reflected community needs and targeted what was important but also had the flexibility to evolve. For example, one respondent said:

“We were ambitious, but we reflected what the community was saying.”

- The capacity of some partners, especially in the early years area, limited the engagement with the project around those issues.
- The large scope of the project was challenging in relation to the capacity of partners and managing the project.

Partnership

- Most respondents mentioned existing partnerships as the project's critical strength. For example:

"Because of our existing partnership we were able to strengthen relationships and engage with a diverse range of groups within the community: multicultural groups, schools, those that don't have a dedicated health promotions role. This enabled us to develop models of working successfully with communities that have subsequently been used for other funded projects."

"The meeting attendance tells a story. We maintained a high level of engagement and this is because it's really been a partnership process."

"I've seen a huge shift in staff. Barriers have come down and there is a greater acceptance of doing things a bit differently. They've been able to extend their reach into communities in ways we didn't think possible."

- Most respondents indicated that relationships between agencies had been strengthened as a result of the project creating stronger links between existing partners and also developing new partnerships in the community.

"We've increased our involvement with the PCP through this project. It's given us a greater opportunity to do health promotion."

Workforce capacity

- Some respondents felt that there were gaps in skills in some working groups which put an additional burden on the project manager.
- Most respondents commented on the invaluable role and work of the project manager.

"The experience of the project manager was very important."

- Some respondents reported considerable personal development gains from their involvement in the project, which has changed the way they work.

"I've learnt so much working with this partnership. There's been a huge amount learnt about ways of working with partners and with the community through being exposed to others experience. Partnership has become the way I work."

Organisational development

"As a manager overseeing others in the organisation directly involved with program delivery, I've developed closer connections with one in particular and they've really developed their health promotion skills."

"We feel this project has helped us build the health promotion capacity of organisations that don't have a dedicated health promotions officer – and this is the case in a number of the agencies. I think we helped build awareness of its importance."

Governance

- The vast majority of respondents were very satisfied with governance arrangements and decision-making processes of the local project.
- Working groups were seen as an effective way of managing the diverse range of projects. Each group had a work plan set up through the action plan and any gaps were dealt with at the steering committee level and members believed this was a successful approach.

Impacts

- Project impacts were identified at a number of levels and the vast majority were very positive. These ranged from establishing previously non-existent connections between disadvantaged communities and service providers through to noticeable changes in behaviours around food choices and physical activity.

"The project's had a real impact on the food I choose to buy for the program (Bizzy Bodies). It's taught me kids and families are happy to have healthy options. I came out with new ideas about what we are there for and have tried to pass this onto newer workers."

Enablers

- It was strongly felt that embedding the project in existing programs would greatly assist with their on-going sustainability (such as the After school Club for *Bizzy Bodies* and *Playtime Buddies* to deliver the project).
- Building on existing trust with programs such as *Kids – 'Go for your life'*.
- The support available to partners.
- Alignment with the priorities of partner organisations allowed workers to commit time and resources.

"It's (healthy living) is a priority within our public health plan so it's considered part of my role (to be actively involved in project). I'm supported to be involved."

- A strong commitment to and belief in the project from representatives of the partner agencies.

Challenges

- Virtually all respondents mentioned the delays experienced while waiting for baseline data collection or ethics approval. This was viewed as a constant source of frustration and it impacted on momentum and enthusiasm.

"There was a lot of frustration with ethics and evaluations which contributed to a loss of momentum."

- Some respondents believed that the delays would ultimately compromise the outcomes as projects were not implemented to their full potential or were not operating for long enough to accurately measure outcomes.

"Those results just won't reflect inputs."

- Some respondents expressed confusion around what was expected of them or found it challenging to balance along with other roles. Most felt they could discuss this with the project manager or their own manager to resolve this.
- One of the main challenges was having enough time to undertake what was needed. A small number felt their own organisation did not offer enough support to facilitate their involvement in the project.

"Balancing it between all my other roles was an issue."

1.2 Project action planning

Action and evaluation planning

Over 160 local agencies and community groups were invited to attend the planning workshops. Letters were sent to a broad range of stakeholders including: early childhood service providers (playgroups, childcare, preschool); primary and secondary schools, aged care, sport and recreation, community centres, local government, churches, health services, service providers, service clubs and community groups operating or serving the selected geographical areas. Meetings were also convened with key stakeholders identified by the interim steering committee.

At the time of the planning workshops, all five agencies (100 per cent) involved in the interim project steering group participated in the planning workshops. The target was 90 per cent. Deakin University's evaluation report on the planning workshops⁵ showed that 56 individuals representing 17 local agencies, groups and individual community members participated in the two day planning workshop using the ANGELO (Analysis Grid for Elements Linked to Obesity) process. Thirty-eight people attended day one and 45 people attended day two. The majority of people attended both days however some people attended only one day.

Table 4 below highlights the broad spectrum of stakeholders from a range of different sectors that contributed to the process of setting priorities.

Table 4 – Project planning workshop participants

Sector	Organisation
Local government	<ul style="list-style-type: none"> Bayside City Council, including representatives from Leisure and Recreation, Children's Services, Maternal and Child Health, Family Services, Youth Services and Health and Social Planning. Kingston City Council, including representatives of Family and Community Development, Health and Social Planning, Youth Services, Family Services, Children's Services, Family Support, Leisure and Culture, Access and Equity, Community Building and Maternal and Child Health.
Health	<ul style="list-style-type: none"> Bentleigh Bayside Community Health Service Central Bayside Community Health Service
Education	<ul style="list-style-type: none"> Moorabbin Primary School Westall Primary School
Sport and recreation	<ul style="list-style-type: none"> Kinect Australia
Community centres	<ul style="list-style-type: none"> Clarinda Community Centre Hampton Community Centre Brighton Recreational Centre Sandybeach Centre
Multicultural services	<ul style="list-style-type: none"> Adult Multicultural Education Services (AMES) New Hope Migrant and Refugee Centre

Sector	Organisation
Local service providers (non-government)	<ul style="list-style-type: none"> • Bayside Community Information and Support Service • Family Life • Reach Out Southern Mental Health
Community	<ul style="list-style-type: none"> • Cook Island Playgroup • Clayton South Mothers Group • Community members
Service clubs	<ul style="list-style-type: none"> • Bayside Rotary
State government	<ul style="list-style-type: none"> • Office of Senior Victorians – Department of Planning and Community Development

The ANGELO planning workshops were evaluated by the consultants engaged to facilitate the workshops. The following information is sourced from the report prepared by Deakin University.

Of the 45 participants in day two of the planning workshop, 24 completed and returned feedback forms giving a response rate of 53 per cent.

Table 5 on the next page summarises the feedback from the planning workshops.

Table 5 – Feedback from the planning workshops

	Average score	Rating	Comments
Overall impression of local situational analysis	3.3 out of 5	Quite satisfactory	Range of comments indicating either too much or not enough information. Other comments indicating the content was interesting, delivery too fast or desire for more interaction.
Overall impression of national and international situational analysis	3.5 out of 5	Quite satisfactory	Comments referred to relevance and interesting content.
Overall impression of action plan development process	3.4 out of 5	Quite satisfactory	<ul style="list-style-type: none"> • Six responses were positive about the ease and effectiveness of the process • Nine comments highlighted difficulties with the process • One comment was about bias away from difficult to change but important issues • Two responses indicated the process was too restrictive • Three comments highlighted concerns about appropriateness of the process • Three responses suggested more community involvement • Three responses suggested changes to improve process
Information presented useful to inform your current and future work	3.2 out of 5	Quite satisfactory	Six comments received and were all positive concerning increasing knowledge and improving practice.
Will the draft action plan be useful to inform your current and future work	3.4 out of 5	Quite satisfactory	Twelve comments made with the majority indicating the action plan will be useful to inform current and future work. Two comments related to the action plan as a starting point with further consultation required and one comment indicated the respondent wasn't sure.
Venue			Majority agreed that the venue was suitable
Catering			All agreed it was suitable
General organisation			Majority agreed that the planning workshops were well organised
Networking opportunities			All agreed that the workshops were a good networking opportunity
General comments			General comments were evenly spread for positive feedback and indicating dissatisfaction with some aspects of the process.

Source: ANGELO Planning Process Report prepared by Deakin University.

Submission of draft plans

The first draft of the project plan was submitted to the Department of Health on 28 August 2007. A revised draft project plan and evaluation plan was submitted to the Department of Health on 25 January 2008. A further revised plan was submitted in February 2009 in a revised format as required.

A draft evaluation plan was submitted to the Department of Health in January 2008, as required. In April 2008, the Department of Health advised that funded projects were required to obtain ethics committee approval for their local evaluations. In June 2009, an application was made to the Department of Health Human Research and Ethics Committee. Approval was granted in August 2008 (Project number 23/08).

Approval to conduct research in schools was also obtained from the Catholic Education Office in July 2008 (Project Reference Number 1434) and the Department of Education and Early Childhood Development (dated 30 September 2008).

1.3 Resource allocation

Service and funding agreements

Service and funding agreements were developed between partner agencies and the lead agency for nine initiatives funded by project funds.

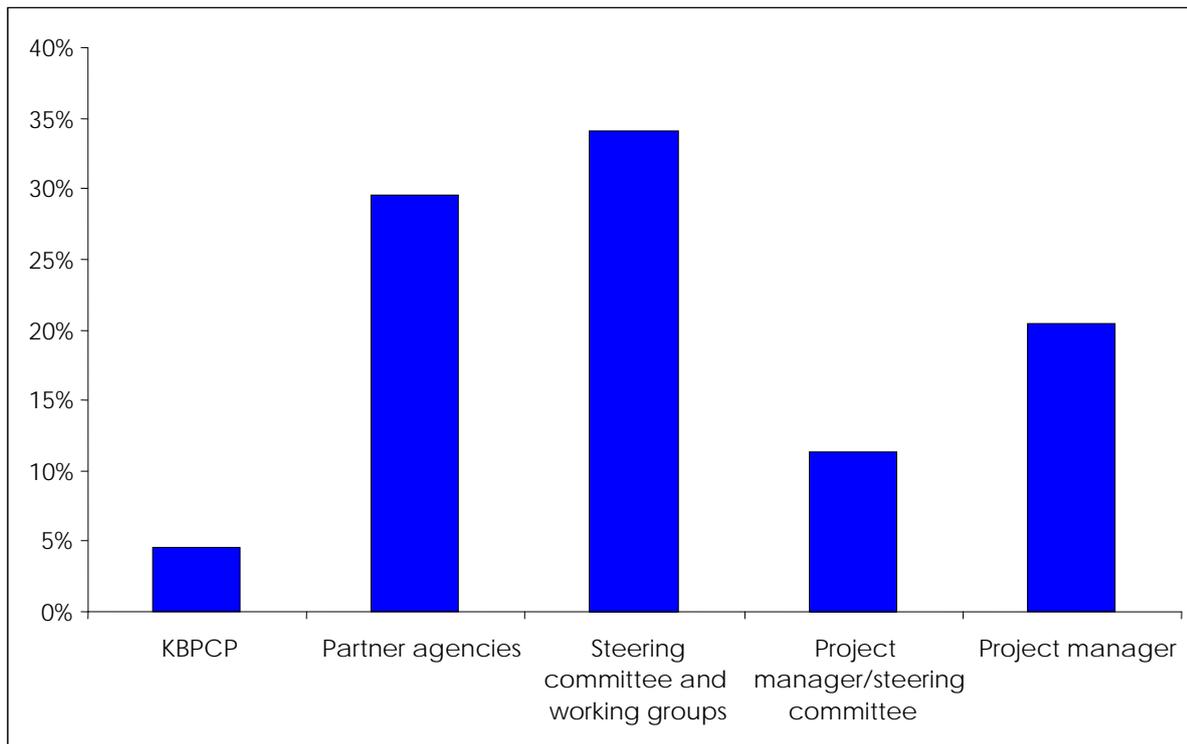
Service and funding agreements were developed between Kingston City Council and:

- New Hope Foundation for the delivery of *Healthy Living in Australia* program
- Bentleigh Bayside Community Health Service for the delivery of *Tai Chi for Kidz*
- Family Life for the delivery of *Bizzy Bodies*
- Bayside City Council for the delivery of *Playtime Buddies*
- Sandybeach Centre for the delivery of the *Dunkley Community Kitchen* program
- Four local primary schools for the delivery of project's relating to the *Being Active* grants program.

Action plan delivery

Responsibility for the delivery of the action plan was negotiated through the steering committee and working group meetings and individual meetings with partner agencies. Figure 3 below shows the spread of responsibility for the implementation of nominated actions.

Figure 3 – Allocation of responsibility for delivery of actions



In-kind support

Over 496.5 staff hours were contributed to the steering committee. Comparable amounts of staff hours were also contributed to working groups.

A significant amount of in-kind support was also provided by partner agencies in the implementation of initiatives. Refer to ‘Section 5: Resource Use’ on page 164 for details of the considerable human resource and financial assistance contributed by partners to support the implementation of the project.

External funding

Two funding submissions were made. There was a target of four submissions. Refer to Table 6 below for details.

Table 6 – Funding submissions by partners

Partner	Grant	When	Amount	Outcome
Central Bayside Community Health Services	Woolworths Fresh Food Kids Community Grants	2008		Unsuccessful
New Hope Foundation	Diverse Australia grant Used to support the <i>Healthy Living in Australia</i> Harmony Day event (December 2008)	2008	\$2,000	Successful

1.4 Developing skills and knowledge

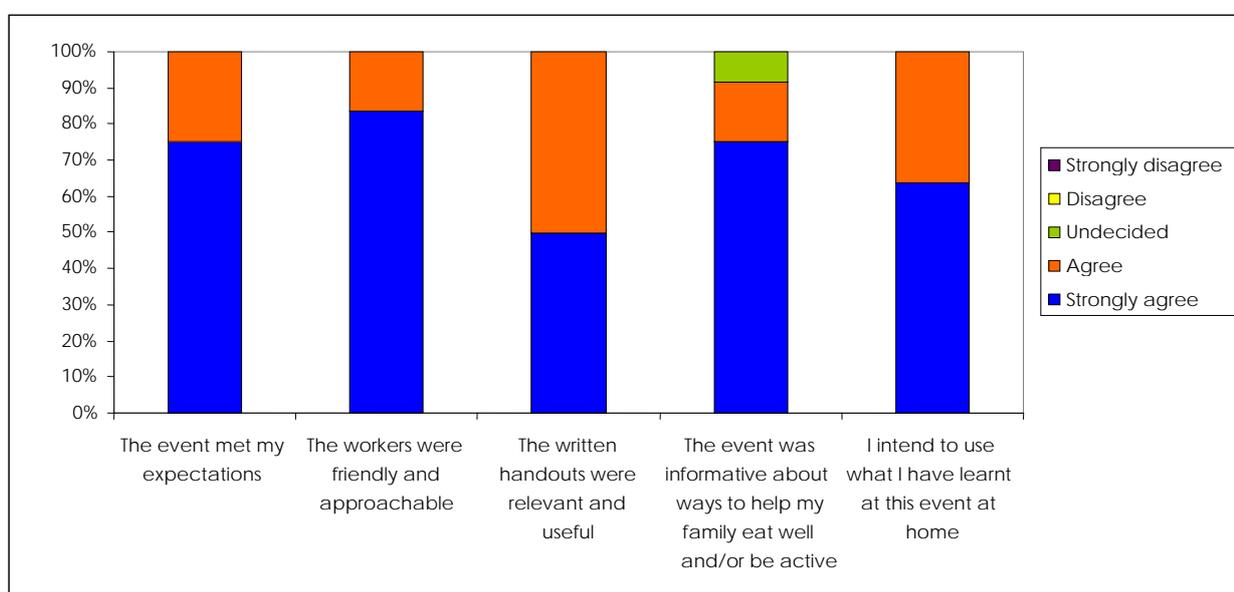
Healthy Living in Australia

Community events

Approximately 150 people attended the launch of the Healthy Living in Australia program in August 2008. Nine partner agencies and community groups – representing: education, local government, multicultural community groups, multicultural services, and a social enterprise – were actively involved in the delivery of the event. Socio-demographic data was not collected, however, workers observed that members of the target ethnic groups for the project attended the event. Similar events have shown the majority of attendees were from the Clayton South and Clarinda areas.

Of the 60 feedback forms handed out at the event, 12 forms were returned, demonstrating a response rate of 20 per cent. Figure 4 below provides details of participant satisfaction with the event.

Figure 4 – Family Health Day participant feedback



All respondents indicated that the event was a useful way to learn more about healthy eating and/or being active for families and all respondents indicated they would either highly recommend (67 per cent) or recommend (33 per cent) the event to other families.

Nine respondents gave comment(s) about knowledge and skills gained from the event:

- The importance for children (1)
- Generally gained knowledge about healthy eating (7)
- Useful knowledge about tai chi (1)
- Did not learn anything, already knew the information provided on the day (1).

Eleven respondents stated which part(s) of the event they found most useful:

- Handouts/written information (3)
- Children's learning activities (4)
- Tai Chi (1)
- Provision of nutritious food (lunch) (2)
- Cultural music and dancing (3)
- Whole event (2).

Eight respondents gave suggestion(s) about how the event could be improved:

- The event was very good as it was or could not be improved (2)
- Promote widely to attract more people and particularly a wider range of cultural groups (3)
- External signage was inadequate (1)
- The event looked scattered and needed a proper focus (1)
- More demonstrations with accompanying explanations (1).

Notes from project meetings indicated that workers involved in the delivery of the event felt that:

- The event was an effective and successful launch of the project
- The event provided an opportunity for word of mouth promotion of upcoming activities
- Project workers benefited from working together in planning and on the day
- The success of the event provided inspiration to workers for the rest of the project
- Running the event on a Saturday increased costs to agencies and required greater commitment and goodwill from workers, however it provided greater opportunity for community members to attend
- Budget limitations required in-kind support and the stretching of funds.

The Health and Harmony Day held in February 2009 attracted approximately 300 people and was also supported by nine partner agencies and community groups.

Local dignitaries spoke at the event including the Mayor and a councillor from the local council; the local member of state parliament and the principal of the local primary school.

Approximately 170 feedback forms were distributed as part of an event passport linked with a prize draw. Of the 50 event passports returned only 16 feedback forms were completed, demonstrating a response rate of 9 per cent. Workers observed that many passports were returned by children and some children may have filled in multiple passports. The passports showed that 70 per cent of respondents were from the local area of Clayton South and Clarinda, with the other 30 per cent from other areas, predominantly neighbouring suburbs.

All respondents indicated that they enjoyed the Health and Harmony Day and would recommend the event to others. A very small number of forms included comments describing the event as "good", "very good", "fun", "perfect" and "awesome".

Following the event, a debriefing meeting was held by the project sub-committee, inviting workers involved in the event to provide feedback for future planning. Nine people attended the meeting and provided feedback, summarised below in Table 7.

Table 7 – Health and harmony day feedback from workers

What worked well?	<ul style="list-style-type: none"> • The partnership and the mix of local service providers involved worked well • The venue was appropriate and worked well for the event • Having music created a welcoming atmosphere • The local dignitaries in attendance • Gift vouchers to recognise volunteer performers and activities were appreciated • Holding the event on a Saturday increased costs to agencies and required commitment and goodwill from workers but provided a greater opportunity for community members to attend • Good opportunity to promote upcoming activities.
Suggestions for improvements	<ul style="list-style-type: none"> • Reduce the length of the event • Increase budget to ease burden on partners to provide staff on weekends • Several comments were made about minor issues that arose on the day.
Program	<ul style="list-style-type: none"> • Dignitaries and guest speakers worked well • Most people arrived around lunch time so major activities should be scheduled at this time in the future • Reduce the number of activities to minimise competition between activities and ensure there is flexibility to change according to demands.
Promotion and media	<ul style="list-style-type: none"> • Good attendance reflects well on promotion • The support from the primary school principal was important • A letter box drop by volunteers was very valuable • The local newspaper article was good but very small • A suggestion was made to hand out flyers at school pick up time although all agreed it was a good strategy but the resource limitations for this event did not allow this to happen • Article in <i>Kingston Your City</i> newsletter after the event was well received
Catering	<ul style="list-style-type: none"> • Food choice was good. Whole fruit was very popular and attendees seemed satisfied with water • Improve access to water, especially near the activities that were physical • Missed opportunity to provide re-usable water bottles as the event budget did not allow this.
Feedback from the community	<ul style="list-style-type: none"> • Community members suggested having longer events more often • Project workers reported being approached by community groups that would have liked to have been involved on the day, especially performance groups.
Evaluation	<ul style="list-style-type: none"> • Ideas to improve participation in evaluation in the future included more visual ways of asking questions as well as a facilitated survey. This would involve workers or volunteers asking individuals and recording responses.

Healthy Living in Australia Workshops

Two **Healthy Living in Australia workshop series** were conducted. The first series consisted of six sessions held over six weeks in September and October 2008 with ten participants from multicultural backgrounds. The second series was held on six sessions over three weeks in March 2009 with 20 participants from the Cook Island Community. Focus groups were conducted to assess the impact of workshops on participants and their satisfaction with program.

Multicultural workshop series focus group – all ten participants were invited to the focus group and eight participants attended, demonstrating a response rate of 80 per cent. Five (63 per cent) were from Clayton South and Clarinda with the remaining three (38 per cent) from a neighbouring suburb.

Cook Islander workshop series focus group – all 20 participants were invited to the focus group and 15 participants attended, demonstrating a response rate of 75 per cent. 66 per cent of attendees were from Clayton South/Clarinda or a neighbouring suburb with the remainder from suburbs further away.

Figure 5 below shows the proportion of participants from the target community and other areas. The majority of participants (78 per cent) were from the target community or a neighbouring suburb.

Figure 5 – Healthy Living in Australia workshop focus group participants - postcodes

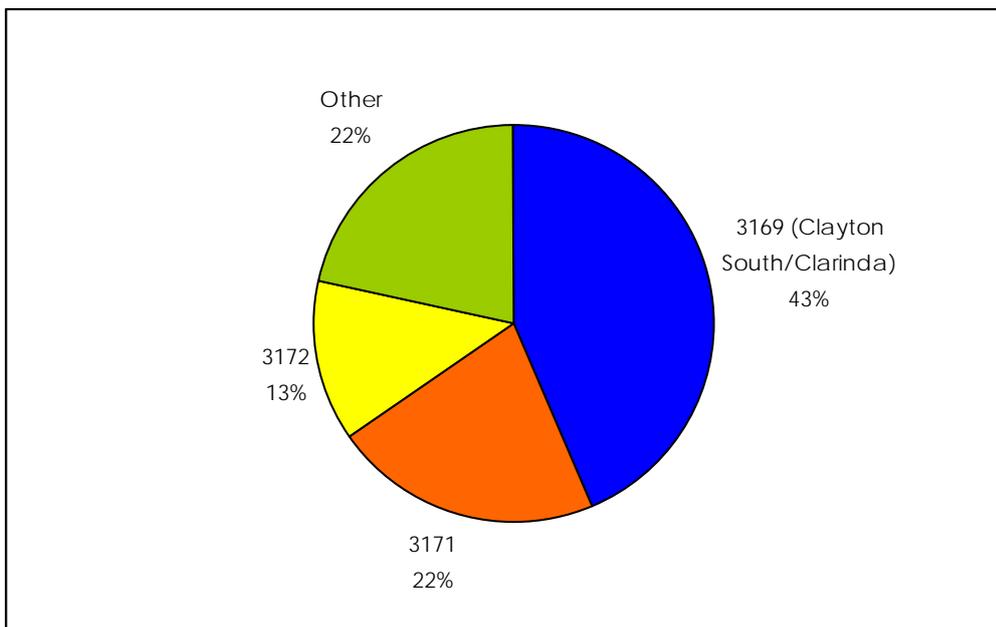


Figure 6 below shows the age ranges of participants in the focus group of the second series of *Healthy Living in Australia* workshops (Cook Islander series). Age range data was not collected for the first series.

Figure 6 – Healthy Living in Australia workshop (series two) – age range of focus group participants

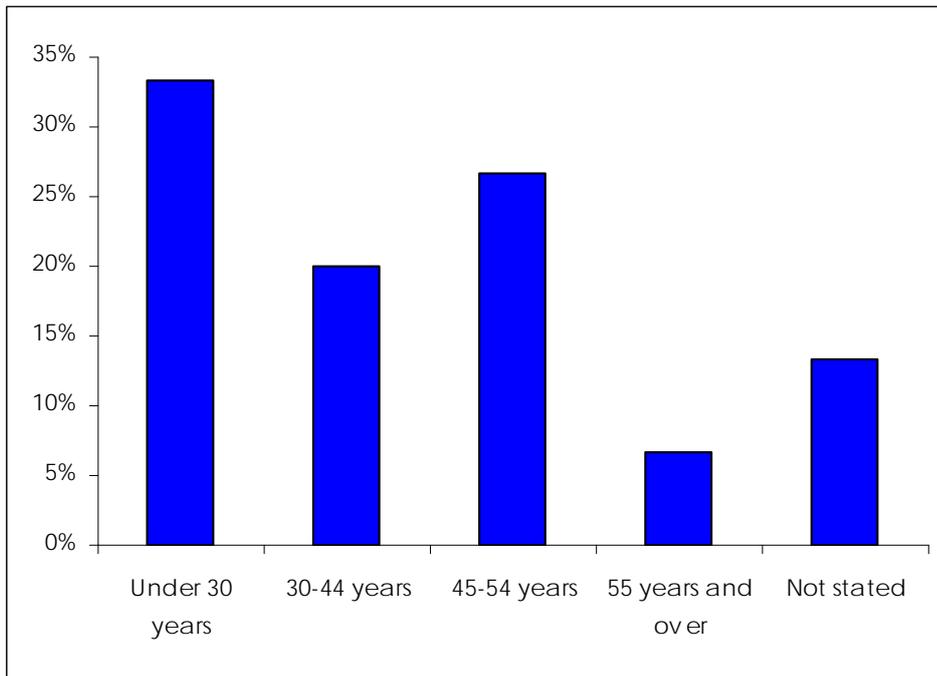


Table 8 below summarises the feedback provided by participants in the workshops series focus groups.

Table 8 – Summary of feedback from participants of the *Healthy Living in Australia* workshops

How participants heard about the program	<ul style="list-style-type: none"> • Family fun day • Directly from project workers • A presentation given at a leadership course • From council staff, including the community development officer in Clayton South • By word of mouth from family and the community • Through the <i>Kingston Your City</i> council newsletter • Community radio (Cook Island group)
Motivation for taking part	<ul style="list-style-type: none"> • To learn more about healthy eating, an interest in the topics or concerns about health issues • To share information with family members, especially to help children or grandchildren • To hear professional speakers • A program provided specifically for our community (Cook Islander group) • Providing food as part of the program.

<p>Satisfaction with the delivery of the program</p>	<ul style="list-style-type: none"> • Local venue was good but could have been bigger to include more people • Positive feedback provided about the venue, presenters and catering. One participant from the first series thought the presentation on breastfeeding was not balanced and could alienate women who had difficulty breastfeeding. • Handouts were very helpful and easy to understand • Participants emphasised that they did not want to be told what to do but did want to learn about changing unhealthy habits and to learn new skills • Many participants reported liking the practical, interactive and inclusive nature of the workshops • Participants valued learning from each other and helping each other • Several participants felt that the mix of cultures in the group was a benefit as they could share ideas and information about their own cultures • Many participants reported that the social aspect of the program and having fun was important • Interpreters were only used for the second session as participants felt it slowed down the session too much. They preferred information presented slowly and in simple English • The excursion to the farm was well received.
<p>Critical success factors:</p>	<ul style="list-style-type: none"> • Information was presented in an interactive and fun way • Providing an environment that allowed people to learn from each other • The social aspect of the sessions • Being responsive to the needs of the group • Sharing respect for traditional cultures • Using a range of recruitment strategies • Having professional speakers • The attitude of presenters. For example, not telling people what to do but providing information and choices • Having a multicultural group for the first series • Having a workshop series specifically for the Cook Island community.

<p>Impacts</p>	<ul style="list-style-type: none"> • The majority of participants indicated that they had increased understanding and learnt new skills around healthy eating and being active • Many participants reported sharing their knowledge with extended families and networks. Schools, early childhood services and community groups were identified as other ways to pass on information • Some participants reported small changes in everyday habits including thinking more about healthy options, eating more vegetables and changing the types of food prepared at home, for example, eating more salads and wraps and reducing coconut milk in traditional recipes • Some participants reported difficulty in making changes because of attitudes at home, particularly those of men in the family • Participants reported increased health literacy such as improved ability to read and understand food labels and better understanding of the food pyramid • Several participants reported joining the <i>Community Kitchen</i> program and/or a walking group as a result of their involvement • Many participants expressed a greater understanding of the health consequences of being inactive and having unhealthy eating habits • Many participants expressed concern about the extent of diabetes, blood pressure and heart disease in their community was a strong motivator for making changes, especially in relation to their children.
<p>Suggested improvements for the future</p>	<ul style="list-style-type: none"> • Provide workshop series for other local communities • Promote the workshops more widely and use incentives to encourage attendance • Adapt the sessions for presentation to older primary school aged children and secondary school aged children; run sessions on weekends so parents can attend with their children • Suggestions for greater emphasis or additional topics included: <ul style="list-style-type: none"> - Involving children in buying and preparing food - Organic food - Portion size and exercise, especially for adults - Total wellbeing including stress-management and the relationship between stress and overeating. • Follow-up activities such as Community/Kitchen gardens and other <i>Community Kitchens</i> programs • Provide support to participants so they can share the knowledge and skills gained with the wider community.

Staff feedback concerning the workshops was documented through the minutes of project meetings and included:

- The informality of the sessions and good activities promoted a very positive atmosphere
- The workshops were successful because they were interactive and people could see small changes were possible
- The participants seem to be interested and to understand the information presented. The amount of information seemed appropriate
- Recruitment for a local Heart Foundation walking groups was not high
- A community-based worker reported that some participants have changed cooking habits. For example, they have reduced overcooking and have increased grilling rather than frying.

Community information forums

Three **Healthy Living in Australia** forums were held in the Clayton South and Clarinda areas between July and November 2009. Feedback was collected for forums one and two. Table 9 below provides details of attendees.

Table 9 – Healthy Living in Australia forum attendance

	Participants	Respondents	Postcode			Age Group		
			Clayton South/ Clarinda (3169)	Other areas	Not stated	Under 20 years	20 – 45 years	Over 45 years
Forum 1	70	39 (56 per cent)	21	7	11	1	15	23
Forum 2	30	11 (37 per cent)	10	1	0	0	9	2
Forum 3	20	-	-	-	-	-	-	-

Figure 7 and Figure 8 below show postcode and age range details of the respondents respectively.

Figure 7 – Postcode of Healthy Living in Australia forum attendees

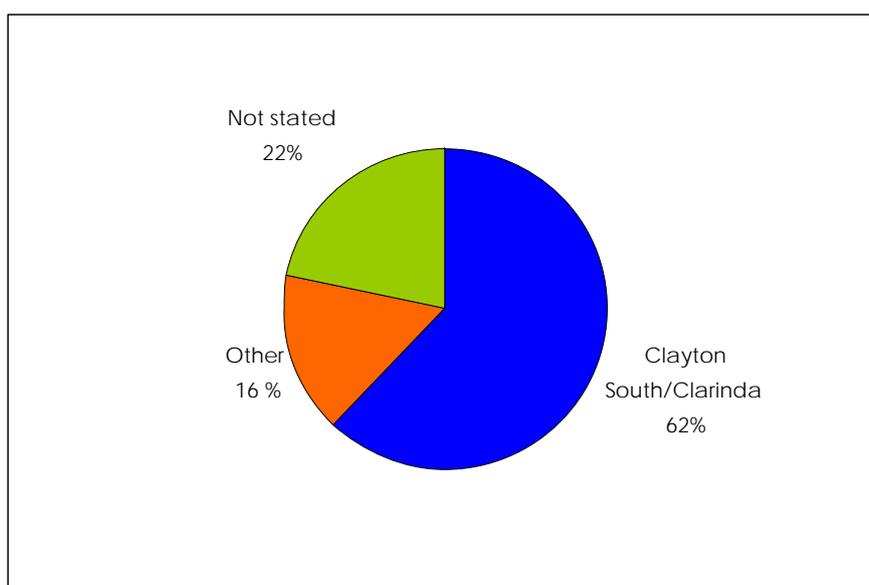
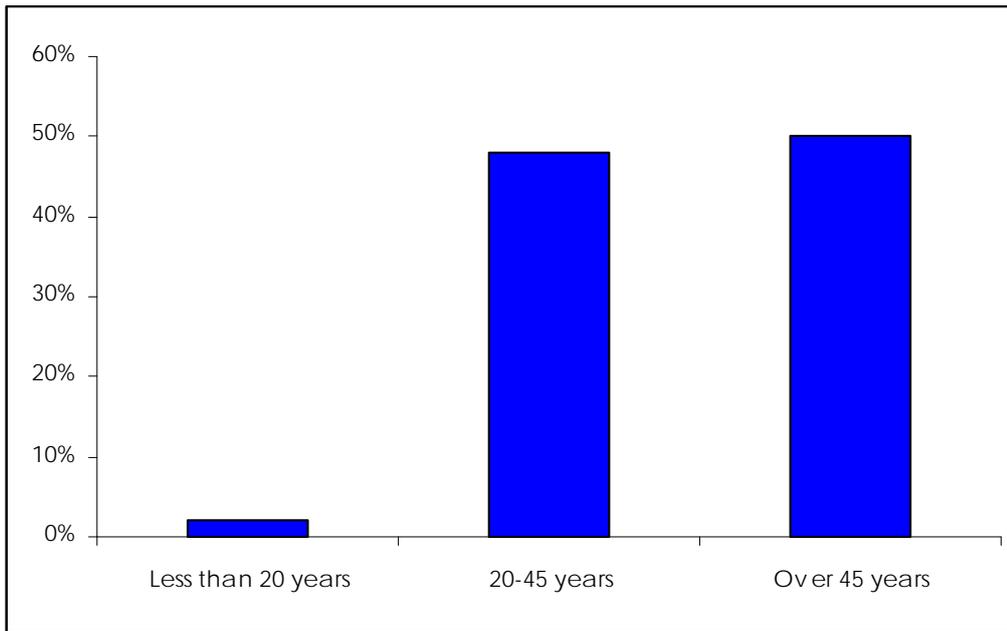


Figure 8 – Age range of *Healthy Living in Australia* forum attendees



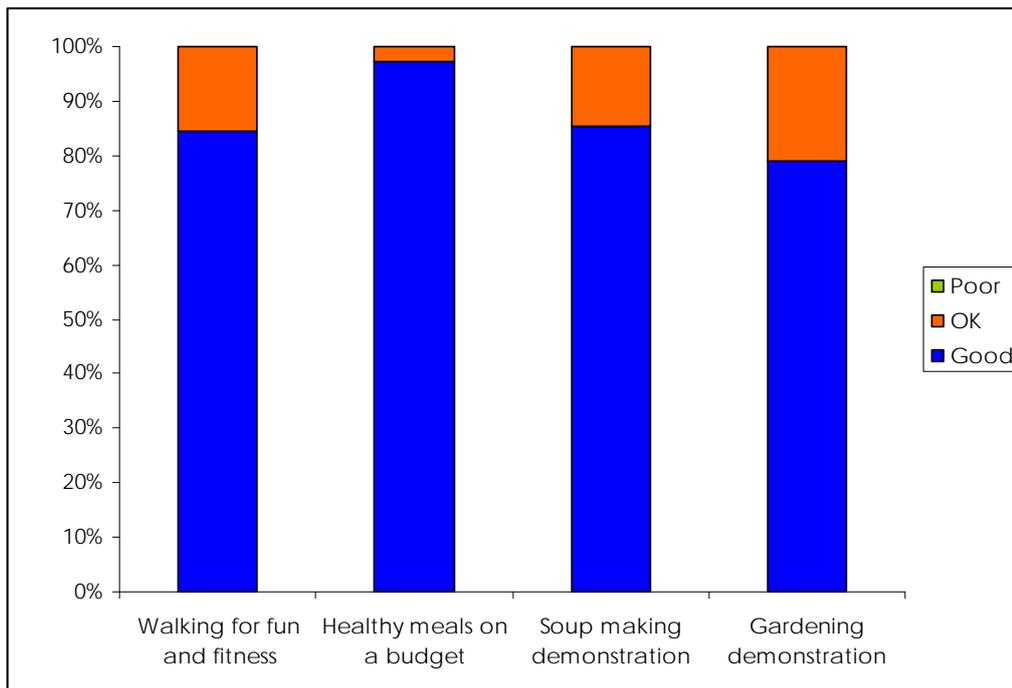
Please note that only adults completed feedback forms. Worker observations confirmed that children attended all of the sessions: preschool aged children for the session held during the week and during business hours; preschool and primary school aged children for both the evening session and the weekend forum.

Participant satisfaction

Comments on the first forum were predominantly positive with 37 positive, five neutral and two negative comments. The forum was regarded as enjoyable and interesting, and participants indicated they had learnt from the workshops. The organisation of the forum and catering were also highly regarded. Suggestions for future forums were also made. The negative comments related to the distraction of background noise and the inability of one person to participate in a particular workshop. The comments on the second forum were generally positive. However, one person commented that the size of the venue was inadequate making their experience uncomfortable.

Figure 9 below shows participant satisfaction with forum content.

Figure 9 – Satisfaction with the content of the *Healthy Living in Australia* forum



Workers' observations

Workers' observations and feedback concerning the forum were documented through the minutes of the project meetings and included the following information:

About the participants:

- The majority of participants were from culturally and linguistically diverse backgrounds
- The last forum held on a Saturday had a low attendance compared to the first two forums. This led to the Saturday program finishing early.
- Providing give-aways, including 'Go for your life' merchandise such as water bottles, lunchboxes, seeds, chalk and skipping ropes, encouraged children to engage with activities.

Format:

- The round-robin format for the first forum was effective. However, the layout of the venue did not suit concurrent workshops
- The gardening and soup making workshops were very well received.

Partnership:

- The participation of partner agencies was crucial to the success of the event
- The forum was well scaled to the capacities of the partner agencies.

Peer educator training

Six people attended the Peer Education Information session held on Thursday 25 June 2009 and all agreed to undertake the six-session training program.

Two (33 per cent) of the six participants attended the focus group concerning the peer education component of the *Healthy Living in Australia* program, one from each cultural group. Participant responses:

- One of the respondents had worked as a teacher and enjoyed helping people learn, especially around healthy living. She regards peer education as a good way of reaching the community and helping them gain a better understanding of healthy living. She would have liked more opportunities to practice the presentation before going out into the community. She suggested that a display of healthy foods would enhance their presentation.
- One peer educator reported that positive feedback was received from a number of older community members. Some women have begun an informal walking group and hope to further develop this group in 2010. There are also plans to start a gentle exercise group for women.

Program documentation highlighted the following comments from workers involved in the program:

- Peer educators needed more intensive input and training from the dieticians
- Peer education training needed to be held earlier in the project to provide more opportunity for educators to practice their presentation skills.

Table 10 below details the number of presentations by the peer educators.

Table 10 – Peer education presentations to the community

Group presented to:	Audience
Steering committee	15
<i>Healthy Living in Australia</i> forum (weekend session)	20
Cook Island Women's Group	10
<i>Being Active Eating Well</i> Showcase	60

Table 11 below compares target participation rates with actual results.

Table 11 – *Healthy Living In Australia* program targets compared to actual results

Target	Actual
30 community members participating in a series of three workshops. Each series consisted of six sessions	30 participants over two workshop series
At least 200 community members engaged in the program	600 community members participated in the program overall
Peer education sessions presented to 40 community members	105 people were exposed the peer educator <i>Healthy Living in Australia</i> presentation (30 to community members and 75 to professionals).

Playtime Buddies

Playtime Buddies progress reports and final report to the steering committee were analysed and showed that, on average, eight families attended each session, with an average of 15 individuals (parents and children) participating at each session. The majority of families attending the program were from the target community as influenced by the referral processes for the program.

Staff involved in the program included a maternal and child health nurse, a child care specialist, an experienced youth worker and family support/parent education worker. Regular visitors to the program included a dietician from the local community health service.

The program also linked participants with other services and groups through regular incursions and excursions, including the local swim centre, The Royal Children's Hospital, the Dunkley *Community Kitchen*, and the South Eastern Centre Against Sexual Assault (SECASA). On average, five external agencies were involved in the program per quarter with at least one excursion per quarter. The program also linked families with other local service providers with approximately 12 referrals to other services per quarter. Please refer to Table 12 below for further details.

Table 12 – *Playtime Buddies* workload indicators

Indicator	Average
Number of individuals attending the program (adults and children)	15 per session
Number of families	8 per session
Outside agency involvement	5 per quarter
Activities outside the centre, such as Sandybeach Centre	1 per quarter
Referral to other agencies and services such as Family Life, Housing, childcare	4 per quarter
Referral to dietician	2 per quarter
Referral to specialist children services	1 per quarter
Referral to Bentleigh Bayside allied health professions such as physiotherapists	1 per quarter
Referral to GP or Paediatrician	2 per quarter
Referral to counselling or psychologists	2 per quarter
Referrals into the program	8 per quarter

Source: *Playtime Buddies* progress reports and project report to Steering Committee

All regular sessions, excluding excursions, included either indoor or outdoor active play. Table 13 below is a summary of the analysis of activities provided over 44 sessions (February 2009 – March 2010).

Table 13 – Analysis of *Playtime Buddies* activities

Activities	Number of sessions including activity	Percentage
Active play (total)	41	93%
Active indoor play	17	39%
Active outdoor play	28	64%
Storytelling	16	36%
Singing	5	11%
Healthy eating skills	13	34%
Wellbeing	13	30%
Parenting	5	11%
Group planning	7	16%
Link with other services	11	29%

Source: *Playtime Buddies* progress reports and final report to Steering Committee

Staff feedback

Staff involved in delivering *Playtime Buddies* observed that participants had developed skills in parenting, cooking and interacting with others. They developed trust in the facilitators and in each other. Staff also observed a growth in confidence among parents participating in the program and significant improvements in children previously assessed with developmental delays.

Regular feedback and program planning sessions were held with participants. Staff reported that there was positive feedback from participants concerning satisfaction with the program as well as indications that participants were making changes at home, such as preparing healthier meals and limiting their family’s sugar intake. Feedback also included reports of parenting with more confidence and developing skills to enable active play with their children.

Participant feedback

All participants of the program were invited to participate in a focus group. Program staff distributed invitation letters to approximately 15 participants. Three participants took part in the focus group, demonstrating a response rate of 20 per cent. All participants had taken part in the *Playtime Buddies* program.

Topic	Summary of findings
<p>What did participants enjoy about the program?</p>	<ul style="list-style-type: none"> • The women involved in this program all enjoyed the social interaction of the group and the range of activities in which they participated. <i>"I like the visitors and the variety of activities."</i> • Mention was made of the activities in which they engaged with their children such as movement classes, swimming and library activities, activities where they were able to look after and spend time on themselves such as visiting hairdresser, massage and Dr Feelgood, and the cooking activities. <i>"...being in the kitchen and learning new stuff."</i> • A highlight for all three women was the opportunity to learn from visiting specialists such as cooking, grooming, relaxation and emotional wellbeing. They also mentioned visiting other services in the community to learn about opportunities for themselves and their children such as going to the library, swimming and play centres. • The program provided important time out for these women where they could relax, socialise and build their parenting skills. <i>"I like making new friends, it was important to get me out of the house."</i> <i>"I love(d) the safe environment."</i> • It was important to these women that they were involved in the decision making and design of the program and all three liked having input into what the group did when it got together. <i>"I liked the involvement in designing the program, it had pretty balanced ideas."</i> • The attitude of the workers was also mentioned <i>"The workers were very friendly and helpful."</i>
<p>What did participants think could be changed or improved about the program?</p>	<p>There were very few changes suggested as the women were generally very positive about their experience. The only suggested improvement was to expand the capacity of the program. <i>"It's really good, can we have more days?"</i></p>

Topic	Summary of findings
What has changed for the participants as a result of the program?	<ul style="list-style-type: none"> • All of the women mentioned that they had been influenced by the program to change what they cook at home and the food that they offer their children. <i>“My kids are eating more veggies because I cook it in things.”</i> • One respondent said that the cooking classes had made it easy for her to change what she was cooking at home. • One woman noted that she was enrolling her son in swimming classes as a result of her experience in the program. • Another participant mentioned trying new activities with her children like making play dough.
What were the key health messages?	<ul style="list-style-type: none"> • The health messages of the program were evident in the women’s responses. For example: <i>“Water instead of juice, popcorn instead of chips, fruit instead of lollies.”</i> • One woman noted that it was easier for her to implement these ideas with her child because the same messages had been coming through school as well. • The graphic demonstration of the health implications of food choices was also mentioned. One women noted that she was shocked when should saw the visual representation of the amount of sugar in fruit juice. • The participants also identified the importance of <i>“walking and physical activity”</i> in a healthy lifestyle.

Relevant quotes from key informant interviews with the steering committee

“Playtime Buddies has had a huge impact – well beyond the project goals. That group has really supported each other.”

Steering committee member

“We have anecdotal evidence that Bizzy Bodies and Playtime Buddies now provide healthier food and that participants are very satisfied with this.”

Steering committee member

“Overall, we have increased the recognition of the importance of being active and eating well in our communities by moving out into the community and engaging in ways that have some value to them.”

Steering committee member

Relevant quotes from key informant interviews with the program staff

Ten staff involved in program delivery were invited to participate, four responded.

“Participant numbers grew over time. There is currently a waiting list. Positive feedback continues to be received from parents attending the program and we have seen children grow in their health and development, and social skills.”

Program staff

“Program currently running very well. We would like to run two sessions per week and open it to accommodate more participants.”

Program staff

“Playtime Buddies has become more than just a playgroup for these families. Many of the families referred to the playgroup have been provided with the opportunity to create links with various community agencies and services. Confidence levels in the participants’ parenting skills continue to develop and it is encouraging to see the positive impact this is having on their children.”

Program staff

Bizzy Bodies

Recruitment

A flyer to promote the program was developed and distributed to each of the 120 homes within the Dunkley Fox estate in 2009 and 2010.

Participation

On average, approximately 15 children per session participated in the *Bizzy Bodies* program with between two and six parents also attending per session. Project workers reported that all families attending the program were residents of the housing estate.

Table 14 below provides details of activities undertaken as part of the *Bizzy Bodies* program.

Table 14 – *Bizzy Bodies* activities

Activity	Details	Reach
Review of food and drink provision	See below	All participants with an average of 15 participants per session over seven school terms – approximately 70 weeks
Healthy cooking on a budget and lunchbox workshops	Two sessions were conducted each term	All participants similar to regular sessions
Water cooler	A water cooler was installed in the Community Centre on a three year contract to provide fresh water for all users of the community facility based on the housing estate	All users of community facility

Activity	Details	Reach
Increasing opportunities to be active	Regular time scheduled for active games and additional sporting equipment purchased	All participants with an average of 15 participants per session over seven school terms – approximately 70 weeks
Two key physical activity projects organised each semester	Three 'Life, be in it' games	An average of 22 participants The 'Life Be in it' Games workshops attracted more people to the program. These sessions averaged 22 children. There was also an increase of adults attending each session.
	Circus skills	Similar to regular sessions
	Karate program (five sessions)	Similar to regular sessions
	Hip hop Dancing program	Similar to regular sessions
	Two footy clinics by Hampton Football Club	Similar to regular sessions
	Two cricket clinics by East Sandringham cricket club	(similar to regular sessions)
Five school holiday events	School Holiday BBQ (with healthier hamburgers)	22 attendees
	Housing Week Event	123 people attendees
	Family Fun Day (a Being Active Eating Well event)	Approximately 80 attendees
	Football Clinic	25 attendees
	Movie Day	24 attendees

Participant feedback

All participants of the program were invited to participate in a focus group. Program staff distributed invitation letters to approximately 20 families. Five children took part in the focus group, demonstrating a response rate of 25 per cent. All were residents of the public housing estate on which the program was based and had taken part in the after school activities offered by *Bizzy Bodies*.

It should be noted that the depth of reflection in this group was limited by both the age of the participants, the time available (45 minutes) and the nature of the environment in which the discussion were held. There were distractions from activities outside and food being served in an adjoining room.

Table 15 – Summary of focus group finding for participants of the *Bizzy Bodies* Program

Topic	Summary of responses
What did participants enjoy about the program?	The young people involved in this program particularly enjoyed the physical activities offered. These activities ranged from outdoor games, through to organised sport. The participants particularly enjoyed having the chance to try new activities and equipment such as the rock climbing wall. Some participants mentioned the excursions to watch sporting events such as an AFL game. A number of the participants also enjoyed the healthy food offered as part of the program. This was evident during the discussion as the children helped themselves to fruit and rice crackers. Some participants enjoyed the interaction with others and the time and opportunity to play with their friends.
What did participants think could be changed or improved about the program?	Most of the participants could not identify any improvements. One respondent did mention that behavioural issues in the group were an issue.
What has changed for the participants as a result of the program?	Most of the children said that they were playing more outside as a result of the program. Some had joined sporting clubs (although it is difficult to determine if this had a direct link to the influences of the program). A number mentioned that they were eating more fruit and vegetables at home.
What were the key health messages?	The children were asked to develop an advertising slogan that reflected the health messages of the program. Key messages included: <i>"It's healthy to play sport"</i> <i>"Come to the Bizzy Bodies! You learn lots of stuff like what is good to eat (you get yummy food)"</i> <i>"Bizzy Bodies is healthy!"</i> <i>"Food is cool! Apples are healthy!"</i> <i>"Bizzy Bodies is lots of fun – Free, Healthy, Try it!"</i>

Staff feedback

Staff feedback was documented through minutes of project meetings and the project report prepared by the lead agency. Several themes emerged:

Participation

Staff observed a growth in participation since the introduction of *Being Active Eating Well* activities from about 10 to 12 children per session up to approximately 15 to 17 children per session.

Changes to food and drink provision

Program documentation revealed that food and drink provision through the program had changed from biscuits (high in salt and sugar), hot dogs, cordial, fruit juice, lollies and chocolates to fresh fruit, yogurt, cheese, rice crackers, healthy dips and soup on a weekly basis. Workers reported purchasing healthier snacks and considering salt and sugar content of the snacks provided. Fresh fruit and yoghurt were provided in every session of the After School Club and Breakfast Club. New varieties of food and snacks were introduced into the program that were seasonal and cost-effective for families to use at home.

Healthy meals were also prepared with children and included meals such as enchiladas and healthy hamburgers. Workers felt that this helped to influence children's preference for foods.

"It was fascinating to see the children attend the program and see the changes to their opinions when it came to healthy eating."

Bizzy Bodies program report to steering committee

"The children often requested hot dogs and sauce on white bread for their end of semester treat. During the program the end of semester treats became the making of enchiladas with kangaroo mince, lettuce, tomato, cheese, refried beans, capsicum, avocado, mushrooms and salsa sauces. Many of the children initially wanted the meat however when encouraged to try many of the items available they indicated that they loved the taste. This was a rewarding and beneficial aspect of the program as it encouraged the children to try new things. Some parents have commented that they were now introducing many of the foods to their children's diet on a regular basis."

Bizzy Bodies program report to steering committee

Lunchbox workshops

The Lunchbox workshops involved children making a healthy school lunch for the following day at school.

"The children were provided with a number of Lunchbox workshops and encouraged to make a healthy lunch. This message was reinforced with healthier snacks provided during the program such as enchiladas instead of their usual request of hotdogs and sauce in white bread."

Bizzy Bodies program report to steering committee

Lunches were made using recommendations from the Healthy Lunchbox worksheets from the 'Go for your life' website.

The children were provided with a free cooler lunchbox and drink bottle. Children were encouraged to fill them with fresh fruit, yogurt, cheese and salad sandwiches on wholemeal bread, and to fill their water bottles from the water cooler. These lunches were supported with healthy lunch fact sheets for parents.

"The feedback from the first lunchbox workshop was positive as the children found these activities fun and exciting. Many of the children indicated that they would never have lunches like the ones that they had."

Feedback received from teachers at a local primary school was relayed through a parent, who indicated that they were impressed with Family Life's initiative in providing both a fresh lunch to the children, as well as providing a cooler lunchbox for the children to bring to school on a regular basis."

Bizzy Bodies program report to steering committee

Physical activity opportunities

Please refer to Table 14 above for details of the physical activity opportunities provided through the program. Gymnastics and basketball were not implemented as originally planned.

Creating a supportive environment for healthy eating and physical activity

Program documentation revealed that the purchase of a toaster grill expanded the options for healthy food preparation at the program. This resulted in healthy meal alternatives being introduced into the program.

A requirement for additional refrigerated food storage arose as a result of the program due to increased use of community facilities and to address issues of theft from the community fridge outside of the program. Plans were in place at the conclusion of the funding period to purchase a new fridge.

A water cooler was installed and sweet drinks such as cordial ceased to be provided by the program. Workers noted that after the initial change from cordial to water the requests for sweetened drinks reduced over time and children were observed drinking water where previously they would have had a sweet drink.

Games and sporting equipment purchased through the project included skipping ropes, baseball, volley ball, badminton and cricket sets; and indoor games equipment such as a parachute, quoits, hooky and hopscotch games.

Changing staff perceptions and practices

The project report to the steering committee indicated that the changes implemented as part of the '*Being Active Eating Well*' project, workers assumptions on what children would eat within programs and community events were challenge. For example workers were surprised that lean hamburgers with salad on wholemeal bread were more popular than the sausages in white bread previously provided.

There was a perception that the community expected sweet drinks and energy-dense foods of low nutritional value. It was thought that these types of food and drinks were necessary to keep people engaged in programs. However, these perceptions were challenged by the success of introducing healthier food alternatives. The active programs were also seen as an effective engagement strategy.

Strengthening community links and partnerships:

Workers reported an increase in participation following the introduction of more physical activities. These were perceived as strengthening the agency's engagement with families on the estate.

Program documentation also indicated that general use of the community facility, used as a venue for the program, had increased.

Family Life's participation in the steering committee provided networking opportunities that developed into further working relationships with agencies involved in the project. An example of this was Family Life's involvement in the Community Learning Partnership which also involved Sandybeach Community Centre, Hampton Community Centre and Bayside City Council. This enhanced networking was developed by the successful family fun day held at the estate as a joint venture by the Kingston Bayside Primary Care Partnership.

The project report also indicated that the lead agency regularly created opportunities for participants to provide feedback on the program and input into planning for the future of the program.

Critical success factors

- An existing rapport with residents in the estate due to a ten year commitment to community development in the estate.
- The presence of Family Life in the estate and its ability to engage the community. Family Life's presence and reputation supports and encourages the residents to seek help when they need it. This soft approach helps develop stronger working relationships with clients when seeking support with issues of domestic violence, drug and alcohol issues and family support.
- A committed and dedicated volunteer community within Family Life that provides hundreds of volunteer hours.
- The Family Support Workers have a professional knowledge on how to deal with issues that the community faces.
- Family Life's existing connection to support services that link families from the estate into beneficial programs, both within Family Life and to external referral sources.
- Free venue within the housing estate.
- No cost to participants.

Challenges and barriers

The *Bizzy Bodies* program report indicated key challenges as:

- The report writing and assessment of the program was time consuming and difficult for the worker, whose focus is on building relationships within the community. A different skill set is required.
- Staff changes affect the ability to reflect on a three year program when key staff are no longer within the organisation.
- The level of funding provided to complete this project over three years was low.
- Time required for new program planning was underestimated and presented challenges for staff.
- Relationship difficulties between the residents can have an impact on participation.
- Dealing with a large age range of children. Although targeted to primary school aged children, the reality was that preschool and younger secondary school aged kids also attended.
- Engaging parents in the program was difficult and limited the reach of the program into the home environment. Low levels of engagement of parents from the community was a consistent issue across activities provided in this community.

- Resource limitation meant that the program could only be offered weekly. Family Life works within the housing estate for only three hours a week which presented challenges to address long term eating and exercise patterns.
- Meeting time was provided in-kind. It was difficult for workers in direct service provision roles to allocate time for meetings.
- Challenging behaviour and attitudes from participating children meant that it was difficult to maintain an optimum level of volunteers on an ongoing basis.

1.5 Workforce development

Professional development opportunities

A range of professional development opportunities were accessed by staff involved in the project. Steering committee and working groups were advised of all opportunities via email. Information was shared with partners through the steering committee and working group meetings.

Opportunity	Details	Number attended
Deakin University Obesity Prevention – Five day course	4 – 8 June 2007 The project manager and a dietician from Community Health attended the five day Obesity Prevention short course at Deakin University	2
Growing the seeds – local government approaches to improving food access	July 2007	1
<i>Kids – ‘Go for your life’</i> Health Professionals’ Forum – <i>Kids – ‘Go for your life’</i> Award Program in your local community	19 September 2007	4
KBPCP Consumer Participation Training	November 2007	5
Acculturation and health outcomes among new emerging migrants in Australia: Concepts, emerging evidence and future direction	23 November 2007	2
<i>‘Kids – Go for Your Life’</i> Health Professionals Network Forum – Plant Fruit and Veg in your lunchbox	29 April 2008	3
Introduction to Health Promotion workshop	26 June 2008	1
<i>Kids – ‘Go for your life’</i> Health Professionals’ Forum – Move Play and Go	19 November 2008 Notes from forum sent to distribution list.	3

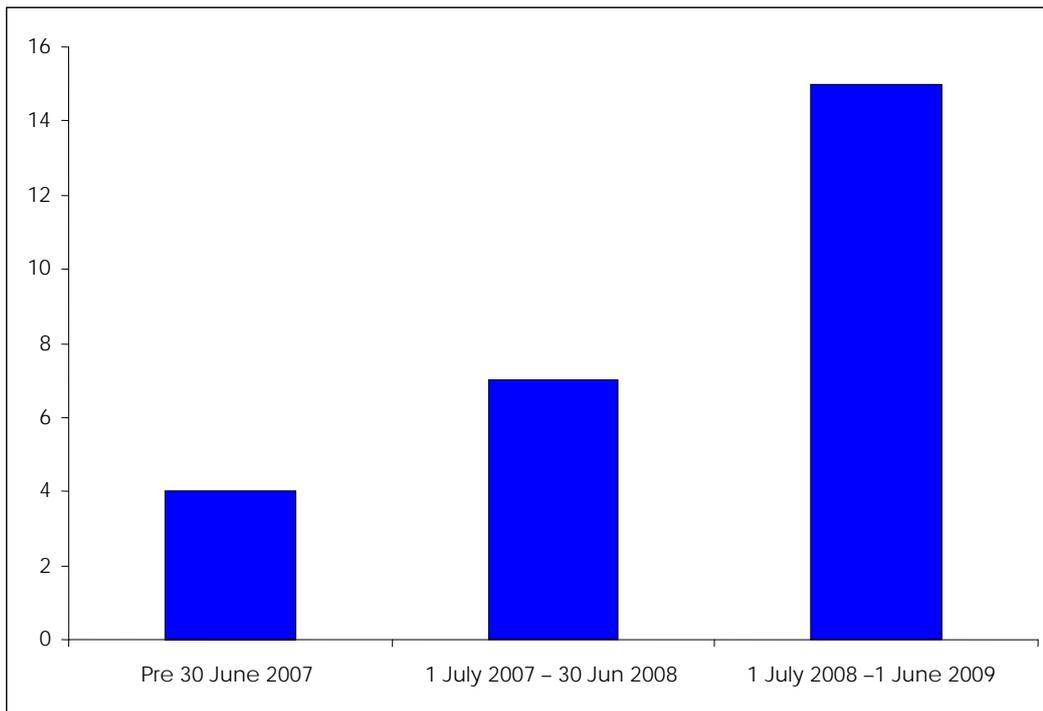
Opportunity	Details	Number attended
Deakin University Centre for Physical Activity and Nutrition Research Symposium	November 2008	4
Introduction to Health Promotion workshop	12 November 2008	0
Web based training for social marketing	November 2008 Social Marketing for Nutrition and Physical Activity web course providing training for public health professionals about how to use social marketing to plan nutrition, physical activity, and obesity prevention programs. http://www.cdc.gov/nccdphp/dnpa/socialmarketing/training	2
<i>Kids – 'Go for your life'</i> Health Professionals' Forum – Limit Sometimes Foods	22 April 2009 Notes from forum sent to distribution list.	2
<i>'Go for your life'</i> Healthy Families Forum	16 June 2009	2
Community-based Childhood Obesity Prevention Initiatives – Putting the lessons learned into practice.	23 July 2009. DHS forum to provide the opportunity to identify, apply, disseminate and discuss the lessons learned from DHS-funded, community-based childhood obesity prevention projects.	2
Five-Day Health Promotion Short Course	DHS Southern Region July – August 2009	0
<i>Kids – 'Go for your life'</i> /Kinect Forum – Children and Active Transport	6 October 2009	1
Collaboration of Community-based Obesity Prevention Sites (CO-OPS) National Workshop	26 – 27 November 2009	2
<i>Kids – 'Go for your life'</i> Regional Health Professionals' Forum	15 February 2010	0

Kids – 'Go for your life' Professional Network

80per cent of members of the Kids – 'Go for your life' professional network for the Kingston and Bayside area were from partner agencies involved in the project.

Figure 10 below shows the growth in membership since the start of the project in July 2007.

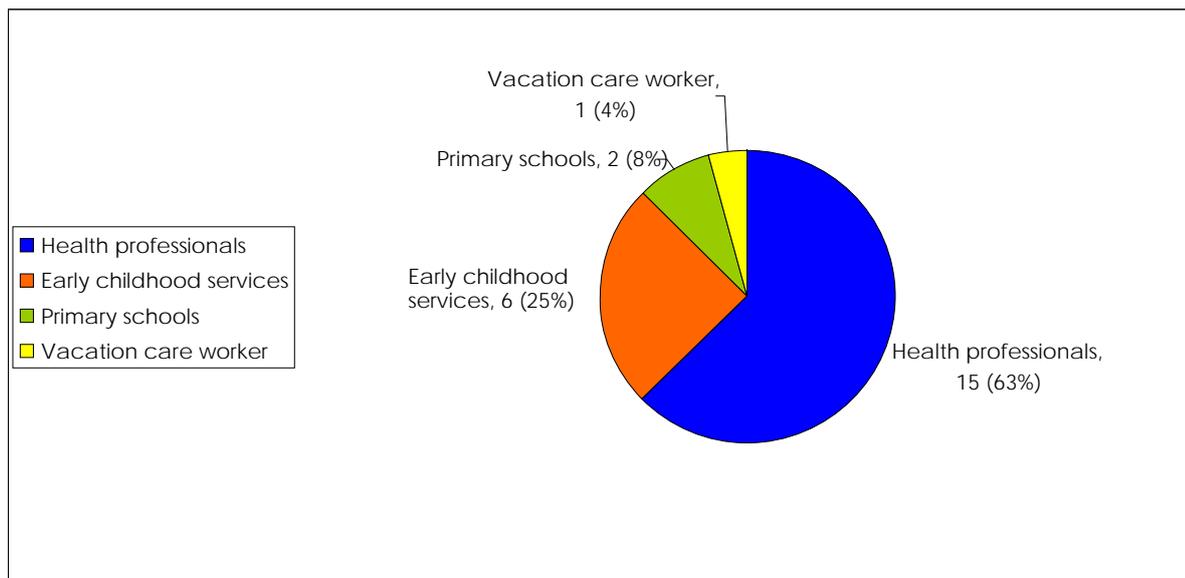
Figure 10 – Membership of 'Kids – Go for your Life' Professional Network



Kids – 'Go for your life' Awards Forum (Clarinda)

Figure 11 below, shows the breakdown of sectors represented by the 24 attendees of the forum. All attendees were from local agencies and services within the project catchment area with the exception of three attendees – one regional, two from neighbouring suburbs.

Figure 11 – Kids – 'Go for your life' forum attendance



All attendees were invited to complete a feedback form with a response rate of 71 per cent – 17 forms from 24 distributed.

Summary of results/finding from Kids – 'Go for your life' Awards Forum Report prepared by Kids – 'Go for your life' staff:

The feedback received was very positive. It included responses from one school, five early childhood services and 11 health professionals. The majority of respondents reported increased knowledge and understanding of the award program and indicated the session would have an impact on their work, however time was reported as a barrier.

Health professionals reported feeling confident in their ability to support schools and services to achieve the Award, positively coupled with confidence among all schools/services to work towards the Award internally. Some schools and services, however, indicated additional professional development may be required, including knowledge of statistics around physical activity and fruit and vegetable intake, and also more information about dental health.

Overall, all participants indicated they were 'likely' to 'highly likely' to join the Award program, or to encourage schools and services to join in their role as health professionals. Concluding comments were very positive and confirmed the Forum's success in delivery.⁶

Social Marketing Training

Refer to Social Marketing objective results. For further details, please refer to page 90.

Active Play training

For further details, please refer to page 141.

'Go for your life' fruit and vegetable retailer training

For further details, please refer to page 119.

1.6 Adapting Kids – 'Go for your life' Awards for playgroups

No findings.

1.7 Integrated planning

Healthy eating and physical activity were identified as ongoing priorities for the local government, community health and PCP health promotion work.

A joint planning process resulted in the Public Health and Wellbeing Plans of both councils, the two Community Health Plans and the Kingston Bayside Primary Care Partnership Community Health Plan, all incorporating healthy eating and physical activity as ongoing priorities for 2009-2013. These plans also identified the communities the project engaged with as ongoing priorities.

1.8 Sharing lessons learnt

Case studies

Eight case studies were developed, including:

- *Playtime Buddies* Case Study
- *Bizzy Bodies* Case Study
- *Community Kitchens* Participant Case Studies
- Embedding 'Kids – Go for your life' into projects and strategic plans (April 2009)
- '*Health Promoting Communities: Being Active Eating Well*' Project – Working with Culturally Diverse Communities – a poster presentation at the Collaboration of Community-based Obesity Prevention Sites (CO-OPS) workshop November 2009

- '*Health Promoting Communities: Being Active Eating Well*' Project – *Community Kitchens* – a poster presentation at the Collaboration of Community-based Obesity Prevention Sites (CO-OPS) workshop in November 2009
- '*Health Promoting Communities: Being Active Eating Well*' Project – Working with Culturally Diverse Communities published in The CO-OPS Collaboration of Community-based Obesity Prevention Sites – book of case studies for community-based obesity prevention⁷
- '*Health Promoting Communities: Being Active Eating Well*' Project – *Community Kitchens* – published in 'The CO-OPS Collaboration of Community-based Obesity Prevention Sites book of case studies for community-based obesity prevention⁸

Showcase event

Steering committee members nominated key senior managers within their agencies to be invited the *Being Active Eating Well* Showcase. Approximately 70 invitations were distributed via email. Approximately 60 people attended the showcase including four councillors and a strong representation of senior managers from partner agencies.

Seven presentations were given at the *Being Active Eating Well* Showcase from project partners including: *Playtime Buddies*, Ben and Molly Puppet Show, *Bizzy Bodies*, *Community Kitchens*, *Healthy Living in Australia*, Clarinda Primary School and *Tai Chi for Kidz*.

Notes from the steering committee indicated:

- That representatives felt the showcase was successful in attracting senior managers
- Councillor representation was appreciated by stakeholders
- The presentations were well pitched and well programmed. There were varying formats and these included professional and community participants.
- The showcase was good for the steering committee and partners involved in the program because it provided an opportunity to reflect on successes and celebrate achievements
- Representatives had received positive feedback from managers about the showcase.

Discussion and conclusions

1.1 Partnership, organisational capacity and governance

Partnership and leadership

Governance

The '*Health Promoting Communities: Being Active Eating Well*' project built on a strong partnership and used established governance structures through the Kingston Bayside Primary Care Partnership (KBPCP) to implement the project.

A target of two to three member agencies from the partnership's Food and Nutrition Working Group and/or Active for Life (Physical Activity) working groups was set for engagement in the interim steering group for '*Health Promoting Communities: Being Active Eating Well*' Project. Five agencies were represented on the interim steering committee. Attendance was good and maintained well through the process of establishing the project steering committee.

The expanded committee included representatives from seven core agencies with others co-opted as needed. There was also a good spectrum of agencies and skill sets represented among the members. Two community representatives were involved in the early stages of the project, however it was difficult to maintain community involvement, at the steering group level, over the life of the project.

A number of active working groups, made up of representatives from partner agencies and community groups worked collaboratively towards achieving the goals and objectives of the action plan. A target of three to five working groups was set, with at least five agencies represented on the working group from a range of sectors. The target was met with four working groups established and they included representatives from five to six agencies and a range of sectors and disciplines.

Having clear communication protocols and mechanisms was important. While communication pathways were well established in the context of PCP governance, the establishment of meeting regimes between lead agency and KBPCP improved information exchange. Arrangements were also made for the project manager to spend half to one day per week working from the KBPCP office. This arrangement created opportunities for a more informal transfer of information and has resulted in enhanced support being provided to the project manager.

The partnership governance structure has been a positive way to support the implementation of the '*Health Promoting Communities: Being Active Eating Well*' Project with steering group meetings well attended. Members also demonstrated a strong commitment to the project despite some of the challenges that arose as a result of delays experienced because of the delayed appointment of statewide evaluators. Partnership development was a key priority from the moment the funding was announced.

It was challenging to maintain the enthusiasm of the partners through the delays associated with baseline data collection and ethics requirements. The majority of partners engaged had a history of working together. This, along with the commitment to the project were factors in keeping key players engaged during this loss of momentum.

Engaging the right partners

The project achieved the desired impact of a collaborative partnership with a range of stakeholder representation. Although there were some gaps identified in the partnership, such as business and representation from school and early childhood settings in governance structures, overall there was engagement of a broad range of sectors and disciplines. This representation provided a diversity of views and links with a broad spectrum of the community, as well as increasing the capacity to influence the wider community.

Overall, there was a strong sense that considerable effort was made to gain buy-in from the right partners with a view to having a broader engagement than the existing PCP, despite some identified gaps.

There was some community representation on the steering committee initially but this waned in the later stages of the project and was less than optimal. Major initiatives such as *Healthy Living In Australia*, *Bizzy Bodies* and *Playtime Buddies* all incorporated community input at a program delivery level to address this gap and strengthen the project.

Representation from primary schools and early childhood settings in relation to the working groups was also a gap. Traditional ways of working in partnership within the KBPCP, such as through the steering committee and working groups, were barriers for these settings due to the limited capacity of school and early childhood services staff to attend. Networks and links built with schools overcame this issue to a degree in that input and consultation with schools and early childhood services occurred outside of traditional meetings with face-to-face meetings and telephone contact with representatives of the working groups.

Findings from the partnership analysis tool and key informant interviews indicate that a strong and collaborative partnership was established through the '*Health Promoting Communities: Being Active Eating Well*' Project. Solid results were recorded across the key partnership aspects explored, with very minimal disagreement levels. The total checklist score was 105 out of 140. According to the VicHealth Partnership Tool, this result suggests a partnership based on genuine collaboration has been established, with the challenge being to maintain its impetus and build on the current success⁹.

Scores indicating some scope for improvement were recorded around enhancing skills within the partnership; clarifying roles, responsibilities and expectations, and addressing differences in organisational priorities, goals and tasks.

Leadership

The success of initiatives depended to a significant extent on key stakeholders at various levels actively taking responsibility and leading programs, many beyond their existing commitments.

Champions

Champions were identified in the submission because this was emphasised in briefings by the funding body in reference to the success of this strategy in community-based obesity prevention projects in France.

The nominated champions became quickly out of date with staff changes and local elections. Attempts to recruit to replace these roles were not very successful in a formal capacity. A factor that may have impacted was that the role of champion was not clearly defined.

Through the life of the project more informal champions emerged. These included local councillors, workers involved in the project and primary school principals. Participants of programs also championed the project in their own communities, particularly the peer educators in the *Healthy Living in Australia* program.

Strengthening the partnership

A strong theme of the key informant interviews was the strengthening of the partnership both through enhancement of existing relationships but also the expansion of the partnership. New partners became involved and brought new skills and expertise. Also noted was the way that the partnership developed with the community, including settings such as schools, as well as links and networks established with the target communities. Where stronger relationships had been established with schools, members were very keen to sustain these given the significant access this provides to enable working with targeted groups.

The project was successful in bringing new partners to the KBPCP. Successful strategies included the promotion of the project in the local community and the investment of the project manager's time in the development of links with local service providers. A range of methods were used, including invitation letters, phone calls, face-to-face meetings, presentations to community groups, presentations to local service providers and project events. The launch and planning workshops were also instrumental in engaging new partners and encouraging participation in the project.

New Hope Foundation joined the KBPCP and became a critical partner in the work occurring in the Clayton South catchment. Although Family Life was a member of the KBPCP, it had not been actively engaged in the partnership's health promotion activities. Through the project this agency developed stronger links with other local service providers.

The links established with the *Kids – 'Go for your life' program*, a statewide initiative to promote healthy eating, physical activity and healthy weight in children, was a valuable partnership for the project. The *Kids – 'Go for your life' Awards program* was a key strategy for several objectives and provided the partnership with access to resources, professional development opportunities and advice to support the local implementation of the project.

A strong partnership was viewed as a key impact of the project and the key informant interviews demonstrated a strong expectation among members that partners would have some involvement with each other going forward. There was also recognition that the benefits of the partnership had already positively impacted on other work around other health priorities within the KBPCP catchment, with potential for this to be ongoing.

Recommendations

- A partnership with local agencies with shared values and goals, a good mix of skills and experience, and the capacity to work collaboratively supported by good governance structures is critical to the success of complex projects such as community-based obesity prevention projects.
- Funding partnerships with demonstrated capacity and history of working collaboratively provides a good starting point for community obesity prevention projects. Additional time and resources are required for communities that are building readiness.

1.2 Project action planning

Project planning

Pre-publicity for the project, the launch event and stakeholder meetings leading up to the planning workshops were successful strategies for engaging a number of stakeholders to participate in the planning. A broad spectrum of the community was invited to attend and this was important for raising the profile of the project, engaging with potential partners and carrying out the subsequent consultation.

The two day planning workshop using the ANGELO (Analysis Grid for Elements Linked to Obesity) process engaged a broad spectrum of agencies and groups from a variety of sectors. Fifty-six individuals representing 17 local agencies/groups and individual community members participated in the planning workshops.

Feedback from attendees indicated that that the workshops were quite satisfactory in relation to the information presented, the action plan development process and usefulness to current and future work.

These findings were further supported by key informant interview findings. In addition, feedback highlighted that the process was viewed as complex and professionally orientated which excluded some participants.

A range of disciplines were also represented with people from roles such as family and children's services, health promotion, community development, teachers, community centre coordinators, policy development, multicultural service providers, family support, maternal and child health, mental health services, dieticians, community information and support service coordinators, recreation providers, service club members, Office of Senior Victorians, as well as community members including representatives of community groups participated in the planning workshops.

Despite a good cross-section of sectors, agencies and disciplines participating in the process of setting priorities there were some gaps identified, including a need for further consultation to engage more men, kindergartens and schools, and different cultural groups. Stakeholders with an influence over the built environment or economic environment were also a gap.

There was strong engagement from the partner agencies involved in the interim steering committee as evidenced by the number of staff released to participate in the process and high levels of meeting attendance.

There was also a high satisfaction with the resulting action plan, driven by the belief that the plan ultimately reflected community needs and targeted what was important but also had the flexibility to evolve.

Draft plans were submitted in a timely manner and considering the timeframes for these milestones, the planning process was a fairly rigorous and inclusive one. More time for this process may have addressed some of the gaps identified in the engagement of stakeholders.

The seven objectives identified through the ANGELO process formed the basis of the first draft of the action plan. However, evaluation was not included as a specific objective as it was embedded across all objectives. The process for expanding these broad objectives and strategies to include specific interventions was then undertaken. The knowledge and skills gained by staff attending the Deakin University Obesity Prevention short course was useful in this process.

A draft evaluation plan was submitted in January 2008, the due date having been extended due to delays in the appointment of the statewide evaluators. While the Department of Health provided some support and resources to assist in the process, the lack of access to support from the statewide evaluation team and uncertainty about the responsibilities and boundaries of statewide and local evaluations in the drafting phase were detrimental to the quality of the plans produced. With the submission of the plan prior to the appointment of the statewide evaluator in April 2008 and the availability of the draft Statewide Evaluation Plan, an opportunity was lost for better coordination and integration between statewide and local evaluations.

The ethics approval process was an unexpected process for the project with advice provided in April 2008 – several months into the project – that ethics committee approval for local evaluations were required. As the lead agency did not have an ethics committee, the Department of Health Human Research and Ethics Committee considered the submission. This process was very challenging for the project due to the limited experience of ethics approval processes within the partnership and the multi-strategy and multi-intervention nature of the project, with a split evaluation process at statewide and local levels.

With the implementation of the project being deemed research, this also had implications for approvals from the Department of Education and Early Childhood Development, and the Catholic Education Office to conduct research in schools and preschools.

While these processes added to the workload and delayed implementation further, the result has been increased capacity for the partnership to undertake research projects in the future. The rigorous approval process also improved the quality of the local evaluation.

Recommendations

- Allow sufficient time for engagement of stakeholders prior to planning processes to ensure maximum participation
- Thought needs to be given to how research is conducted with community-based health promotion initiatives to ensure that health promotion initiatives are evaluated appropriately and ethically without burdening projects and participants.

1.3 Resource allocation

An estimated impact of this objective was that 90 per cent of participating agencies would contribute resources (human, financial, physical) to support the implementation of the *'Health Promoting Communities: Being Active Eating Well'* project. All participating agencies contributed resources. The major contribution was in terms of staff resources to support the planning, implementation and evaluation of the project.

Allocating brokerage funds to partner agencies to implement initiatives worked well, with proposals and funding allocations considered and negotiated through the planning phase of the project. Although individual agencies were funded to implement parts of the project plan, the delivery of the initiative was done in a collaborative way with partner agencies.

Funding partner agencies and allocating responsibility within the action plan also engendered a sense of ownership and developed skills within the partner agencies. Capacity, such as community links and partnerships, was also enhanced and sustained because the partners have an ongoing relationship with the community.

The project was not successful in meeting the target number of applications for additional funds outside of the state government funding (only two submissions and one successful application) however this did not have a significant impact. The project was very successful in accessing a significant amount of in-kind support from partner agencies.

Recommendations

- Allocating brokerage funds and responsibility for delivery of parts of the project plans was an effective way of building capacity within the partnership to promote healthy eating and physical activity.

1.4 Developing skills and knowledge

The major initiatives aimed at increasing community capacity (Healthy Living in Australia, *Playtime Buddies* and *Bizzy Bodies*) were successful in providing leadership increasing partnership, developing skills and increasing knowledge, as well as linking the community with local services. Participants also expressed high satisfaction with the programs.

Participation

Good participation in all three programs was achieved and all initiatives met the target participation rates. Some initiatives were limited in the number of places offered as relatively small group sizes were needed to ensure that participants felt comfortable and were able to participate fully in activities. Staff successfully nurtured participants, gaining their trust, which resulted in high participation levels across all three programs. Strong participation figures imply high satisfaction and strong engagement with the target communities.

Both *Playtime Buddies* and *Bizzy Bodies* used existing programs as a platform to deliver 'Health Promoting Communities: Being Active Eating Well' initiatives. Both programs benefited from the established trust and rapport with hard-to-engage communities.

Healthy Living in Australia exceeded all participation targets except for peer educator presentations to community members (30 compared with a target of 40). This can be explained by the fact that the peer education component relied on earlier components which were delayed as a result of baseline data collection and the ethics approval processes. Three times the number of community members were engaged in the program than proposed (600 compared to target of 200). Target participation rates were met in two workshops allowing redirection of efforts to respond to emerging issues. This resulted in the engagement of 120 more people than originally anticipated.

Playtime Buddies also exceeded target participation rates (approximately five to six participants per session) with an average of 15 participants per session. At the conclusion of the funding period a waiting list had been established.

Social dynamics of the housing estate influenced the number of children attending the *Bizzy Bodies* program. Conflict between families or groups on the estate meant that attendance fluctuated from week to week. However participation grew over the life of the program and regular, good participation rates were established.

The results also confirm that the programs were successful in engaging the target communities. Events and programs through the *Healthy Living in Australia* program consistently indicated participants were in the most part from Clayton South and Clarinda (postcode 3169) or neighbouring suburbs. *Playtime Buddies* and *Bizzy Bodies* were also successful in engaging participants from public housing estates.

Successful recruitment strategies included using project workers and/or agencies with established links in the community. These existing links and networks resulted in high participation rates across all programs from the early stages of the project. In *Healthy Living in Australia*, the employment of local people as project workers was viewed as a critical success factor by partners and key stakeholders.

Community events, particularly through the *Healthy Living in Australia* initiative, were also a very successful community engagement strategy. The engagement of local community groups, especially from different cultural groups as volunteers and as performers, sharing cultural experiences, was particularly successful.

Health consequences of poor nutrition and inactivity were motivators for some participants of the *Healthy Living in Australia* workshops.

"In our community there are lot of blood pressure, heart and diabetes problems. It is important to tell parents so that we can stop these problems for our children."

Program participant

The launch of the *Healthy Living in Australia* program and other community events were also successful recruitment strategies for the workshop series. A relatively high number of people who expressed an interest in taking part in the workshops series went to attend one of the workshop series.

The age range of participants was collected for some activities. The *Healthy Living in Australia* forums engaged a broad range of age groups. The first forum held during the week and during the day attracted adult participants with the majority over 45 years. Staff observations also confirmed that preschool aged children also attended, including a local grandparents' playgroup. The second forum held in the evening attracted mainly younger adults with children of preschool and primary school age. Holding the second forum on a weekday evening appears to have allowed younger parents and their children to attend. No participant data was collected for the last forum, however staff observations indicated that it attracted mainly families with primary school aged children and younger. This could possibly be explained by one of the recruitment strategies targeting schools and the Saturday forum being held at a primary school.

Poor attendance at the final *Healthy Living in Australia* forum may be explained by high engagement rates in the community with other forums and activities, the weather (which was very hot and the venue was not air-conditioned) and a private event that drew away members from one particular community group.

Successfully engaging parents, carers and grandparents was a critical strategy in encouraging children to eat well and be active. Culturally diverse communities receive little validation of the worth of their traditional foods and find the children often reject these foods.

The combination of multiple strategies, plus the benefit of multiple activities and initiatives, contributed to the high levels of community engagement.

Program satisfaction

There was high satisfaction among participants of *Playtime Buddies*, *Bizzy Bodies* and *Healthy Living in Australia*.

Program delivery

Overall participants were highly satisfied with the way programs were delivered, including the venue, catering, presenters, content and resources provided.

Community events were seen as a fun way to learn about healthy eating and being active. The opportunity to socialise with people of differing nationalities was also appreciated. Once again, care should be taken with interpreting the results due to low response rates.

Access to resources in community languages was a problem for programs delivered in Clayton South and Clarinda areas. The handouts provided as part of the *Healthy Living in Australia* workshop series were only in English. Simple English and practical demonstrations were strategies used to help convey messages and build skills.

Finding ways of presenting the messages in an acceptable way to the communities was critical. Experiential learning in a social and fun environment was highly valued by participants across all the programs (*Healthy Living in Australia* and *Playtime Buddies*). Providing practical demonstrations and opportunities for hands-on learning provided an supportive environment that fostered skill development. Excursions were used to expose participants to experiences that they might otherwise not have had. Excursions included learning about home gardening by visiting a small scale farm or visiting the swimming centre through the *Playtime Buddies* initiative.

"It is really important to make the sessions fun and enjoyable or people won't want to come."

Program participant

Conflicting feedback from various focus groups about the delivery of the workshops emphasises the importance of consulting with the community, being flexible concerning the delivery of the program and being responsive to emerging needs. For example one group liked the multicultural group while another group identified providing a program specifically for that cultural group as the critical factor.

The weekend event presented a difficulty to some partner agencies in that it was more costly to provide in-kind staff resources with time in lieu increasing on weekends. With participation being voluntary, it required greater commitment from workers. Strong commitment to the project and recognition of the importance of providing activities that all families could attend helped to overcome this barrier.

External physical activity facilitators for the *Bizzy Bodies* program provided the children with the opportunity to experience activities that would not normally be accessible to them.

"It's healthy to play sport."

"Come to the Bizzy Bodies! You learn lots of stuff like what is good to eat (you get yummy food)"

"Bizzy Bodies is lots of fun – Free, Healthy, Try it!"

Program participant

The lessons from *Playtime Buddies* demonstrate the importance of combining community development skills with health content expertise to ensure the development of positive group dynamics. A number of women said how important the relationships in the group were to their experience and that this differed from some other groups they had been involved in, where the group dynamics had a negative impact on their experience.

Staff experience and skills

The importance of the professional skills, experience and interpersonal skills of staff cannot be underestimated in the success of programs that involve direct engagement of community members. The programs provided a welcoming environment and non-threatening atmosphere, as well as the opportunity to develop trust and relationships with program facilitators. While the program content and format are important, staff played a critical role in satisfying the expectations participants had.

"Being able to provide a qualified childcare worker to facilitate play is extremely beneficial and equally as important is the expertise of our Youth Services Worker's skills in engaging young mums."

Playtime Buddies program report

The success of the *Playtime Buddies* program, as measured by the increase in attendance numbers and a waiting list, suggests an initially well-resourced program with staff committed to working with difficult to engage families over time. It was evident that a considerable amount of trust had been built up.

The importance of staff interpersonal skills and expertise was particularly important when the programs were being delivered in communities where challenging group dynamics or behaviours were evident. A number of incidents occurred over the life of programs which required staff to deal with group dynamics, and program expectations and rules.

Recommendations

- Practical sessions to develop new skills were highly valued by program participants.
- Social interaction and friendship opportunities were important motivators for program participants.
- Professional skills, especially interpersonal skills, and experience of workers engaging directly with the community were critical factors for the success of programs.
- Some communities require a higher investment of resources, especially staff time, to develop trust and effectively manage group dynamics in order to be able to address issues around physical activity and healthy eating.
- It is important to build on the assets of a community and allow opportunities for people to learn from each other.
- It is critical to engage the community in planning and to provide regular opportunities for feedback to ensure that programs are appropriate and meeting the needs of the participants.
- Culturally and linguistically diverse communities cannot be treated the same as each other – each community must be involved in the development of project activities to ensure their particular learning needs are identified and their cultural preferences are understood.

Meeting objectives

Analysis of the *Playtime Buddies* program records demonstrate that a variety of activities provided information, skills and role modelling opportunities around promotion of water over sweet drinks, healthy eating and active play. All regular sessions included either indoor or outdoor active play. 93 per cent of the sessions were typical playgroup format with other sessions being excursions to other services. Over a third of the sessions included activities that promoted skill development around healthy eating (including healthy drinks) with all sessions including a healthy snack time. Role modelling was encouraged at all sessions with parents joining children in active play and sharing healthy snacks. Please refer to Table 13 for details.

The Family Health Day, two *Healthy Living in Australia* Workshops series, the Community Health and Harmony Day, and the Peer Educator Workshops series were fully implemented. The third *Healthy Living in Australia* workshops series was replaced by the three *Healthy Living in Australia* forums as per the amended project plan.

Some elements of the programs detailed in original proposals were not implemented. For example, the gymnastics and basketball activities through *Bizzy Bodies* were not conducted, the third workshop series for *Healthy Living in Australia* was replaced with forums. However, overall the community-based programs were fully implemented and often there were good reasons for reviewing the detail of plans. For example, there was vandalism of the basketball rings at one program. In other programs, targets were met in alternative ways. For example, the third *Healthy Living in Australia* workshop series was replaced with three forums. This flexibility also allowed the programs to be responsive to feedback from participants and the context for the programs.

Delays associated with the statewide evaluation meant that some elements were implemented but did not have sufficient time to reach their potential. An example of this was the peer education program through the *Healthy Living in Australia* initiative. By the conclusion of the funding period, peer educators were trained but had little time to meet the proposed level of community presentations. One peer education team successfully completed their training and delivered a number of presentations. The second team undertook most of the training but ill health and changing work commitments prevented them from completing it.

The trained peer educators expressed a lack of confidence in moving from training to community presentations. They felt they could have built their experience faster if project workers had initially helped with organising and promoting community education sessions.

The reduced implementation time worked against the successful establishment of the peer education model. This has been addressed to some extent by unexpended funds being allocated to the lead agency to continue to support the peer educators for a further 12 months after the conclusion of the funding period.

Impacts on participants

Participants consistently reported gains in knowledge and skills in healthy eating and healthy lifestyles across all three programs. Unfortunately, these gains seemed to be limited to healthy eating however being active was mentioned by some participants.

In the *Healthy Living in Australia* programs, participants reported improved knowledge and skills and health literacy such as better understanding of nutritional labels, food choice and the food pyramid.

The low return rate of feedback forms from community events makes it difficult to draw reliable conclusions. However, most respondents indicated the skills and knowledge gained would be used at home. The low response rate may in part be attributed to the relative complexity of the form, particularly for participants from culturally and linguistically diverse backgrounds. A more successful approach may be for workers to briefly interview participants using a simplified set of questions.

Participants across all programs indicated that the knowledge and skills gained were being transferred to the home environment.

"It (the workshop) made me reassess my cooking at home and include healthier options."

Program participant

The *Healthy Living in Australia* workshop participants reported sharing what they had learnt in the sessions with their families and community.

At the end of the first workshop series, participants cooked a traditional meal to share with the group. Their short presentations to the group about their meal demonstrated an increase in the knowledge and skills used to modify a traditional meal to make it healthier. Although successful in developing skills, transferring these to the home environment was difficult as some women reported resistance to change from husbands and older sons.

This indicated that women were a good target audience when they are the person responsible for shopping and preparing meals. However it was also important to engage men in the program or to provide participants with some practical ideas to support change at home. In the second workshop series some men participated in the program and these barriers were not identified. Although it is difficult to make connections due to the small numbers involved, better engagement of men in the program may assist in reducing barriers at home.

Participants also expressed an interest in sharing what they had learnt in the wider community. Schools, early childhood services and community groups were all identified as ways the group could pass on information.

"I run a playgroup, I can now pass on healthy information to the parents and help them with their kids."

Healthy Living in Australia workshop participant

Consistently positive changes for participants were observed by staff through all of the community-based initiatives. For example, workers observed an improvement in social interaction, children's motor skills, parenting skills, improved understanding and development of new skills, development of friendship groups, and improved self esteem and confidence.

While the primary objective was to improve knowledge and skills associated with healthy eating and physical activity, the delivery of the programs supported social inclusion, a key determinant of mental health and wellbeing¹⁰. Many participants made new friends and strengthened social networks through their participation in the program. The social aspect of the programs was consistently cited as an important factor by participants and could possibly explain motivation for ongoing engagement in the program. In the Clayton South and Clarinda programs, promoting cultural understanding was also reported by many participants.

For *Playtime Buddies* the focus on parenting skills and supporting women around all aspects of their lives provided participants with the support, confidence and motivation to make positive changes in their lives. Facilitators took a holistic approach and designed the program around the needs of the group, the aim being to assist in achieving better health and wellbeing outcomes for the families accessing the program. While focussing on healthy eating and being active, the group was also able to identify particular needs and address these through various education activities and guest speakers.

Staff also observed that play was a significant factor in improving the attachment of mother and child.

"The mothers are parenting with more confidence and developing skills to enable active play with their children. It has been encouraging to hear their success stories and many of the mothers now display a positive outlook when discussing their future."

Playtime Buddies program report

Recommendations

- Address health holistically. Participants expressed the importance of addressing health issues and determinants wider than just healthy eating and physical activity.
- Addressing social connection, self esteem and confidence provided a supportive environment for participants to explore making changes that directly influence healthy eating and physical activity.
- Active play and physical activity programs are successful strategies for engaging with the community.

Creating a supportive environment

The *Bizzy Bodies* program not only addressed knowledge and skill development but also introduced a number of opportunities to create a supportive environment for healthy choices. Sporting and games equipment were purchased to promote increased physical activity. It was felt that equipment would provide ongoing benefits for local residents after the funding ceased.

The installation of a water cooler in the community facility, together with the change of policy around provision of sweet drinks through the program, supported changes in drinking habits during the program. Likewise the purchase of the toaster grill and the fridge enabled the program to sustainably change food provision in favour of healthier options.

Partnerships between agencies

The partnership responsible for delivering the *Playtime Buddies* program included maternal and child health, youth services and children's services (all services provided by Bayside City Council) with each of the services providing a staff member to work with the families. Partnerships with external agencies were also developed including a local community centre (Sandybeach Centre) and a dietician at Bentleigh Bayside Community Health.

The partnership was recognised as a strength of the program by *Playtime Buddies* staff as it provided the families with a wide range of support, positive role modelling and advice. Families were also able to draw on a diverse range of skills and knowledge to better meet their needs. The partnerships with Bentleigh Bayside Community Health and the Sandybeach Centre were also recognised as beneficial to the program, providing links with other services and programs in the local community. The involvement of the local community dietician enabled access to expert advice and practical skill development sessions around healthy cooking.

New Hope Foundation brought experience in engaging and working with culturally diverse communities to the partnership. This also had a flow-on effect for the partners involved in the delivery of the *Healthy Living in Australia* program and other programs delivered in the Clayton South area. Other services also benefited from the engagement of the Cook Islander community, a group that previously had little engagement with local services.

Partnering with the community

The participatory approach to leadership across all the programs allowed the community to be partners in decision making and therefore assist with maintaining good participation rates and program satisfaction.

In the *Playtime Buddies* program this approach made a significant contribution to how the women felt about their participation. The women particularly enjoyed the opportunity to shape the content of the program and the activities they participated in. This approach enabled the women to select activities that were relevant and meaningful to them and to build rapport with each other.

Similarly with *Bizzy Bodies*, workers regularly provided opportunities for feedback about the program to ensure that it was relevant and suitable for the participants. The *Bizzy Bodies* program combined the leadership of professional staff with community leadership to design and implement the program.

In *Healthy Living in Australia* there was a strong commitment to community participation with community members engaged in the project sub-committee. Project staff directly consulted with community leaders around program planning and were able to gain support from these community leaders who advocated community involvement. Program participants were also involved in decision making around program content. Regular opportunities were provided for participants to provide feedback. In workshops and forums, there was a concerted effort to avoid "expert" provided information to a "student". Instead, a scenario where a more democratic approach was used, acknowledging that everyone has knowledge and skills to share. Feedback from participants supported this approach as a successful strategy.

"It's good because we all come from different cultures and we learnt from everyone in the group."

Program participant

Strengthening health promotion capacity in agencies

There were mutual benefits for partner agencies in the transfer of knowledge and skills. This allowed agencies not traditionally involved in health promotion to develop skills. In turn, the health promotion and health professionals developed a deeper understanding of working with communities with specific needs.

An example of this was the *Healthy Living in Australia* program. In particular, the skills and expertise within the lead agency, in engaging and responding to the needs of culturally and linguistically diverse communities was important to the partnership. Other workers from partner agencies involved in the program delivery developed skills in this area.

Many of the programs demonstrated the importance of combining community development skills with health promotion expertise to meet the needs of the community. This was particularly true for the *Bizzy Bodies* program where neither of these skills sets would have been sufficient for this program in their own right. Although challenging at times for staff, particularly in relation to the time input and project management, there was an ultimate recognition that the benefits (for the community as well as for the agency's broader role) were worth the effort.

The models developed through the *Healthy Living in Australia* program were also transferred to other work within the partnership. The Department of Justice made funding available for a Gambling Prevention project within the community that the project had been working with. The workshop model was seen as transferable to other priority issues and the program was implemented through the same partnership.

Smaller agencies without dedicated health promotion staff can make a significant contribution to the health of the communities they work within. By working in partnership these agencies were able to embed health promotion into their everyday work.

Another outcome was that partners began to share resources. Central Bayside Community Health Service developed a puppet show to promote healthy eating in preschools and prep grades in primary schools within City of Kingston. Through the *Being Active Eating Well* project, this agency proposed to duplicate the puppet show resource kit and develop training resources to expand the initiative across the catchment. For further details, please refer to page 110. The success of the loan model used in the Bentleigh Bayside Community Health catchment demonstrated to Central Bayside Community Health Service the potential for reducing the workload of staff by providing a resource and training to staff within the settings, freeing staff to invest limited health promotion time allocations in other areas. For further details, please refer to page 120.

Limitations imposed by budget constraints were consistently documented in project reports from funded projects and were a barrier to increasing health promotion capacity. For example, the scope of the *Bizzy Bodies* program was limited to working at one housing estate. For *Healthy Living in Australia* the budgets for individual activities were continually stretched and the lead agency relied on financial contributions and in-kind support from partners and also applied for additional funds to deliver a high quality program.

Strengthening community links and networks

Results indicate that all three programs were successful in raising awareness of services within the local community, as well as connecting participants with activities and programs within the community.

The Playtime Buddies program was successful in linking participants to other local service providers, as evidenced by the number and breadth of referrals. In the *Healthy Living in Australia* program the Cook Islander community developed links with other service providers through the workshops. Partner agencies shared responsibility for the delivery of the workshop sessions. Through exposure to a number of different agencies the group increased their knowledge of local services available in the community. Feedback from the participants demonstrated that many were unaware of the services available at the local community health service. Staff also reported difficulties engaging with this community in the past.

"We learnt more about other services and how to use them. We didn't know about some of these services."

Program participant

The programs also fostered links with other service providers and opportunities within the local community. The *Playtime Buddies* program took advantage of a range of other community resources provided through existing facilities such as the library and recreation centres, along with visiting experts. *Playtime Buddies* successfully introduced participants to other programs such as the *Community Kitchens* program, local community centres and a swimming program with staff and participant feedback reporting increased use of these services and programs. This approach exposed participants to community-based opportunities that they could continue to access outside of the parameters of the program.

In the *Bizzy Bodies* program activities with that were highly visible to residents such as the 'Life - Be In It' games encouraged more children and families to join in the activities. This subsequently encouraged a number of children to become connected to the After School Club on a regular basis and was viewed by workers as strengthening their agency's work in this community by connecting with more families. *Bizzy Bodies* links with local sporting clubs also provided a chance for children to try an activity and for local sporting clubs to raise their profile in the community. Although children participating in the program reported joining local sporting clubs it was not clear that this was linked to the project.

By partnering with a range of service providers, participants were exposed to different activities, local opportunities and services in their community.

1.5 Workforce development

Key informant interviews indicated that a significant outcome of the project has been the impact on staff and agencies' capacity to undertake health promotion work. A number of respondents reported considerable personal development gains from their involvement in the project, which had changed the way they worked.

"I've learnt so much working with this partnership. There's been a huge amount learnt about ways of working with partners and with the community through being exposed to others experience. Partnership has become the way I work."

Some agencies experienced a growth in capacity.

"As a manager overseeing others in the organisation directly involved with program delivery, I've developed closer connections with one in particular and they've really developed their health promotion skills."

"We feel this project has helped us build the health promotion capacity of organisations that don't have a dedicated health promotions officer – and this is the case in a number of the agencies. I think we helped build awareness of its importance."

Informal learning opportunities through working together in multi-disciplinary teams and with different agencies exposed workers to a range of skill sets and expertise in different areas.

The *Kids – 'Go for your life'* Awards forum was well attended overall however attendance by primary schools was significantly low, with only two primary schools being represented.

Poor uptake of the online social marketing training indicates that this was not a successful format in which to provide training to staff. Limited capacity of workers represented on the working group may explain why this was not a successful strategy. Refer to the social marketing objective on page 98 for further details.

Connection to the statewide *Kids – 'Go for your life'* professional network increased significantly over the life of the project. By joining the network health professionals were granted access to a range of resources and professional development opportunities.

Insufficient quantitative data was collected to determine if the estimated impact of '80 per cent of participants in training programs report improved skills and knowledge' was met. Qualitative evidence strongly demonstrated increased knowledge and skills of staff from partner agencies involved in the project.

1.6 Adapting *Kids – 'Go for your life'* Awards for playgroups

The Early Years Working Group scoped existing models for an awards program to encourage supportive environments for services not eligible for the *Kids – 'Go for your life'* Awards program. It was established that Playgroups Victoria and *Kids – 'Go for your life'* were planning a pilot and a partnership was initiated with Playgroups Victoria and *Kids – 'Go for your life'*. The project did not progress as anticipated and as a result an awards program was not developed.

1.7 Integrated planning

The opportunity for joint planning in the catchment during the life of the project identified healthy eating and physical activity as ongoing priorities for the two local governments, two community health services and KBPCP health promotion work. The KBPCP Community Health Plan has provided a framework for ongoing collaborative efforts to promote being active and eating well and provides direction for 2009-2013. The communities the project engaged with were also identified as ongoing priorities.

The estimated impact was to incorporate *Being Active Eating Well* into strategic plans of 50 per cent of participating agencies. Through this project, five agencies have incorporated *Being Active Eating Well* into strategic plans for the subsequent three years, exceeding the estimated impact. Furthermore the inclusion of *Being Active Eating Well* into the KBPCP plan means that all agencies participating in efforts to promote healthy eating and physical activity priorities will be informed by the lessons of the project.

Detailed action planning considered the initiatives implemented through the project and identified actions to sustain the work of the project until 2013.

1.8 Sharing lessons learnt

Case studies

Multiple case studies were developed from various initiatives and vary from providing insight into the personal impacts of the project to sharing lessons from the implementation.

The Being Active Eating Well Showcase

The *Being Active Eating Well* showcase was a huge success. It was conceived as a strategy to share the achievements of the project with management of partner agencies and to support future planning. It provided an opportunity for partners at all levels to celebrate their achievements and share their stories with each other.

The showcase was timed to feed into catchment planning processes and budget considerations at an agency level. Enthusiasm lifted after the showcase as committee and working group members reflected on the work over the life of the project. Celebration and acknowledgement of the work was incredibly important to all partners.

"The Showcase blew us away with unintended consequences. The workers also talked about what they got out of it."

"Seeing the connections people have made has been a positive experience. The Showcase was full of examples of the impact of projects on communities as well as the workers."

Recommendations for future practice

Recommendations

- Participation in relevant strategic planning processes is a good investment of time as it enhances the sustainability of efforts
- Provide opportunities to reflect on, acknowledge and celebrate achievements.

Objective 2: Increasing awareness of key messages

Introduction

Social marketing is a strategy to influence behaviour or bring about social change. Social marketing has been defined as "the application of commercial marketing technologies to the analysis, planning, execution and evaluation of programs designed to influence voluntary behaviour of target audiences in order to improve their personal welfare and that of society."¹¹

Key behaviours that the project aimed to influence were identified through the project planning phase. Social marketing was then identified as key strategy to increase awareness of the key messages relating to these behaviours. Social marketing also complemented the other strategies and activities of the project.

Objective two of the project was to achieve a high awareness of the *Being Active Eating Well* messages among parents and children. The main strategy identified was:

2.1 Develop and implement a social marketing plan.

This section outlines the process by which this strategy was implemented.



Achieving high awareness of Being Active Eating Well messages – an overview of activities

Background

The steering committee identified the need to establish a working group to focus on social marketing for the project. This group was responsible for supporting the development of the social marketing plan and supporting the implementation of the adopted plan.

2.1 Develop and implement a social marketing plan

The actions identified for this strategy objective were:

- 2.1.1 Develop a plan that is appropriate for different cultural groups and/or low literacy.
- 2.1.2 Align *Being Active Eating Well* social marketing with 'Go for your life' and Kids – 'Go for your life' marketing.
- 2.1.3 Implement the plan.

A draft social marketing plan was developed by the social marketing working group and was adopted by the steering committee in early 2008. The plan was underpinned by behaviour change models including: the Health Belief Model, Theory of Reasoned Action and Theory of Planned Behaviour and the Social Cognitive (Learning) Theory. The plan also adopted key healthy messages from the Kids – 'Go for your life' program. People working on the Kids – 'Go for your life' program were consulted about their healthy message campaign and the *Being Active Eating Well* social marketing plan was aligned where possible.

Major initiatives included:

- **Raising the awareness** of the project including pre-publicity, project launch and program identity
- **Social marketing training**
- Developing or sourcing appropriate **resources** to deliver key messages
- Producing a ***Being Active Eating Well* Newsletter**
- Implementing a **Healthy Messages Campaign** including promoting media coverage, incorporating healthy messages into funded initiatives and a Library story time project
- Providing **social marketing support for *Being Active Eating Well* initiatives.**

Raising the awareness of the project

For further information on raising awareness, please refer to the Capacity building objective, strategy 1.1 Partnership, organisational capacity and governance under 'launch of project' heading on page 28. The project did not develop any new logos, graphics or slogans. *Being Active Eating Well* was retained as the project identity.

Social marketing training

During the project planning workshops, social marketing was identified as an objective. The group identified a gap in local skills and expertise concerning social marketing. After the establishment of the working group research was undertaken concerning social marketing training. A web-based training program for social marketing was sourced from Centers for Disease Control and Prevention; Division of Nutrition, Physical Activity, and Obesity website (<http://www.cdc.gov/nccdphp/dnpa/socialmarketing/training>). The course is specific to social marketing for nutrition and physical activity, and is available free of charge. The course provides training for public health professionals about how to use social marketing to plan nutrition, physical activity and obesity prevention programs.

Develop or source appropriate resources to deliver key messages

An inventory of promotional resources (with embedded links to resources available electronically) was developed by the program manager to raise awareness of the many resources available and improve the consistency of information provided across all programs. Resources included tip sheets, booklets, posters, newsletter inserts, images, classroom activities, web resources, details of the *'Go for your life'* Mobile Education Centre and professional development resources. Resources available in other languages, simple English or image based were highlighted as suitable for use in diverse communities.

The inventory listed the resources available and provided electronic links under key headings, including:

- *Kids – 'Go for your life'* resources
- Water versus sweet drinks
- Healthy eating
- Being active
- Active transport
- Screen time
- Breastfeeding
- Role modelling
- Healthy living
- Oral health (complementary message)
- Activity ideas for events
- Links to other translated materials

Static displays of key messages were developed and a loan scheme established to provide access to promotional resources.

'Go for your life' merchandise was purchased for give-aways at events and program activities.

Recognising children's eating cues and appropriate serving size

Throughout the initial phases of the project, it was noted that healthy eating messages provided by health professionals and carers, parents and grandparents was either not easily accessed in a useful and informative form, or the information was not consistent. The production of a resource that included evidence-based, best practice messages that could be used by care givers for children aged between one and four years was deemed a useful initiative of the project.

Current feeding practices and information were sourced and research undertaken to develop a hand reference feeding/serving size guide. A draft resource was developed and consultations undertaken with local health professionals. The resource was printed and distributed to relevant health professionals.

Being Active Eating Well Newsletter

Newsletters were themed to link with the statewide *Kids – 'Go for your life'* healthy messages campaign. The social marketing working group acted as the editorial committee. Newsletters were distributed through key settings.

In the later stages of the project an additional newsletter *'Being Active Eating Well – hints and tips for healthy primary schools'* was developed and distributed to primary school staff.

Healthy messages campaign

A media kit and branding guidelines were distributed to all funded projects. A number of media releases were developed. Other opportunities such as the *Being Active Eating Well* newsletter and the in-house community communication channels of partner agencies were also utilised.

All partner agencies were provided with details of the key messages to be incorporated into funded initiatives through the planning process.

The Library story time project involved the engagement of library services in the development of story time kits with *Being Active Eating Well* themes and associated activities.

Social marketing support for Being Active Eating Well initiatives

Resources and advice was made available to all funded initiatives.

Evaluation methods

Please refer to the evaluation methods detailed on page 26.

Evaluation results and findings

Please refer to the attachments for a copy of the Social Marketing Plan.

Raising the awareness of the project

Pre-publicity

Two local press releases were prepared and distributed on announcement of funding. Two articles resulted.

A range of networking activities were undertaken in the early stages of the project to engage stakeholders and develop partnerships and links. This included stakeholder meetings, community presentations, invitations, press coverage, email correspondence and distribution of information sheets and fliers. Please refer to page 28 for further details.

Project launch

A launch event was held to announce the project funding to the community in May 2007. Please refer to results from objective one under heading Launch of the project on page 28.

Program slogan/logo

Slogan/logo not developed.

Social marketing training

Web-based social marketing training was discussed at the social marketing meetings. A web link to online training was distributed to the Social Marketing Working Group via email in November 2008. Two members (out of seven) of the working group completed the online training.

Only one workforce development feedback form was returned, demonstrating a 14 per cent response rate. The respondent indicated:

- The online training was practical as it allowed progress at your own pace
- A better understanding of the principles and strategies for social marketing.
- Sharing knowledge with colleagues
- Ongoing use of the resource.

Develop or source appropriate resources to deliver key messages

Healthy message resource inventory

An inventory of resources for promotion of *Being Active Eating Well* messages was developed by the project manager and copies were distributed to all steering committee and working group members (includes representatives of funded projects), approximately 23 people.

Static displays

Four static displays were developed covering:

- Kids are sweet enough (drink water not sugar)
- Snack attack (healthy snack ideas)
- Be active every day
- Be Bright, Start the day right (healthy breakfast).

A loan scheme was established for the display resources. Displays were used at all ten public events. Four services borrowed the kits.

Merchandise

'Go for your life' merchandise was sourced as give-aways for community events.

Recognising eating cues and appropriate serving sizes

The *Happy Healthy Kids for Life* booklet was developed by Bentleigh Bayside Community Health to address healthy eating cues and behaviours for one to four year olds. 10,000 booklets were produced. Dissemination was still in progress at the time this report was prepared. Dissemination data was not available.

Presentations were delivered to:

- 21 representatives of the Bayside Family and Children's Services Network
- 32 staff and families from a local Child Care Centres
- Approximately 20 staff from Kingston Maternal and Child Health Services.

Being Active Eating Well Newsletter

Four newsletters aimed at families with children aged 0-12 years were developed and distributed via seven primary schools, ten preschools, four childcare centres, two family day care services (18 carers), one vacation care service, 13 playgroups, two maternal and child health services (including new parents education sessions and immunisation programs), two community health centres, four community-based *Being Active Eating Well* programs, five community centres and neighbourhood houses, two library services (covering three libraries in the project area) and two not-for-profit agencies. On average, over 8,000 copies of each newsletter were distributed within the selected communities.

Newsletters were themed and linked directly with the *Kids – 'Go for your life'* messages and campaign. Refer to Table 16 below for details.

Table 16 – Being Active Eating Well Newsletter (for families)

Issue	Theme	Date	Distribution
Autumn 2009	Tap into Water	March 2009	8063
Winter 2009	Switch to Play	July 2009	7935
Spring 2009	Move, Play and Go/Stride and Ride	October 2009	8290
Autumn 2010	Limit Sometimes Foods	March 2010	8290

Being Active Eating Well – hints and tips for healthy primary schools

In 2010, a second newsletter was developed, targeting primary school staff. Table 17 below provides details the distribution of 'Hints and Tips for Healthy Primary Schools'.

Table 17 – Distribution of Newsletter: 'Hints and Tips for Healthy Primary Schools'

	Theme	Date	Distribution	Mode of delivery	Number
Issue #1	Hints and tips aimed at school teachers and staff	February 2010	Six schools	Hand delivered paper copies as well as email electronic copy	180
Issue #2	Hints and tips aimed at school teachers and staff	April 2010	Six schools	Hand delivered or posted paper copies as well as email electronic copy	180

Healthy messages campaign

Communication channels

Sixteen different formats were used to communicate key messages to the target audience, including: *Being Active Eating Well* newsletters, Council newsletters, local newspapers, websites, information sheets/brochures, posters, library story time, themed 'play days', healthy recipe collections (a *Community Kitchens* resource), static displays, merchandise, use of project champions as spokespeople, noticeboards and displays in community venues, themes story time and community presentations.

Ten community events such as play days and family fun days, and information forums (*Healthy Living in Australia* program) were used to disseminate information. Community-based programs were also used as an opportunity to communicate healthy messages to families and staff.

At least 10 media releases were developed. No media requests were dealt with.

Library story time project

Both the Kingston and Bayside Library Services developed story time kits with *Being Active Eating Well* themes, both providing complementary activities reinforcing messages and providing opportunities to model healthy behaviours.

Attendance data was reported to the early years working group for the Bayside program. Sessions were introduced during Children's Week in 2009. Seven sessions were held at five library sites, with 184 children and 136 adults attending.

Social marketing support for *Being Active Eating Well* initiatives

Please refer to results from social marketing focus group (staff), below.

Impact on program participants

Please refer to results from focus groups with program participants on page 58.

Social marketing – staff focus group

Nine staff from the Social Marketing Working Group and funded projects were invited to participate in a focus group to explore the *Being Active Eating Well* social marketing activities. Nine individuals took part in the discussion, demonstrating a 100 per cent response rate. A summary of the findings is presented in Table 18 below.

Table 18 – Social marketing focus group – summary of findings

Key themes:	Summary of responses
Successful strategies	<ul style="list-style-type: none"> • There was agreement that the newsletter, role modelling through staff and programs, the showcase and forums/events for key target groups were all useful techniques • The newsletter and showcase • The group felt the newsletters were the most effective method, possibly because the social marketing working group controlled the content • The group had developed their own messages in addition to those available in existing resources materials (messages from the <i>Kids – 'Go for your life'</i> campaign). Additional messages included Heroes for Health (role modelling) and <i>Healthy Living in Australia</i> • Messages were also borrowed from other high profile campaigns such as "Feeding your family for under \$10.00" • Display kits including images were developed • Existing materials such as those from the '<i>Go for your life</i>' campaign were integrated • The group said that they valued the support from the project manager to build confidence in developing resources • The group felt strongly that their capacity to build partnerships with other agencies was critical to the project's success, for example, libraries activities, playgroups and schools • It was important that the whole group was involved in selecting and shaping the key health messages • The use of visual imagery was identified as important to reaching a wider audience, as was the experiential nature of the showcase.
Tailoring messages to various audiences	<ul style="list-style-type: none"> • Messages could have been better tailored to particular audiences, especially non-English speakers • It was important for messages to be relevant to the key target groups such as people from diverse backgrounds.

Key themes:	Summary of responses
Organisational support	<ul style="list-style-type: none"> • Despite support and recognition of the newsletter's importance, the group felt they were under resourced to contribute to the newsletter • A key constraint was the lack of health promotion hours • The group felt that social marketing was not well understood and lacked the kudos of other health and wellbeing strategies • A number of people indicated that time and resource limitations were frustrating when trying to access and develop appropriate resources.
Impacts	<ul style="list-style-type: none"> • Participants believed the messages penetrated the community reasonably well • There were many examples of the programs demonstrating positive behaviour by example, including the provision of water coolers, the preparation and serving of healthy food and the provision of healthy lunches.
Key lessons	<ul style="list-style-type: none"> • It was important to manage aspirations against the reality of the resources available • Most participants felt that they had underestimated the time commitment involved in marketing the project • It was important to get key stakeholders involved sooner to build and sustain partnerships • The partnership process had been important in establishing a clear vision for what the group wanted to achieve at the start of the project • The project design and implementation considered the diversity of the various audiences and did not take a 'generic' approach to all social marketing • Frustration regarding the delays with ethics approvals and the implications of this for the timing of the project.

Telephone survey of parents about the Healthy Message Campaign

A telephone survey of randomly selected parents of children 12 years and under, living in the project's targeted communities, was undertaken in July 2010. The targeted communities were those of Clayton South and Clarinda (City of Kingston), and Hampton East, Highett and Sandringham (City of Bayside). One hundred parents were surveyed (50 from each municipality), concerning the *Being Active Eating Well* healthy message campaign.

Table 19 below details project awareness, receipt of information and participation in programs or activities.

Table 19 - Project awareness, information and participation

	All	Child attends participating school/service	Child attends other school/service
Aware of project	31%	43%	20%
Received information	67%	85%	52%
Parent or child participated in physical activity or healthy eating programs/activities over the past two years	54%	59%	50%

- Of those parents that indicated they were aware of the project, the majority had heard about the project through school, kinder, crèche or maternal and child health newsletters.
- Virtually all respondents could identify project goals around healthy eating and activity as positive life habits in order to combat obesity.
- Parents that recalled receiving information recalled brochures and newsletters about appropriate foods for children, making good food choices and the benefits of physical activity. There were more responses citing healthy eating than physical activity.
- Those that were aware of the project were more likely to participate in programs (65%), than those that were unaware (49%).
- Those that received information were more likely to participate in programs (61%), than those that did not recall receiving information (39%).

Figure 12 below shows how parents rated their child’s primary school or early childhood service in relation to the promotion of physical activity and healthy eating.

Figure 12 - Rating of schools and services for promoting physical activity and healthy eating

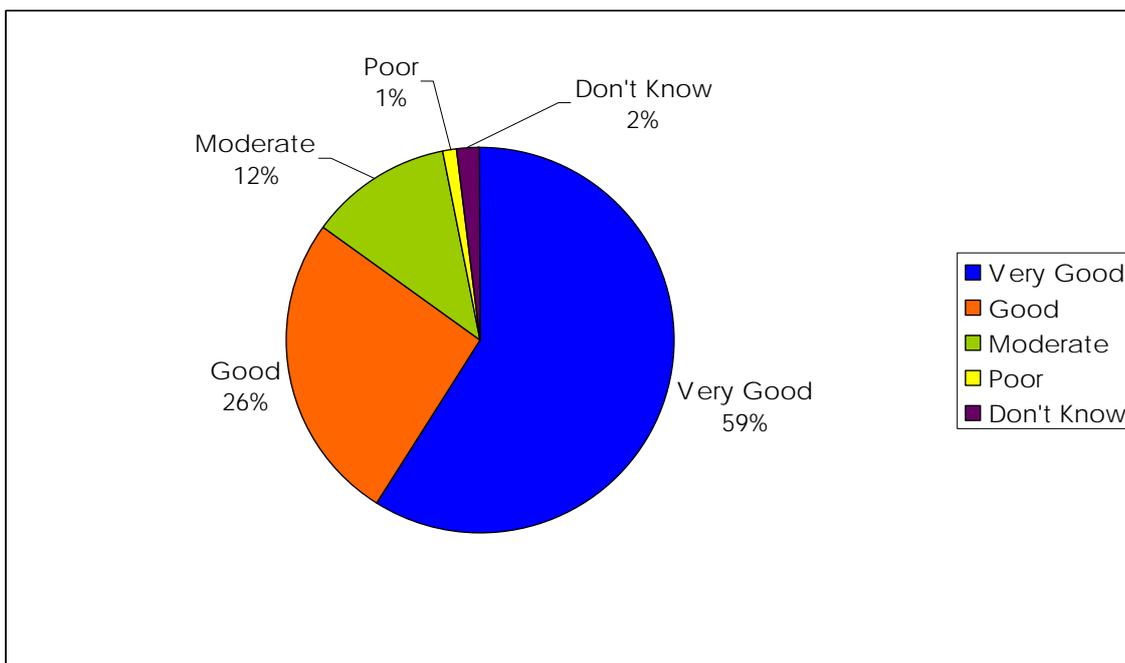


Figure 13 below shows the responses relating to familiarity of messages.

Figure 13 - Familiarity with Being Active Eating Well Messages

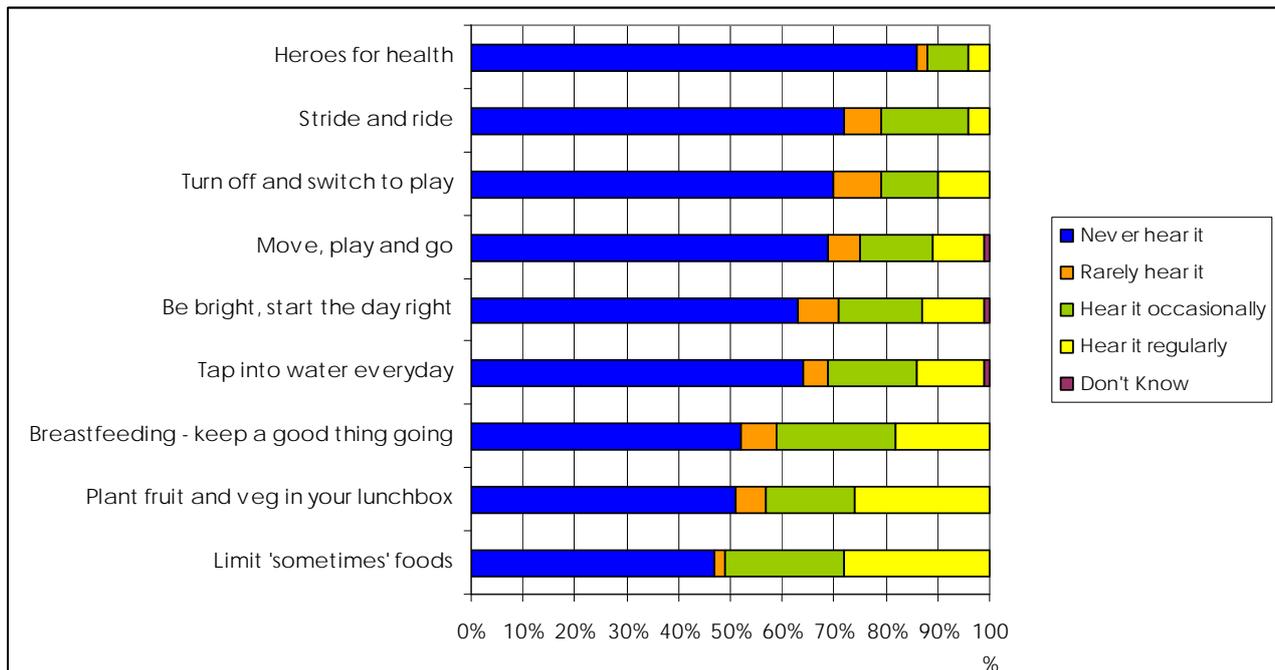


Table 20 below shows the mean score for familiarity of messages (rated 1-5), comparing responses from parents connected to participating schools and services against those connected with other schools and services; as well as a comparison of groups that recalled receiving information against those that did not.

Table 20 - Factors impacting on familiarity of messages

	Child attends participating school/service	Child attends other school/service	Received information	Did not received information
Limit sometimes foods	2.7	2.0	2.7	1.6
Plant fruit and veg in your (child's) lunchbox	2.2	2.2	-	-
Tap into water everyday	1.9	1.7	1.9	1.6
Be bright, start the day right	1.9	1.9	1.8	1.6
Move, play and go	1.6	1.7	1.7	1.6
Turn off and switch to play	1.7	1.5	1.8	1.3
Stride and ride	1.4	1.6	1.6	1.4

Figure 14 below shows the degree to which parents felt the messages were appropriate.

Figure 14 - Appropriateness of Being Active Eating Well Messages

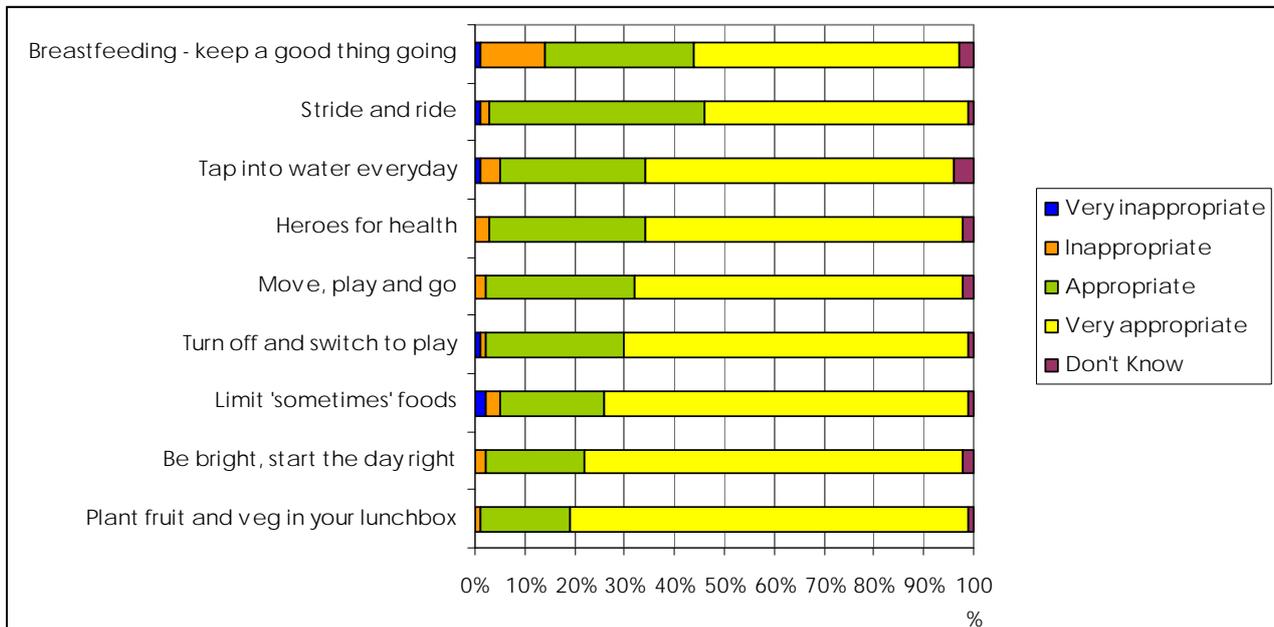
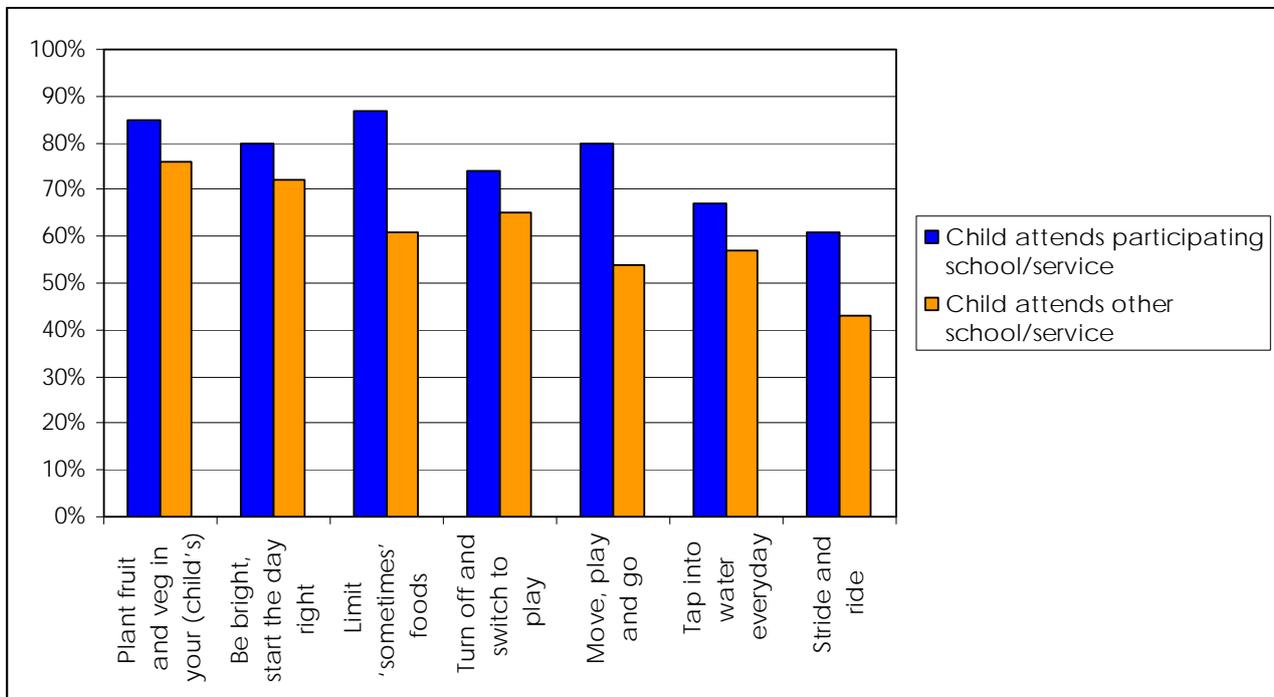


Figure 15 below compares the strength of opinion relating to the appropriateness of messages (as measured by strongly agree responses) between parents whose child attends a participating or non-participating school or service.

Figure 15 - Appropriateness of messages – comparison of participating and other schools/services



Discussion and conclusions

Overall, most actions from the social marketing plan were implemented as intended. Some actions were revised to respond to changed circumstances. Actions not implemented included:

- Link with Pregnancy Lifescritps pilot with the Division of General Practice due to staff changes at that agency.
- Information session – “Recognising children’s eating cues and appropriate serving size”. The information session was replaced by resource development.

Raising awareness of the project

Refer to discussion of action planning on page 71 for further details on pre publicity and the project launch.

The randomised telephone survey of parents showed that around a third of all parents surveyed (31 per cent) were aware of the project. It was evident that parents from participating schools or early childhood services were more aware of the project (43 per cent) than those parents from non-participating schools or services (20 per cent). The positive findings of the social marketing survey of parents demonstrated that relatively low cost investment in social marketing can achieve significant outcomes in the community when implemented locally, however links with a larger statewide campaign were clearly beneficial to the project.

While the overall results are a good indication of the success of the campaign in raising awareness of the project and contributing to the promotion of key messages, some caution is needed when interpreting results relating to subgroups due to the sample size.

The main way parents became aware of the project was through newsletters distributed via primary schools and early childhood services, confirming the importance of the cooperation of settings in distributing information and supporting the healthy message campaign.

Most parents who were aware of the project had a reasonably sound understanding of the project’s aims, citing the encouragement of healthy eating and activity as positive life habits in order to combat obesity.

Online social marketing training

Poor uptake of the online social marketing training indicates that this was not a successful format in which to provide training to staff. The limited capacity of workers represented on the working group may explain why this was not a successful strategy (refer to details below).

Social marketing activities

Key messages

Adopting the *Kids – ‘Go for your life’* healthy messages was seen as beneficial to the project. The credibility of the program and usefulness of resources meant that staff and financial resources did not have to be diverted to developing new messages and resources. The key issues and behaviours targeted by the project aligned well with the *Kids – ‘Go for your life’* message campaign. The gaps identified were around promoting breastfeeding, role modelling and promoting breakfast.

The additional messages included *Heroes for Health* (role modelling), *Be Bright Start the Day Right* and *Healthy Living in Australia*. It was important for these messages to be relevant to the key target groups, for example, people from culturally and linguistically diverse backgrounds. Messages were also borrowed from other high profile campaigns such as "Feeding your family for under \$10.00."

A large proportion of parents surveyed (two-thirds) reported receiving information on the importance of healthy eating and physical activity from their child's school, kinder, child care or a Maternal and Child Health nurse over the past 2 years confirming that the settings were an appropriate channel of communication to families. The survey results also showed that parents who had received information were more likely to support key health messages, as well as participate in physical activity and healthy eating, reinforcing the critical role of information dissemination.

Awareness of key messages

Overall there was good awareness of healthy eating messages and some awareness of physical activity messages. The survey results also demonstrated that parents of children attending a school or early childhood service program involved in the project were more likely to recognise the healthy messages, indicating the project's contribution to raising community awareness.

Messages related to healthy eating were more recognised than those related to physical activity. Just over half of all parents had heard of limit 'sometimes' food and just under half were aware of plant fruit and veg in your (child's) lunchbox. By comparison, only about a quarter of parents had heard of move, play go and a fifth had heard of stride and ride and turn off and switch to play. Breastfeeding, keep a good thing going was also one of the more recognisable messages, possibly also reflecting other longer-standing campaigns targeting breastfeeding. Generally, there was greater familiarity with messages linked with *Kids – 'Go for your life'* which confirmed that the decision to link with existing health messages was a successful one.

Appropriateness of key messages

Project messages were well accepted by parents. There was particularly high support for all the key messages, with over 90 per cent of parents believing them to be appropriate or very appropriate. Messages with particularly strong support were 'Plant fruit and veg in your lunchbox', 'Be bright, start the day right' and 'Limit sometimes foods'. Once again parents connected with a participating school or service had stronger responses, reinforcing the contribution of the project in creating positive attitudes to being active and eating well.

Rating of Schools and Early Childhood Services

Parents rated their children's schools and early childhood services very highly on their active promotion of healthy eating and physical activity amongst children (75 per cent good or very good). Once again, this confirmed that the settings were an appropriate channel of communication to families.

Participation in physical activity and healthy eating programs

Just over half of all parents surveyed indicated that they and/or their child participated in programs or activities related specifically to eating healthy or physical activity over the past two years, predominantly this was organised sports. Parents from participating schools were more likely to indicate yes, than non-participating school parents.

Social marketing resources

Inventory

While the inventory of healthy messages resources was useful for the project manager, it seems that few partners took advantage of the inventory. This may be explained in part by the limited capacity of workers involved in social marketing activities.

The 'Go for your life' and Kids - 'Go for your life' resources were well used and regularly referred to in working groups and steering groups. These resources appeared to be trusted and easily accessible to partners.

Feedback from the staff focus group indicated that there was confidence that the messages were in the community.

"(I'm) surprised at how far the message went out and was recognised."

Display kits

The working group struggled with the development of the display kits as it was difficult to convey complex messages in easy to understand ways. Displays were used at the majority of community events and activities.

The notable success was the "Kids are sweet enough" display to demonstrate the benefits of water over sweet drinks. The original display developed for use at events and in program settings included a range of drinks together with sugar cubes to show the amount of sugar in each drink. Laminated pictures and simple messages complemented the display. This was always a popular display at events and several requests were generated for this display from various partner agencies and community groups. The sweet drinks display was also recalled by a program focus group participant. The other displays did not have the same impact at events and this may be due to the increasing complexity of other messages, together with less of a "shock factor".

Poor uptake of the kits for use in program settings (early childhood services and primary schools) may be due to limited promotion and therefore poor awareness of the availability. Another barrier may have been the format of the kits. The kits for loan contained a number of laminated signs, messages and images as well as posters. The kits took some time to put up and relied on having suitable free wall space.

The displays were being revised at the time this report was prepared with the intention of selecting key messages to be developed into banners. It was thought this would make the displays more user friendly.

Successful strategies

The newsletter, role modelling through staff and programs, the showcase and forums and events for key target groups were all viewed as useful techniques by workers. Staff were able to list many examples of the programs demonstrating positive behaviour by example, including the provision of water coolers, the preparation and serving of healthy food and the provision of healthy lunches.

The newsletter was also viewed as a particularly useful tool:

"We did well with the newsletter as we had control over it."

Social marketing focus group participant

There was also an indication that the repetition of consistent messages through a variety of channels may be beneficial. One program participant felt it was easier to implement the ideas because the same message was coming through school as well.

Barriers

A number of barriers were identified through the social marketing focus group. A key constraint was the lack of time dedicated to health promotion for workers to utilise and engage with existing techniques.

"Workers don't have health promotion hours."

Social marketing focus group participant

Staff felt that they had underestimated the time commitment involved. Despite support for the importance of the newsletter, the social marketing working group was under resourced to contribute to it as effectively as they would have liked.

"The demand was not able to be met with resources available to get all the messages out."

"I did not have enough time to use newsletter."

Social marketing focus group participants

A critical lesson from the experience of the social marketing working group was to manage aspirations against the reality of the resources available.

"Our capacity and resources versus the potential scope and... (our)...enthusiasm."

Social marketing focus group participant

The skills of workers around social marketing were also identified as a gap. Development of writing and communication skills were particular skills noted. The project manager was the key contact and resource for the group and this role was stretched to capacity to respond to all the requirements of the project. There was also concern that social marketing was not well understood and lacked the kudos of other health and wellbeing strategies which was a barrier to the implementation of some ideas.

The social marketing group struggled to respond to the needs of culturally and linguistically diverse communities within the available resources.

"We needed more tools, particularly for kids and families at their levels/languages."

Social marketing focus group participant

Reduced implementation time (due to delays with baseline data collection and ethics approvals) was also raised as a barrier to meeting the objectives of the social marketing plan. Baseline data collection for awareness of key messages was not collected as it was some time into the project before the responsibility for impact evaluation was resolved. This again was mainly due to delays associated with statewide evaluation appointment.

The ethics approval process also presented challenges to the evaluation of this objective. Unfortunately approval was not received in time to undertake the community survey of awareness of messages to include in this report.

Enablers

The partnership approach was a key factor in the social marketing campaign, with the group taking shared responsibility for establishing a clear project vision and key messages. The project manager provided a focal point and was a key resource to other individuals and organisations. Staff involved in social marketing valued the support from the project manager to build confidence around social marketing. Staff also felt it was important that the whole group was involved in selecting and shaping the key health messages.

The group acknowledged the benefits of working with other organisations and community-based programs to add value through social marketing strategies. The program took advantage of a range of other community programs and activities provided through existing facilities such as libraries, schools and community recreation centres.

"(We)...got the messages into everyday life."

Social marketing focus group participant

Another important factor was that the project design and implementation gave careful consideration to the diversity of the various audiences and did not take a 'generic' approach to all social marketing. The use of a variety of approaches was critical in ensuring that the messages were relevant and understood by the various audiences. Visual imagery was believed to be a successful strategy, especially for audiences from culturally and linguistically diverse communities or for individuals with poor literacy.

Although only a small number of program participants provided feedback there are indications that there was awareness of healthy messages among program participants. *Playtime Buddies* participants were able to put the healthy messages in a practical context:

"Water instead of juice, popcorn instead of chips, fruit instead of lollies."

Social marketing focus group participant

The participants also identified the importance of walking and physical activity in a healthy lifestyle.

Conclusion

The majority of resources used in the project were sourced from existing programs, especially highly regarded programs such as *Kids – 'Go for your life'*. The newsletter, developed in-house, was an important part of the social marketing campaign and was well received by partners. Furthermore the survey of parents confirmed that newsletters distributed through key settings were a significant source of information about the project. A significant gap identified was access to appropriate resources for use in culturally and linguistically diverse communities.

Overall there was a good awareness of the project and a significant awareness of key messages was achieved, particularly healthy eating messages. Qualitative results show indications that messages were being successfully delivered through community-based programs.

The skills and capacity of partners to contribute to the social marketing work was limited which in turn limited the impact of activities and the evaluation, however the results of the survey of parents demonstrated a good return on the investment of time and resources.

Recommendations for future practice

Recommendations

- Consistent and ongoing delivery of healthy messages through all parts of the program using a range of methods resulted in good results with minimal cost.
- Resources available in community languages, simple English or image based were highlighted as important for use in diverse communities.
- Building organisational understanding of the value and benefits of social marketing, among partner agencies is needed to support this work
- Better communication of expectations in the early stages of the project regarding allocation of sufficient time for social marketing would better enable agency representatives to participate effectively and respond to opportunities.

Objective 3: Promoting water and reducing sweet drinks

Introduction

Sweet drinks are not required in a child's diet and may cause problems such as weight gain, tooth decay, reduced appetite, fussy eating and diarrhoea, if consumed in large amounts¹². For healthy bodies and teeth, children need to drink water and limit sweet drinks.

Objective three was to reduce high-sugar drink consumption (including fruit drinks) and promote water consumption in children aged 2-12 years. The main strategies identified were:

- 3.1. Ensure there is easy access to drinking water in key settings
- 3.2. Support policy development in primary schools and early childhood services through the implementation of the *Kids - 'Go for your life'* Awards program (Tap into Water Criteria)

This section outlines the process by which this strategy was implemented.

Promoting water and reducing sweet drinks – an overview of activities

3.1 Access to drinking water

Audit access to water

3.1.1. Audit access to water in primary schools and early childhood services

A formal audit of access to water in primary schools and early childhood services was not implemented. Informal consultation with primary schools occurred in the context of discussions with schools around priorities for achieving *Kids – 'Go for your life'* Awards criteria.

Criteria One of Kids – 'Go for your life' Awards

3.1.2. Support settings to achieve the first criteria of *Kids – 'Go for your life'* Awards

Please refer to objective five for details of the *Kids – 'Go for your life'* Awards program on page 127.

Investment in infrastructure

3.1.3. Increase access through the provision of additional water fountains or coolers where appropriate

Water access was not identified by schools as a priority in the initial stages of the project. Many had policies or practices in place to allow children free access to water at all times, such as water bottles in class and an accessible water supply. Access issues were identified at two schools following building works as part of the Federal Government Economic Stimulus Funding project. A grant process to support achievement towards *Kids – 'Go for your life'* Award status was implemented in the latter stages of the project, which included support to improve access to water.

Additionally the *Bizzy Bodies* program, implemented as a community capacity building initiative, identified that access to water at the community facility used for the program as a barrier to promoting water consumption over sweet drinks. Refer to objective one on page 22.

3.2 Water policy development

Implementation of Kids – 'Go for your Life' awards

- 3.2.1. Engage schools and early childhood services
- 3.2.2. Conduct needs assessment with schools and early childhood services
- 3.2.3. Develop a site action plan for criteria relating to physical activity
- 3.2.4. Provide support to settings to implement *Kids – 'Go for your life'* Awards criteria
- 3.2.5. Support policy adoption and implementation.

Please refer to objective five for details of the *Kids – 'Go for your life'* Awards program on page 127.

Evaluation methods

Please refer to evaluation methods detailed on page 26.

Evaluation results and findings

3.1 Access to drinking water

Audit access to water

3.1.1. Audit access to water in primary schools and early childhood services

Audit not conducted. The majority of schools reported meeting Criteria one with policies or practices in place allowing water bottles in classrooms.

Criteria One of Kids – 'Go for your life' Awards

3.1.2. Support settings to achieve Criteria one of *Kids – 'Go for your life' Awards*

Please refer to objective five for details of the *Kids – 'Go for your life' Awards* program on page 127.

Investment in infrastructure

3.1.3. Increase access through the provision of additional water fountains or coolers where appropriate.

Two schools applied for funds to support installation of water bubblers in term two, 2010. Both applications were approved by the Primary School Working Group assessment panel. The results were not available at the time this report was prepared.

A water cooler was installed at a community facility on a public housing estate as a result of the project. Please refer to page 57 for further details.

3.2 Water policy development

Implementation of Kids – 'Go for your life' Awards

3.2.1. Engage schools and early childhood services

3.2.2. Audit schools and early childhood services policy status

3.2.3. Identify *Kids – 'Go for your life'* member school and services

3.2.4. Provide support to settings to implement *Kids – 'Go for your life'*

Please refer to objective five for details of the *Kids – 'Go for your life' Awards* program on page 127.

Discussion and conclusions

Generally, there appeared to be supportive policies and practices already in place for the promotion of water over sweet drinks in schools and early childhood settings.

The *Being Active Eating Well* grant process, to support achievement of *Kids – 'Go for your life'* Awards criteria, funded two schools to install new water bubblers following building works at the schools that raised access issues.

All community programs supported this objective by reinforcing messages and making water readily available.

The *Bizzy Bodies* program successfully implemented a water policy in their programs and stopped the provision of sweet drinks in the program. Although meeting with resistance from some participants in the initial stages, the program has continued to provide water in preference to sweet drinks. Please refer to page 80 for further details about the installation of the water cooler to promote water consumption.

Recommendations for future practice

Recommendations

Please refer to recommendations relating to working with schools and early childhood services on page 155.

Objective 4: Eating well

Introduction

Childhood is a time where the habits of a lifetime are developed. Healthy eating is essential to provide essential nutrients for growth and development. Objective four was to improve eating patterns among children aged 0-12 years by increasing the consumption of fruit and vegetables and decreasing the consumption of energy dense foods (sometimes/occasional foods) at school, early childhood settings and at home. The main strategies identified were:

- 4.1 Create supportive environments for healthy eating
- 4.2 Source and provide training to improve skills and knowledge of staff in key settings
- 4.3 Provide community information forums
- 4.4 Expand the delivery of the Healthy Eating Puppet Show
- 4.5 Establish an intergenerational *Community Kitchens* program to develop skills around:
 - planning meals and providing healthy foods
 - budgeting in general and purchasing healthy foods
 - cooking and food management skills, including healthy snack ideas
 - food literacy including the importance of traditional and cultural foods
- 4.6 *Go for your life* Fruit and Vegetable Project
- 4.7 Support local advocacy for reducing the promotion of unhealthy foods to children in the community, such as through neighbourhoods and schools
- 4.8 Create supportive environments for healthy eating and physical activity in primary schools and early childhood services through the implementation of the *Kids - 'Go for your life' Awards* program.
Criteria:
 - Plant more fruit and veg in your lunchbox
 - Limit 'sometimes' food

This section outlines the process by which this strategy was implemented.



Healthy eating – an overview of activities

4.1 Creating supportive environments for healthy eating

Fruit and Vegetable Food Basket Survey

The Fruit and Vegetable Food Basket survey was conducted in the Bayside area prior to the project funding. The action planning process identified the opportunity to replicate the survey in the Clayton South and Clarinda areas to further explore anecdotal evidence to suggest access to affordable fruit and vegetables in this area was limited.

The Fruit and Vegetable Food Basket Survey was a needs assessment specifically focussing on barriers to accessing fruit and vegetables, examining availability, affordability and physical accessibility for residents in Clayton South and Clarinda.

Two student dietitians analysed food security data for Clayton South and Clarinda. They conducted a literature review on local, national and international food security strategies; conducted focus groups with community members; identified and mapped areas where fruit and vegetable were not readily available; conducted the Victorian Healthy Food Basket Surveys (VHFBS) on fruit and vegetable stores in Clayton South and Clarinda, as well as markets and discount supermarkets in nearby suburbs; and mapped and analysed public transport routes. A comprehensive report was provided to the supervising dietitian at Central Bayside Community Health Service.

4.2 Workforce development for the promotion of healthy eating

Training and resources for teachers and early childhood staff to promote healthy eating

4.2.1 Training and resources for teachers and early childhood staff to promote healthy eating (such as VHETTA 'Go for your life' Fruit + Veg Eat It Program)

Healthy eating training was not offered.

4.2.2 Deliver training about communicating age-appropriate information to clients (health professionals)

A healthy eating resource for one to four year olds was developed. Please refer to the social marketing objective on page 88 for further details.

4.2.3 Source or develop appropriate resources

Resources were not provided directly to program settings, however schools and early childhood services were encouraged to become members of the *Kids – 'Go for your life'* Awards program which provided access to a range of resources to promote healthy eating.

The '*Being Active Eating Well – hints and tips for healthy primary schools*' newsletter, targeting school staff, also provided information on the resources available to primary schools to promote healthy eating. Please refer to objective two on page 88 for further details.

4.3 Information forums

Recognising eating cues

The information forum on recognising eating cues was not delivered. Instead a healthy eating resource for one to four year olds was developed. Please refer to the social marketing objective on page 88 for further details.

4.4 Healthy Eating Puppet Show

Puppet show resource kit and training

Central Bayside Community Health Service (CBCHS) developed a puppet show in 2004 to promote healthy eating messages amongst children aged three to six years. The puppet show was made available free of charge to child care centres, kindergartens and prep classes within the City of Kingston. The show, titled "Good Tucker for Tiny Tots" is a fun and interactive way to promote healthier food choices as well as encouraging parents and teachers to support healthy eating. Evaluation of the program by student dietitians (prior to this project) showed that the program was acceptable to preschool teachers and positively influenced children's nutrition knowledge especially around sometimes/everyday foods and behaviours.¹³

As a result of the demonstrated success of the program, CBCHS submitted a proposal to the steering committee to develop a puppet show resource kit and training package. The resource kit and training package would enable the expansion of the program into the City of Bayside. The sum of \$800 was requested and provided.

The project was targeted at the preschools close to the target housing estates in Bayside. The primary target was children aged three to five years and the secondary targets were the parents and teachers.



The project aimed to:

- a) provide a kit that was user-friendly for the teachers to conduct a puppet show
- b) educate three to five year olds about 'everyday' and 'sometimes' foods
- c) provide resources to teachers and families that that would re-enforce the healthy eating messages.

The resource kit consisted of puppets, food models and associated materials. The training package included a script and DVD demonstrating the puppet show.

Preschools in the target areas within Bayside were notified by letter to introduce the loan kit. A follow-up phone call was made and bookings made if requested. An Allied Health Assistant then delivered the kit for loan for one week. A resource folder was available for purchase at the cost of five dollars to cover the cost of a poster and other resources.

4.5 Community Kitchens program

Adapting the Community Kitchens model for local communities

In 2007, the *Being Active Eating Well* steering group considered a range of strategies to achieve objective four – Eating Well. A presentation was made by a dietician from one of the partner agencies to the steering group on *Community Kitchens*, a model of a community-based initiative aimed at building skills around planning, shopping and preparing healthy meals on a budget.

The steering committee considered the proposal and agreed to implement a local *Community Kitchens* program to develop skills around:

- planning meals and providing healthy foods and meals
- budgeting in general and purchasing healthy foods
- cooking and food management skills, including healthy snack ideas
- food literacy, including the importance of traditional and cultural foods.

A community kitchen is a group of approximately six to eight people who cook together. Groups meet on a regular basis to plan recipes, budget and cook two to three recipes in each session. Each kitchen has a facilitator, who can be a worker or peer, depending on the target group. In each community the model has been adapted to suit the needs of participants.



The target was to establish four programs, two in Bayside and two in the Clayton South area. Between November 2007 and February 2008, project staff researched the existing *Community Kitchens* program model that was established in Canada in the mid 1990s and later brought to Australia and implemented by dieticians from the Frankston Community Health Service.

The Sandybeach Centre submitted a proposal to the steering group to establish a *Community Kitchen* program in the Bayside catchment as a pilot for *Being Active Eating Well* project. Kingston City Council took on the lead role for the establishment of the kitchen in the Clayton South area. The project manager and health planner at Bayside City Council, with the support of a dietician from Bentleigh Bayside Community Health, agreed to work together to establish the program at a third site, creating the second program in the Bayside catchment.

Three smaller working groups worked independently on establishing the programs however the *Being Active Eating Well* project manager and key staff met regularly to discuss issues and share information.

Dunkley Community Kitchen

4.5.2 Pilot a *Community Kitchens* program in the Highett and Hampton East area

4.5.3 Use lessons to replicate the program in other target areas.

Funding was provided in September 2008 for an amount of \$2,520 out of the total project funding of \$6,140). Planning commenced in October 2008 and a project officer was appointed. The project was overseen by the partners of the Community Learning Partnership (CLP) and delivered by the CLP project officer and later by a facilitator. The CLP project aims to provide educational opportunities to Bayside public housing residents by partnering with other local organisations.

A letterbox drop was conducted on the public housing estates within the City of Bayside to promote the program and recruit participants. A meeting was then held with interested residents. This meeting was used to consult with interested parties about their needs, introduce them to the program and discuss expectations. In November 2008, a "Community Cook Up" event was held.

In February 2009, the *Community Kitchen* program commenced, running out of the community centre on the Dunkley Fox public housing estate. The aim was to provide a meal for \$2.50 per serve. A typical session involved:

- A volunteer guided children's activities so that parents could participate in cooking
- Group discussed the recipe and nominated a leader for the session
- Group prepared the meal using the recipe and when finished the meals are served up for taking home
- Group discussed the recipe for following week, elected a leader and collected money for purchase of ingredients for the following week
- Financial contributions were recorded in the group's log book.

Staff sought feedback from participants throughout the program to inform program development.

Clarinda Community Kitchen

Kingston City Council took on the lead role for the establishment of the kitchen in the Clayton South area with a dietitian from Central Bayside Community Health Services supporting implementation. A community kitchen was established at Clarinda Community Centre in April 2009. Three series of community kitchens were run between April 2009 and December 2009.

Recruitment strategies included presentations to groups (community groups, *Being Active Eating Well* programs such as *Healthy Living in Australia*), articles in the council newsletter, word of mouth, and a "Come and Try" Session – a one off event to demonstrate the program. Interpreters and translation of invitation letters were arranged where needed.

The *Community Kitchen* sessions involved planning, shopping and preparing low-cost, get healthy recipes. Additional activities were also arranged to complement the program including presentations by a dietitian (healthy eating and recipe modification, nutrition label reading), a diabetes educator guest speaker, a shopping excursion and price comparison activity, and kitchen skills presented by a guest chef.

Each series culminated in a celebration session where participants prepared a meal at home to share with the group. Each participant gave a short presentation about their contribution.

Bayside Community Kitchen

A second program was intended for the Bayside area and planning and preparation commenced in early 2009. In April 2009, the program was promoted via a letterbox drop and presentations to residents of public housing estates. An information session was held to recruit participants. Unfortunately, insufficient expressions of interest were received to establish a kitchen at that time. In May 2010, a proposal to establish a community kitchen on the Elsternwick public housing estate (in Brighton) was made to the steering committee as part of a process to plan for the use of unexpended funds post June 2010. This proposal was accepted and will commence in July 2010.

4.6 'Go for your life' Fruit and Vegetable project

Training of Fruit and Vegetable Retailers

Action 4.6.1 was to provide training to fruit and vegetable retailers to build capacity for fruit and vegetable promotion in their local communities. This was achieved by partnering with a statewide initiative called '*Go for your life Fruit and Veg for Health Initiative*'. This was a partnership project involving the Melbourne Market Authority (MMA), the Foundation and the Department of Human Services. As part of this program the Melbourne Market Authority provided a Retail Training Program in selected regions of Victoria. '*Health Promoting Communities: Being Active Eating Well*' were invited to participate in this initiative aimed at increasing the capacity of fruit and vegetable retail sector to promote increased fruit and vegetable consumption among Victorians. The project submitted an expression of interest to participate to the '*Go for your life*' contact person and was accepted.

MMA invited independent fruit and vegetable retailers in the local area. A one day training session was provided in the local area. Training content included:

- Retailing and merchandising
- Retail customer service – interaction with customers
- Build relationships with customers
- Store layout
- MarketFresh Schools Program and MarketFresh website
- Working with your community
- Maintaining good business practices
- Resources to assist retailers.

4.7 Local advocacy

4.7.1 and 4.7.2 – Alternate fund raising resources

This action was not implemented.

4.7.3 Promote membership of Parent's Jury.

Parent's Jury was advertised in Issue three (Spring 2009) of the *Being Active Eating Well* Newsletter.

4.8 Kids – 'Go for your life' Awards program

Supporting schools and early childhood services to meet criteria for the *Kids – 'Go for your Life' Awards*

- 4.8.1 Engage schools and early childhood services
- 4.8.2 Conduct needs assessment with schools and early childhood services
- 4.8.3 Develop site action plan for criteria relating to physical activity
- 4.8.4 Provide support to settings to implement *Kids – 'Go for your life'*
- 4.8.5 Support policy adoption and implementation.



Please refer to page 127 for details of the *Kids – 'Go for your life'* award program.

Promoting healthy eating through other key initiatives

Please refer to the Capacity Building objective for further details on how *Healthy Living in Australia* program (page 17), *Playtime Buddies* (page 22) and the *Bizzy Bodies* program (page 22) contributed to the promotion of healthy eating.

Evaluation methods

Please refer to evaluation methods detailed on page 26.

Evaluation results/findings

4.1 Creating supportive environments for healthy eating

Fruit and Vegetable food basket survey

Extract from the report

The Healthy Food Basket Survey identified fruit and vegetables at markets to be cheaper than supermarkets. Access to fruit and vegetables was found to be difficult for residents due to numerous fruit and vegetable deserts and poor public transport in Clayton South and Clarinda. Focus groups identified price as the major limiting factor when accessing fruit and vegetables and that markets were therefore the most popular place to shop. However, there are difficulties accessing markets.

The authors concluded that results from this project suggest there are certain groups within Clayton South and Clarinda that would benefit from initiatives to improve accessibility and affordability of fruit and vegetables. At this stage the most viable and appropriate strategy appears to be the establishment of a community bus that travels to and from markets. However, further needs assessments and feasibility studies are required.¹⁴

4.2 Workforce development for promotion of healthy eating

Training and resources for teachers and early childhood staff to promote healthy eating

No results.

4.3 Information Forums

Recognising eating cues

For further details, please refer to page 91.

4.4 Healthy Eating Puppet Show

Puppet show resource kit and training

Five early childhood services within City of Bayside borrowed the Ben and Molly Puppet Show resource kit (the target was six), reaching approximately 250 children (the target was 156 children).

The lead agency used existing feedback forms to evaluate the puppet show resource kit. Only a small number of forms had been returned, however the feedback indicated that the resource kit was acceptable to preschools. Most reported that the kit was easy to use, one week was enough and that they would be happy to borrow it again. Teachers reported that the children enjoyed the show and that they were then able to introduce other aspects of nutrition to re-enforce the messages.

The project report also indicated that the findings would be used to review the provision of the puppet show in Kingston in 2011. Over 70 shows per annum are delivered in Kingston by a dietician and allied health assistant.

4.5 Community Kitchens program

Participation

Table 21 below summarises participation in the *Community Kitchens* program.

Table 21 – Participation in the *Community Kitchens* program

	Dunkley Community Kitchen	Clarinda Community Kitchen Series 1	Clarinda Community Kitchen Series 2	Clarinda Community Kitchen Series 3
Number of sessions	35 sessions Over 4 terms (Feb – Dec 2009)	9 sessions (Apr –Jun 2009)	10 sessions (Jul – Sep 2009)	7 sessions Oct – Dec 2009)
Number of participants	24 people (20 adults and 4 children) participated in the program during 2009 Average of 5 participants per session	50 attendances over 7 weeks with an average of 7 participants per session 19 people registered	72 attendances over 9 weeks with an average of 8 participants per session 15 people registered	89 attendances over 7 weeks with an average of 13 participants per session 19 people registered

About the participants

The majority of participants of the **Dunkley Community Kitchen** were from the Dunkley Fox estate in Highett or the Hampton East public housing estate. Seven participants were born overseas, most being recent migrants.

Over the course of three series of the **Clarinda Community Kitchen** approximately 30 people participated in the *Community Kitchens* program. Attendance records show that approximately ten people enrolled in one or more series. Participant registration records showed 73 per cent (22 out of 30) were from the targeted communities (postcode 3169). The remaining participants were mainly from neighbouring suburbs. Staff observed a broad range of cultural groups participating in the program with significant participation from Chinese, Cook Islander and Indian groups.

Cost of participating in the Community Kitchens program

Dunkley *Community Kitchen* had a contribution of two dollars per serve which translated as four dollars per session as two recipes were prepared each session.

The Clarinda *Community Kitchens* program (all series) operated with an average cost less than two dollars per serve. In Series one the average cost of \$1.86 per serve (ranged from \$1.50-\$2.63 per serve) with each recipe costed in the planning for the next session. In Series two and three, a flat two dollars per serve contribution was introduced. At the conclusion of both series two and three, there was remaining money (\$68.00 and \$47.00 respectively). Leftover funds were used to purchase additional equipment, as requested by the group.

Community Kitchens focus group results

Two focus groups were held for the Clarinda *Community Kitchens* program. Three people participated in the first focus group, demonstrating a response rate of 43 per cent, while seven people participated in the second focus group demonstrating a response rate of 87.5 per cent. Eight respondents indicated their age range. 62.5 per cent were over 45 years and 37.5 per cent were 20-45 and there were no participants under 20 years. Table 22 below provides a summary of the findings from the focus groups.

Table 22 – Summary of findings of the Clarinda *Community Kitchens* focus groups

Recruitment	Participants reported finding out about the program from flyers or staff at the community centre, presentations at other local programs (<i>Healthy Living In Australia</i> , Chinese Senior Citizens group), word of mouth and local newspaper articles.
Program delivery	<ul style="list-style-type: none"> • Overall positive comments on the venue, presenters and resources • Transport and child care was raised as barrier to participation. Suggestions included finding an alternative venue in Clayton South and providing child care facilities on site • Several respondents expressed dissatisfaction at the amount of paperwork • Requests were made to make the program ongoing, not just for ten weeks • Several respondents suggested more presentations from guest speakers like the dietitian • A suggestion was to advertise to larger target groups • Several respondents spoke about enjoying the multicultural aspects of the program • Learning from each other was valued
Impacts	<ul style="list-style-type: none"> • Development of new skills • Saving money • Exploring new cuisines and new ingredients • Learning how to modify recipes • Changing eating habits (several examples were provided including: reducing meat consumption, cutting out butter, drinking water instead of fizzy drinks, limiting treats, reducing portion sizes, reducing processed foods, using coconut milk instead of coconut cream) • Helping other family members to eat healthier • Modelling healthy eating at home • Better understanding of serving sizes • Trying new foods • One participant felt that the program had helped her to manage her diabetes • Development of social connections – feeling like part of a team, meeting new people, multicultural friendships, reducing isolation, improving confidence and self esteem.

Staff observations

Staff feedback was documented through the minutes of project meetings and project reports. A summary of key issues follows.

Knowledge and skill development

- Nutritional understanding was increased among participants
- Cooking and food handling skills increased.

Social cohesion

- The sense of friendship and connectedness was highly valued by participants
- Sharing culture through food promotes acceptance and community harmony.

Program delivery

- Cost did not appear to be a barrier to participation
- Opportunities for open communication were critical to address any issues or challenges
- Setting ground rules from the start helped to stop bad habits from developing, such as non-payment or not participating in the food preparation
- The standard forms associated with the Frankston Community Kitchen model presented challenges for participants
- The diversity of cultures and ages of people taking part was an asset to the program, as participants enjoyed sharing their cultural cuisines and sharing their own experience and knowledge
- A clean, large kitchen with appropriate equipment and storage in an accessible location were important (Clarinda program)
- Despite challenges with the size and quality of the venue, the convenient location worked well (Dunkley program).

Staff and volunteers

- Good facilitators were important to build trust and rapport, allow the group to be as self-directed as possible, build the confidence of participants to take on leadership roles and promote a sense of ownership
- Consistency of staff allowed trust and rapport to develop
- Volunteers at the Dunkley program provided children's activities to allow participants to focus on cooking
- Volunteers and staff provided positive role modelling.

Partnership

- Input from the dietitian was important to reinforce healthy eating messages (Clarinda program)
- Linking with Sandybeach provided insights into reducing the administration associated with the project (Clarinda program)

Strengthening the community

- Seven of the participants of the Dunkley *Community Kitchen* enrolled in one or more of the centre based programs (Sandybeach Centre or Hampton Community Centre).

4.6 'Go for your life' fruit and vegetable project

Training of fruit and vegetable retailers

The 'Go for your life' Fruit and Veg for Health Initiative training was held Tuesday 8 July 2008 at Kingston City Hall, Moorabbin. Invitations were extended beyond project areas due to small numbers of fruit and vegetable retail outlets in project areas. Approximately 18 retailers servicing communities targeted by the project were invited. Follow up phone calls were also undertaken. Fourteen fruit and vegetable retailers attended, only one retailer was from the project area.

No further results available.

4.7 Local advocacy

No results

4.8 Kids – 'Go for your life' awards program

Please refer to page 134 for results and findings relating to the *Kids – 'Go for your life'* awards program

Discussion and conclusions

4.1 Creating supportive environments for healthy eating

Fruit and Vegetable Food Basket Survey

The Fruit and Vegetable Food Basket Survey provided useful information about access to healthy foods for the community of Clayton South. Resource limitations in the project limited the response to these issues of access. However programs such as the *Community Kitchens* program have supported community members to develop skills around shopping for healthy food on a budget.

4.2 Workforce development for promotion of healthy eating

Training and resources for teachers and early childhood staff to promote healthy eating

Capacity limitations of project staff limited the implementation of this objective. With more information available around healthy eating, a strategic decision to focus on physical activity was made as some schools indicated this area as a priority for support.

Schools and early childhood services were encouraged to become *Kids – 'Go for your life'* members which provides access to professional development and resources to promote healthy eating. For further details, please refer to 150. The newsletter targeting school staff also provided links and information to resources. For further details, please refer to page 98.

4.3 Information Forums

Recognising eating cues

The planned forum to improve understanding of children's eating cues and appropriate serving sizes was not implemented. Further consultation with stakeholders resulted in the early years working group developing a resource for health professionals to use while discussing these issues with families. Please refer to the social marketing objective on page 88 for further details.

4.4 Healthy Eating Puppet Show

Puppet show resource kit and training

There was promising uptake of this kit after only a short implementation time with indications that the resource was acceptable to the target audience and easy to use. Further follow up will be necessary to determine if this will be sustained and grow over time.

The initial successful uptake of the loan kit in the Bayside catchment prompted a reassessment of the delivery of the puppet show in the Kingston catchment. Over 70 shows delivered by community health staff in Kingston was a significant resource allocation. The potential to shift towards loan kits in Kingston could free up staff to pursue other projects.

4.5 *Community Kitchens* program

Adapting the Community Kitchens model for local communities

Target: four community kitchens established with 36 participants.

Although only two *Community Kitchens* programs were established, the target participation rate was exceeded with over 50 individuals participating in the *Community Kitchens* programs.

The communities in which the programs were established required worker support to function as confidence and skills around leading a group needed to be nurtured and developed. As the steering committee was mindful of establishing programs in a way that could be sustained post-funding, resources within the partnership limited the number of programs able to be offered.

The *Community Kitchen* model worked well in the target communities. However, some changes were required to make the programs more acceptable to participants, notably reducing administrative paperwork.

Participation

Strong participation was seen across both *Community Kitchen* programs. The Clarinda program grew in size with each series offered and the Dunkley program reported regular attendance. Dunkley *Community Kitchen* was successful in drawing participants from the local public housing estate. Staff also noted that several participants were new arrivals to Australia. Participant registration records for the Clarinda program showed that the program was successful in attracting people from the target communities (Clayton South and Clarinda residents). Both programs had several cultural groups represented.

The age range of participants in the Clarinda program was collected for focus group participants and indicated that 62.5 per cent were over 45 years and 37.5 per cent were 20-45. Focus group participants spoke about sharing what they had learnt with grandchildren, children and parents.

Recruitment

Both programs used a one off event to promote the program and provide information to potential participants. These sessions provided an opportunity for community members to try out the program before having to make an ongoing commitment. Presentations to other programs and groups were also a successful recruitment strategy.

Program delivery

Overall, there was very positive feedback was provided about the venue, presenters and resources.

Accessibility

Transport and child care were identified as barriers to participation in the program. The Dunkley program encouraged parents of young children to attend by providing children's activities, run by volunteers. Child care was investigated for the Clarinda program but could not be provided within the resources available.

The program was affordable to participants with costs per serve being kept to \$2.

Venue

Although both venues were situated in community centres, there was a vast difference in the quality of the kitchens available. The Dunkley *Community Kitchen* operated from a small kitchen in a community hall on a public housing estate with only basic facilities and a small cooking space. The Clarinda *Community Kitchen* operated from a community centre with a well equipped commercial quality kitchen.

The Clarinda participants reported high satisfaction with the facilities (although access was an issue) and the size and quality of the kitchen enabled the program to grow. The kitchen could comfortably accommodate up to 12-14 participants.

In contrast, the Dunkley facilities presented challenges, however staff observed that the facilities mirrored the kitchen facilities available to residents at home and was therefore not seen as a barrier to participation. During the program another venue became available however the group elected to stay at the facility they were using.

Staff and volunteers

Facilitators played a critical role in both programs. Skills required included:

- Highly developed interpersonal skills to engage participants, build confidence, deal with difficult behaviours and manage group dynamics to maintain a welcoming and pleasant environment and atmosphere.

"I like the facilitators as they explained to us especially since I am a bit shy with new people."

Program participant

- Ability to facilitate the program rather than lead the program. An important aspect of the program was encouraging skill development and self sufficiency in order to work towards a sustainable model.

Administration

The administrative paperwork was identified as a barrier to participation, based on the experience of staff in working with the target community in the Dunkley program. Program records were streamlined from the start. The core planning and budgeting skills could be developed without the paperwork. Participants learnt by doing, sharing responsibility for leading the group and shopping with a set budget.

In Clarinda, the program documentation from the Frankston model was used in the first series of the program. However, participants found this complex and time-consuming. For participants from culturally and linguistically diverse backgrounds, the paperwork was a particular challenge. The Clarinda program evolved based on this feedback and discussion with staff involved in the Dunkley program.

Administration was reduced by a shift from budgeting each recipe on paper to a flat rate contribution of two dollars per serve.

Knowledge and skill development

Focus groups and staff observations confirmed that participants had gained knowledge and developed skills as a result of their participation in the program including: budgeting, shopping, food label reading, recipe modification and cooking

"I learnt from this group and felt part of a team."

"I have high blood pressure so it helped me with reading labels and knowing what to cook and buy in the supermarket."

"The program definitely helps with a diabetic diet... provides information so that others are not hit with Type 2 diabetes like me."

Program participants

The knowledge and skills gained provided participants with confidence and self esteem which was evident to workers from both programs.

Both programs also allowed space for the participants to share their own knowledge and skills with the group. This was highly valued by participants. They enjoyed sharing their cooking skills, trying new cuisines and ingredients from around the globe and learning new ways of modifying their recipes to incorporate healthier ingredients.

Influencing eating habits at home

All participants were able to provide examples of how being part of the community kitchen had changed their eating habits at home including influencing eating habits of their children and families. Examples included reducing meat consumption, cutting out butter, drinking water instead of fizzy drinks, limiting treats, reducing portion sizes, reducing processed foods, using coconut milk instead of coconut cream and trying new foods. The connection between learning to prepare healthy low budget meals and looking after their own health and that of their families was clearly articulated.

"I eat less, cut down on the portion size and I'm looking after myself"

Program participant

Key messages about substituting ingredients, portion sizes, purchasing and preparing healthy foods on a low budget and role modelling were taken on board by the group.

"I cut down on the shopping which saves me money. Now I know how to budget money to look after my kids."

"I help my other family members to feed their kids more healthily."

"I'm encouraging my kids to eat more vegetables. I am their role model and I sit down and eat with them."

Program participants

Strengthening the community

Social cohesion

Participants universally reported that the friendships formed and social connections were extremely important to them. Outcomes such as new friendships, improved understanding of other cultures, reduced isolation and improved confidence and self esteem were cited by both participants and observed by staff. The importance of this aspect cannot be underestimated as it was an important motivation for joining and continued engagement.

Participants across both the Clarinda and Dunkley programs reported enjoying the multicultural aspect and the opportunity to share culture through food. Participants of the Clarinda *Community Kitchen* also reported the fostering of a greater understanding of other cultures and the contribution of the program to community harmony.

"I am over the moon that some of the Sudanese ladies are attending because it's a big thing for them to pluck up the courage to come along and mingle with people from different cultures. Recently one Sudanese lady cooked a traditional Arabic breakfast of baby broad beans. She lacked the confidence in coming but when everybody helped her and got talking about Sudan and the different African cultures, she did some dance movements. Once she did that, she was beaming and she really came out of her shell. That's the sort of thing that happens in the community kitchen and what makes this project so special."

Program volunteer

Linking the community to local service providers

The Dunkley *Community Kitchen* program provided an opportunity to participate in learning opportunities in a less intimidating way than accessing a course at a community centre. This provided a pathway to other learning opportunities with seven participants enrolling in one or more of the centre-based programs at the Sandybeach Centre or the Hampton Community Centre.

In Clarinda, the program also provided an introduction to staff and services from the local Community Health Service, including the dietitian and the diabetes educator.

Sustaining the program

The Dunkley *Community Kitchen* continued to operate beyond the project timelines and there was ongoing commitment to continue to support the program. Kingston City Council committed to ongoing support in partnership with Central Bayside Community Health Services to sustain the Clarinda program.

The success of the *Community Kitchen* program has generated interest in other communities as well as a means to address other priority issues such as strengthening the community to promote mental health and wellbeing. *Community Kitchen* programs will be an ongoing priority for the partnership into the future.

4.6 'Go for your life' Fruit and Vegetable project

Training of Fruit and Vegetable Retailers

The poor response to the training opportunity from retailers in the target communities suggests that there were significant barriers for independent retailers to attend training. Invitations had to be extended beyond the project area due to the small numbers of retailers in the project areas. Postcodes of neighbouring suburbs that were likely to be local shopping centres for the communities of interest were included. Major chains were not eligible to participate in the training and for Clayton South and Clarinda this was the only local fruit and vegetable access.

The project was not successful in engaging the business sector, generally. Capacity of local businesses is a barrier. The project struggled with demonstrating mutual benefit and that the benefits would outweigh the cost of participating, including staff time.

4.7 Local advocacy

Very little local advocacy work was done through the project due to reduced implementation time.

The peer education program was successful in building the capacity of community members to be advocates in their local communities. This was evident at the project showcase event where peer educators demonstrated their skill in presenting to community groups as well as advocating for local politicians and local government to continue to support programs like *Healthy Living in Australia* and the *Community Kitchens* program. For further details about the peer education component of the *Healthy Living in Australia* program please refer to page 17.

4.8 Kids – 'Go for your life' Awards program

Criteria: Plant Fruit and Veg in your lunchbox and Limit sometimes foods.

Please refer to page 150 for details relating to the *Kids – 'Go for your life'* awards program.

Recommendations for future practice

Recommendations

- Resources around building a business case for engagement of the business sector in health promotion activities would be useful to partnerships
- Explore ways of delivering successful programs differently. The puppet show loan kit resulted in a review of existing delivery of the original program, potentially releasing staff for other activities
- The *Community Kitchens* program is an appropriate, successful and sustainable way of transferring knowledge and skills in the community around healthy eating with social connection benefits as well
- Creating a safe, positive, inclusive, friendly and supportive environment is critical for a successful programs
- Use a variety of recruitment strategies to get a mix of people involved.
- Synergy with other local programs built trust and confidence with the community
- Recognise the social aspect of program delivery
- Providing a supported environment for community members to learn and practice practical skills around planning and preparing healthy meals on a budget was a successful strategy for increasing knowledge and skills and was appropriate for culturally diverse communities
- Peer educators can become strong advocates within their communities.

Objective 5: Being active

Introduction

Children need active play every day to stay healthy and learn important skills. Objective five of the project was to increase the amount of active play and physical activity in children aged 1-12 years. A number of key strategies and actions were identified:

- 5.1 Create supportive environments for healthy eating and physical activity in primary schools and early childhood services through the implementation of the *Kids – 'Go for your life'* Awards program. (Criteria: Move, Play and Go, Stride and Ride and Turn off and Switch to Play).
- 5.2 Source and provide training to improve skills and knowledge of staff in early childhood settings around active play
- 5.3 Develop and implement a grants program to support primary schools to increase the physical activity levels of students
- 5.4 Increase access to quality and affordable physical activity opportunities
- 5.5 Improve availability of games equipment in key settings.

This section outlines the process by which these strategies were implemented.



Increasing active play and physical activity – an overview of activities

5.1 Creating supportive environments for physical activity

Creating supportive environments for physical activity in primary schools and early childhood services through the implementation of the Kids – ‘Go for your life’ Awards program. (Criteria: Move, Play and Go, Stride and Ride and Turn off and Switch to Play).

Kids – ‘Go for your life’ Awards program

Supporting schools and early childhood services to meet criteria for the Kids – ‘Go for your life’ Awards

5.1.1 Engage schools and early childhood services

5.1.2 Conduct needs assessment with schools and early childhood services

5.1.3 Develop site action plan for criteria relating to physical activity

5.1.4 Provide support to settings to implement Kids – ‘Go for your life’

5.1.5 Support policy adoption and implementation

The *Kids – ‘Go for your life’ Awards* program is available to all Victorian primary schools and early childhood services and aims to make healthy eating and active play a positive, normal and easy part of every child’s day. The award program recognises schools and services that provide a healthy and supportive environment. The award is based around criteria linking to healthy behaviours.

One of the planned activities for *‘Being Active Eating Well’* was to support schools and early childhood services in the selected communities to create healthy environments through the *Kids – ‘Go for your life’ Awards* program. The first step was to engage local school and services. Schools and services were invited to participate in the program through an introductory letter which was followed up by telephone contact. Where possible, meetings were arranged with key staff to discuss the program. Supporting information was provided detailing the support available including:

- Providing practical support to achieve *Kids – ‘Go for your life’ Award* status
- Providing advice, assistance and resources to promote physical activity and healthy eating
- Providing information to parents through the *Being Active Eating Well* Newsletter and displays promoting key messages
- Providing information sessions for parents
- Providing support around funding opportunities – either directly, with seeding grants or support with applications for other relevant grants. Please refer to 5.3 *Being Active* grants on page 129
- A resource developed to guide early childhood services through the award application process.

Schools and services were encouraged to become members of the program to access supporting resources. Individual needs were discussed with each school or service with a view to developing a site action plan towards achievement of award status. Schools and services were regularly contacted by staff to offer support. However, due to varying levels of capacity and competing priorities, schools and services were allowed to pursue the criteria at their own pace.

Play 5

Physical activity emerged as an area where schools required support to meet *Kids – 'Go for your life'* criteria ('Move Play and Go' and 'Stride and Ride'), particularly for junior year levels. A teacher resource manual was purchased for all participating primary schools. The '*Play 5*' resource was designed to support teachers, parents and community groups to promote physical activity. For further information refer to: <http://play5.com.au/play5/> . The resource:

- Promotes a simple message – play five times a day.
- Integrates *Play 5* activities across the curriculum
- Provides practical ideas and activities for a fun physical education program
- Promotes *Play 5* as a family and school joint project
- Encourages parents to support their children to be more active at home.

In November 2009, a sample resource was purchased to consult with school staff concerning the appropriateness of the resource. Following positive feedback from school staff, copies of the teacher manuals were purchased for the participating primary schools and distributed in term one 2010.

5.2 Training for early childhood services

Structured Active Play program

5.2.1 Source a suitable an active play training program for staff of early childhood services (including playgroup leaders)

5.2.2 Pilot *Romp and Chomp* structured active play program with culturally and linguistically diverse community to ensure appropriateness

5.2.3 Train workers to support delivery of an Active Play training package locally

5.2.4 Implement the Structured Active Play program in early childhood services.

The Structured Active Play program developed through the *Romp and Chomp* program was identified through the action planning phase as a suitable training program to adapt to local conditions in order to support increased physical activity within early childhood services.

In January 2008, the project was invited to participate in a review of the Structured Active Play program by Deakin University which had been engaged to review the program for suitability to deliver across the state through the *Kids – 'Go for your life'* program.

A pilot program was delivered in May 2008 with focus groups conducted by Deakin University to assess the suitability of the resource and training to culturally diverse communities. Participants were recruited through the Kingston Family Day Care service. An invitation letter co-signed by the project manager and the family day care field worker was posted to all family day care providers in the Clayton South and Clarinda areas. Field workers followed up the letter and encouraged attendance. Invitation letters were also posted to all preschools and child care centres in the Clayton South and Clarinda areas.

The Structured Active Play program consisted of a booklet and associated training for early childhood services staff to promote structured active play in long day care, kindergarten and family day care services. Workshop participants were provided with a copy of the Structured Active Play program booklet containing easy and fun ideas for being active, specially designed for babies and children up to five years of age, as well practical sessions to demonstrate some of the activities in the resource. The session was designed so that participants would be able to train other staff in their workplace about active play in early childhood, using the Active Play program.

Following the pilot training program further sessions were offered to preschools and child care centres. In February – March 2009 staff contacted services by telephone to discuss training opportunities. In April an expression of interest form was posted to services and follow up phone calls were made to services.

5.3 *Being Active grants*

5.3.1 *Develop and implement a grant program to support primary schools to increase physical activity levels of students.*

The Primary School Working Group proposed that a grants program be implemented for primary schools in response to capacity issues identified during face to face meetings with primary schools to discuss capacity to participate in the project. The steering committee approved the development and implementation of this initiative.

In June 2009, primary schools participating in the project were invited to make an application for funding of up to \$5,000 to support activities to increase participation in physical activity among primary school students, with the projects to be completed by end of term one 2010. Current or new members of the *Kids – 'Go for your life'* program were also eligible for a further \$500 funding.

The Being Active primary school grants program aimed to support primary schools participating in the project to:

- Create supportive environments for physical activity in primary schools
- Increase the capacity of primary schools to promote being active
- Increase access to quality and affordable physical activity opportunities
- Increase the amount of active play or physical activity that primary school aged children do.

Support was offered and provided by council health promotion staff and the project manager.

School One – Active Clarinda

The grant was used to install AFL goal posts, purchase pads for the posts, a variety of sporting equipment and the installation of a roller door on the sports shed.

The funding for the goal posts provided the schools with the opportunity to implement the first phase of a long-term plan to develop a school sports hub which would be available for use by the local community after school hours. The sports oval was under-utilised as there was no equipment to facilitate active sports participation.



The installation of a secure and easily operated sports shed door was proposed to facilitate easy and safe access by the staff and students to the school's sports equipment.

Additional sports equipment was proposed to provide students with a greater choice of games and activities and greater participation at an individual level. Students were consulted concerning the purchase of additional equipment to increase physical activity at school.

A celebration event was held to officially 'open' the goal posts. The event was attended by the Mayor of the City of Kingston and a ward councillor. All children participated in a 'kick off' activity as part of the launch and a demonstration football game was held followed by a healthy afternoon snack of fruit.

School Two – Steps into a sanctuary – a new walking track and fitness path

In 2009, a crushed rock walking track was installed around the perimeter of the school oval to encourage active travel to school for the whole community, as well as to encourage fitness through using the track as a running track during school times. As well as promoting health and fitness within the community the track was viewed as an opportunity to protect the school oval and surrounding bush sanctuary.

The project was lead by the School Leadership Team, School Council and was supported by all staff and parents.

School Three – Athletics training facilities

Responding to concerns about the level of fitness of students, this school decided to invest in infrastructure to promote increased physical activity.



A running track was installed with the aim of:

- Getting children moving at lunchtimes and playtimes
- Providing a safe training facility for inter-school athletics sports sprints and hurdles, along with standardised sports
- Improving fitness and endurance in the long term.

As the primary school shares their grounds with a separate secondary college, the primary school invited the secondary college to make use of the facilities as well.

School Four – Footsteps Dance program

The *Footsteps Dance* program was delivered to all students from prep to grade six in term two, 2009 and in term one, 2010. Dance provides a fun way for children to learn new skills while providing benefits for cardio-respiratory fitness, flexibility and strength.

The *Footsteps Dance* program was an externally provided program designed especially for primary school students. All students and teachers were involved in the program for two five-week courses. The students were divided into year level groups as Footsteps run their program in age appropriate levels, catering for the needs of each group. This included age appropriate music and activities to enable the instructors to develop the students' skills and understandings at each level. The teachers' supported students as they maintained a high level of participation and also supported the instructors throughout the duration of the program.

All students performed their dance routines in the performing space at school and staff and parents were invited to attend the final session of the program. Each year group level performed to the year group level above them, as well as teachers and parents. This provided students with the experience of performing to an audience, demonstrating their skills and confidence gained from participating in the program.

School Five – Bike storage facility

A bike storage facility was proposed and approved. However, the school withdrew from the program due to a change in circumstances. The Federal Government Economic Stimulus Funding project meant that proposal was no longer viable.

School Six – Walking project

A proposal was made to implement a walking group. However, the assessment panel was unable to approve the proposal as it did not meet the funding criteria. The school was invited to resubmit a revised or new proposal and was offered assistance from project staff if required.

5.4 Improving access to quality and affordable physical activity opportunities

Events program

5.4.1 Hold events or planned activities in public open space and community venues to link the community with local facilities, service providers and local open space.

This action also links with actions 6.1.1 and 6.1.2.

A number of community events were held including play days, family fun days and program celebrations. All events programs were supported by a range of partners with usually one agency taking a lead role.

Play days were an existing format used by Kingston City Council Children's Services to promote play for children from birth to five years of age. *Being Active Eating Well* themed Play Days were planned and delivered at community venues in target communities. A network of local children's services provided a range of activities for children from birth to five years of age at each play day. Parents, grandparents and carers were encouraged to actively engage in the activities with children in their care.

Family Fun Days used a similar format with a broader age focus – predominantly children aged 5-12 years, but they were inclusive of preschool aged children as well.

Play Space

5.4.2 Audit of play space for children in targeted areas – playgrounds within a one kilometre radius of public housing estates in Bayside and Clayton South residential areas

5.4.3 Advocate for improved play space

This action was not implemented due to time and resource constraints.

Tai Chi for Kidz



5.4.4. Implement an innovative program using modified tai chi as a fun activity to improve children's coordination, mental strength, balance, posture and their overall health along with self confidence and self awareness, through the simple exercises introduced in *Tai Chi for Kidz*.

Tai Chi for Kidz is a non-competitive and fun program to develop the mind and body and is suitable for children with a range of abilities. The benefits of tai chi include the development of improved concentration, motor skills, strength and balance. The tai chi sessions were modified for children to focus on having fun. Children learnt traditional movements and imagined they were playing with monkeys, birds, tigers and dragons.

Bentleigh Bayside Community Health (BBCH) proposed that *Tai Chi for Kidz* be piloted as part of the *Being Active Eating Well* project to contribute to achieving strategy objective 5.4 (increasing access to quality and affordable physical activity opportunities). The steering committee accepted the proposal and allocated \$7950 to implement a pilot program in late 2008 with ongoing delivery until mid 2010.

The program aimed to build knowledge and skills and improve access and opportunities for primary school children to enhance physical activity, safety and healthy eating. *Tai Chi for Kidz* was delivered through a partnership between BBCH and participating primary schools. The program engaged with primary school staff, volunteers, primary school students aged between six and seven years and a range of community health staff.

A qualified tai chi instructor was engaged as the weekly program facilitator. School staff and volunteers also undertook training to deliver *Tai Chi for Kidz* sessions through Arthritis Victoria (the training agency for *Tai Chi for Kidz* leaders). Sessions were delivered weekly during school term within the classroom setting for grade one and two students. Other health professionals such as an occupational therapist, physiotherapist and dietitian were also engaged to support the delivery of the program.

Children were taught and practiced tai chi movements weekly with a healthy snack provided afterwards to model healthy eating as part of the delivery of the program.

Promoting physical activity through other key initiatives

Please refer to the capacity building objective for further details on how the *Healthy Living in Australia* program (page 17), *Playtime Buddies* (page 22) and the *Bizzy Bodies* program (page 22) contributed to the promotion of physical activity.

5.5 Improve availability of games equipment in key settings

Increasing access to active play and sporting equipment

- 5.5.1 Conduct needs assessment in key settings
- 5.5.2 Work with primary schools to improve access to equipment at recess and lunch time
- 5.5.3 Work with early childhood services to enhance access to equipment to support structured play in early childhood services setting.



Increasing access to games and sporting equipment for primary school-aged children

Please refer to strategy 5.3 on page 129 for details on how the *Being Active* grants program supported improving availability of games and sporting equipment in the primary school setting.

The *Play 5* manuals, purchased for participating primary schools, included instruction sheets for making Play5 equipment and playground markings¹⁵.

Increasing access to active play equipment for early years

In June 2009, the Early Years Working Group identified access to equipment as a barrier to active play at home. Two sites were identified as pilots for an active play kit project. The local libraries and two playgroups agreed to partner in an active play kit loan scheme.

Active play equipment including hoops, bean bags, balls and a parachute in a carry bag were sourced. An information resource was developed to support families borrowing the kit. The kits were placed in playgroups and/or libraries for loan by families.



Evaluation methods

Please refer to the evaluation methods detailed on page 26.

Evaluation results and findings

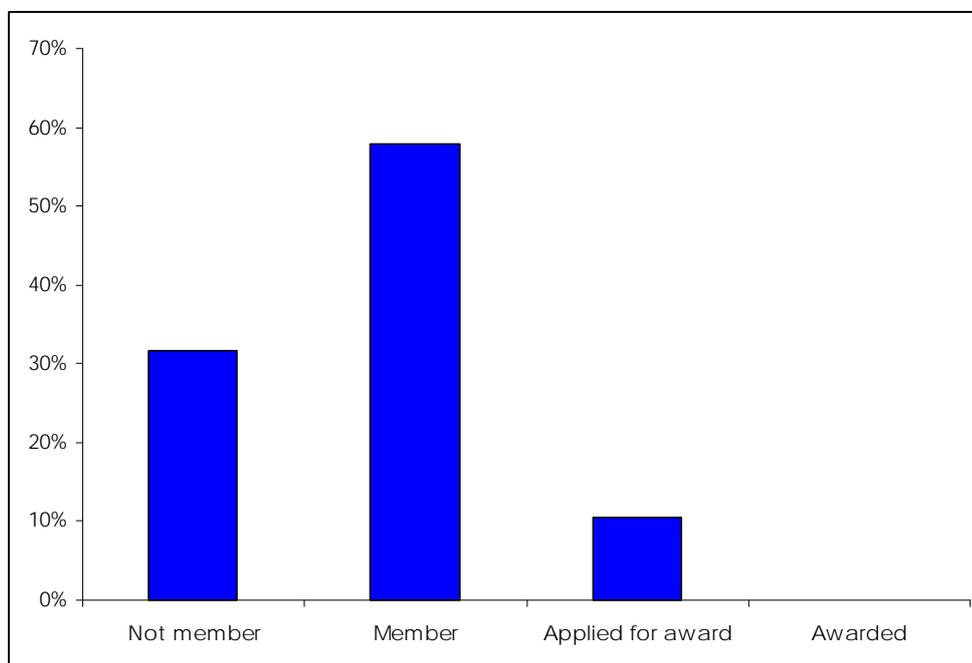
5.1 Creating supportive environments for physical activity

Kids – 'Go for your life' awards program

Membership

Figure 16 below shows the membership status of primary schools and early childhood services involved in the program.

Figure 16 – Kids – 'Go for your life' membership in project schools and early childhood services



Four of the six primary schools (67 per cent) became members, all since the project commenced. None progressed to award status, however staff working with schools observed that the majority had worked towards each criteria and four had applied for funding for time release to work on policy to achieve criteria and/or award applications.

Nine out of 13 early childhood services became members, all since the project commenced. Two of these services (one family day care program and one preschool) have applied for award status (pending).

Working group representatives from local government reported that family day care services and child care centres run by the council had policies around healthy eating (including water) and physical activity in place.

Findings of key informant interview with school staff

Key informant interviews with primary school staff were conducted in four schools, interviews were conducted with the principal of the school and, in one school, with the responsible staff member.

Engaging schools

While not all principals could recall how they initially became involved, most recalled meeting with the project manager and/or a council officer in the early stages. For most schools the context of the overall project and how local schools in the targeted areas fitted in was made clear from the start.

"(Project) fitted in well with us and dovetailed nicely with what we wanted to do."

"We were keen because a lot of our kids lead sedentary lives. There aren't a lot of clubs around here."

"The rationale was very clear and we were made aware of the context."

"Not really (clear). I knew it was a Government initiative."

"I only found out about it when Lena contacted us in the second half of last year. Only realised that the project had been going for a few years at that time."

Primary school key informants

There was a high level of enthusiasm expressed about the opportunity to get involved particularly as the potential benefits were seen as considerable.

"We were very enthusiastic and keen to get involved."

"Excited but a bit daunted at the application phase."

"Very motivated."

Primary school key informants

One of the key motivators from most was the alignment of the 'Health Promoting Communities: Being Active Eating Well' Project's goals with school values. While not all schools had detailed policies regarding healthy eating and physical activity, all were committed to improving health outcomes for their students and the project was seen as a real opportunity to do that.

"Wanted to offer all children an opportunity to be involved in something different."

"It worked in well with our policies."

"It supported our philosophies."

"We strongly support physical activity and good eating. Today is 'no wrappers day', we have Fresh Fruit Fridays, no chocolate fund-raisers and are cutting back on a number of processed foods on the lunch orders. All children are encouraged to have water bottles and 'brainy bites' are a part of the morning routine."

Primary school key informants

Social marketing

The most recognised aspects of the project was the *Being Active* grants program and the parents' newsletters. One principal mentioned the school being awarded a certificate and presumed this to be the 'Go for your life' Award. *Play 5* was not really recognised by any school interviewed.

All five schools received and distributed as many editions of the *Being Active Eating Well* newsletter as they received, although the number received seemed to vary across the schools. This was sent to parents as an attachment to regularly distributed school newsletters. Whilst no one recalled any feedback regarding the newsletter, they were happy to distribute it because its messages supported school practices and/or policies.

"Not a lot of feedback on newsletters. It's a good idea though. No one sees it as a waste of time"

Primary school key informant

There was some mention made by the principals at schools with a high proportion of families from culturally and linguistically diverse backgrounds that newsletters may not be as accessible to these parents. One school endeavoured to overcome this by using start-of-year face to face interviews with parents and children to convey the school's key policies and expectations, including healthy lunch food choices.

Comments relating to the *Tai Chi for Kidz* program are detailed under action 5.4.4 on page 146.

Being Active grants

Most schools chose to apply for a *Being Active* grant as this is what they largely felt was being offered as part of the *Being Active Eating Well* project.

"It seemed to be the most publicised part of the Project and was the most suitable thing for our school to get involved with."

Primary school key informant

Projects that successfully received funding included:

- New walking track around the school and through an existing sanctuary
- New goal posts to replace rotting ones and roller doors on sporting shed for easier access to sporting equipment
- Dance program
- Partial funding for a synthetic running track.

One of the schools was unsuccessful in its application for funding. The opportunity to obtain funds to enable these infrastructure improvements and new programs was a key motivator to get involved in the *Being Active Eating Well* project.

Implementation challenges

For one school, the funding application was not onerous. For others, this was the most challenging part of the process. This was either because of time restrictions or because staff did not have experience in applying for funding.

"Class teachers are busy. To apply for funding takes a huge amount of time,"
"It was a new challenge for us to apply for funding as we'd never put in for anything like this before. We weren't used to costing projects as part of the process either. It took a fair bit of time to do but it was a learning experience and worthwhile for that alone."

Primary school key informants

The school that was unsuccessful in its funding application felt less certain about asking for help and in hindsight felt it was to their disadvantage that they did not seek some assistance during the application process. They felt this was their own mistake and not necessarily that of project staff.

These schools acknowledged the increasing demands being made of all schools to become involved in a whole range of projects but saw it as their responsibility to make the most of those opportunities which had real potential to deliver good outcomes for their students.

"There's a few hoops to go through, but this is understandable."
"None (challenges) at all. We were so well supported. All the teachers were deeply committed. The Project fitted in with what we are doing around physical activity. We have recently appointed a phys ed specialist and our Council has mandated levels of physical activity."

Primary school key informants

The long wait for quotations was an inconvenience for two schools as it delayed the process somewhat.

Ultimately, any challenges were overcome by not losing sight of what were perceived to be highly positive outcomes for their students.

Implementation strengths

The support from *Being Active Eating Well* staff was raised as a key strength. Without the briefing and information provided by these staff, most schools would not have been aware of the opportunity to be involved. In most cases there appeared to be strong lines of communication with relevant project staff. Principals indicated this deepened the relationship with local councils with whom they feel a stronger partnership developed. Even the school that was unsuccessful indicated that if the opportunity arose, they would become involved again as the process has helped develop organisational skills.

"It a great initiative and I would encourage our school to get involved again."
"I'd like to stress how wonderful Lena and Allison have been."
"Belinda worked closely with us."
"The (project) staff were good at directing us to various resources."

Primary school key informants

Freeing up relevant staff time to put together applications and having the underlying support from teaching staff and school councils to participate also made the process of implementation more manageable for schools. In discussing strengths, most principals also talked about outcomes:

"I'm looking out my window now and there are kids running around on the path in an area which was not well accessed before."

"Children are definitely more physically active. Many more children are involved in games requiring equipment. I see them going over to the sports shed and taking out the equipment they want and this wasn't the case before the new door. This also helps with their skills as well as encourages them to play in teams with others. The social side of all this is also important."

Primary school key informants

Schools were building on what the project had delivered by setting new related goals:

"We'd like to build a border around our path next. We're also expanding our veggie patch and have employed a gardener and cook for two days a week. We're aiming for a kitchen too."

Primary school key informant

Impacts

For most, the nature of their involvement in the project was seen as an opportunity to secure funding for their school in areas where there was a strong alignment to existing policies or practices. Each school readily acknowledged the support for the project goals and saw them as directly relevant to their school.

With the exception of one school, preparing funding applications was a process familiar to them, albeit challenging. Most already had policies or at least practices in line with the key project objectives. More challenging, perhaps, was the extent to which these could be effectively implemented. One school commented:

"We do what we can to encourage healthy eating and over 80 per cent of our kids now bring fruit to school. We've not had a specific policy in the past because the socio-economic background of our families has made this difficult. We are in the process of looking at that now, though."

Primary school key informant

The *Tai Chi for Kidz* program has been successful to the extent that it will continue beyond the life of the *Being Active Eating Well* project.

Most participating schools did not discuss their involvement in the project with other schools (with the exception of the tai chi program being raised at a network meeting). The school with less experience in such projects indicated that it would have been useful to know what other schools had done as this may have given them a better idea on how to get involved.

For one school, the newly established relationship with the council has seen the school grounds be used for a Healthy Living Expo. This, in turn, exposed the school community to many other groups in their broader community, creating new connections which have the potential to enrich the school.

All acknowledged that the impacts would not have occurred without the *Being Active Eating Well* project, given the highly targeted nature of the involvement.

As indicated above, most principals readily provided anecdotal evidence of changes in physical activity as a direct result of the project.

Sustainability

Each of the projects has left a positive impact on their respective schools and each which will extend well beyond the life of the overall *Being Active Eating Well* project.

The promotion of physical activity and healthy eating will continue to be priorities for each of the schools involved. All schools were mindful to ensure that health messages like those in the project were reinforced within their own school communities and a number went on to establish policies in this area. Where policies did not already exist, some work was being undertaken to educate parents and formalise arrangements. While this was a slower process for some schools where resources were more limited, it was still in progress nevertheless.

The extent to which schools will continue to work with project partners is variable. Certainly the establishment of new connections, particularly with councils, was positively regarded. This is the foundations for future partnerships.

"We're hoping to (continue working with project partners). We'd already done some work last year with the council about school safety and our relationship has been further strengthened through this Being Active Eating Well project."

Primary school key informant

Findings of key informant interviews with early childhood service staff

Nine early childhood services were invited to participate in an interview to discuss the *Being Active Eating Well* project. Eight services agreed to participate and were interviewed.

Engagement with the project

All eight services reported being somewhat aware of the project. All mentioned the importance and value of the project's goals. Three respondents indicated high alignment of project goals with the goal of the service and five indicated moderate alignment. Involvement in project activities was limited to, in most cases, one or two (in one case three) activities. Table 23 below summarises the engagement of early childhood services with project activities.

Table 23 – Awareness and Involvement of early childhood services with Being Active Eating Well activities

Resource or activity:	Awareness			Involvement and usage		
	Not aware	Somewhat aware	Very aware	None	Some	A lot
<i>Kids – ‘Go for your life’ Awards</i>	1	5	2	4	2	2
<i>Kids – ‘Go for your life’ Forum (information session/training)</i>	3	4	1	8	0	0
<i>Being Active Eating Well newsletter</i>	3	2	3	4	1	3
Display kits (for loan)	4	2	2	5	2	1
Active Play Training	6	1	1	7	1	0

Kids – ‘Go for your life’ Awards

- Some respondents reported high levels of satisfaction with the *Kids – ‘Go for your life’* program with all of these indicating that they could readily access further information or assistance if required
- Some respondents felt it required a lot of work.

Newsletter and other social marketing activities

- The majority of services were aware of the newsletter with high satisfaction reported, including appropriate messages that re-enforced their service’s practices and/or policies
- One respondent reported that the newsletter was more accessible to English-speaking families. This service had incorporated photos of active play and healthy eating at their service in their own newsletter to address this gap. This service also adapted the display kits provided to make them more relevant to their community.

“It’s a bit ‘cheating’ I know, but we add photos of our own kids as it really draws the parents’ attention. Because they are (physically) there in the entrance, you can add things to them. It also helps get the message across to parents whose first language isn’t English.”

Early childhood service interview respondent

- In services where there were a high number of families from culturally diverse communities, it helped to incorporate other visuals with the display kit, in order to make it more accessible.

“The newsletter was a good idea. I didn’t know how it would go down but it has lots of illustrations which helps convey message.”

Early childhood service interview respondent

- Respondents were undecided about the implementation of the messages at home, however some reported noticeable changes in what parents were packing in lunchboxes.

Active Play Training

- Only one service reported participating in this training and rated it as worthwhile. The person who attended training also shared information about it with other staff.

Changes to promote healthy eating and/or physical activity

- Most services reported some changes
- More informal discussions with parents if staff felt the food children were provided from home was inappropriate
- Stricter food policies that parents were made aware of at enrolment
- The one service that indicated that no changes had been made in the past three years said that their food policies were in place before 2007
- Links with local primary school, providing invaluable learning through exposure to the healthy eating policies the school implemented.
- More concerted and ongoing information to parents
- Development of new resource for Family Day Care providers encouraging outdoor play
- Five services reported the *Being Active Eating Well* project played some role in these changes, one was unsure and two did not believe the project influenced change (mainly because well-established policies and practices were already in place)

Barriers

- Lack of awareness or time and resource limitations
- Limited capacity to release staff for activities outside the service
- Staff changes
- Not enough notice given about training sessions
- Lack of relevance for some services that already had policies and practices in place.

Enablers

- Targeting information specifically for early childhood services
- Local information sessions and training
- Lots of notice to enable the engagement of committees of management
- Ongoing relationships developed with key contact staff
- Readily accessible resources
- A contact person – most respondents suggested a council officer or links through the 'Go for your life' website
- Supporting resources suitable for culturally and linguistically diverse communities
- Access to funding or provision of equipment.

5.2 Training for Early Childhood Services

Structured Active Play program

In May 2009, a pilot training and focus group for the Structured Active Play program was held. Nine people attended, with eight family day care providers and one child care centre director.

There was a poor response to the expression of interest process for preschools and child care centre staff for training following the pilot. Follow up discussions highlighted capacity issues for many services to attend training. Due to insufficient expressions of interest the planned session was cancelled.

Summary of discussion at the focus group conducted by Deakin University concerning the active play booklet:

Resource

- Positive feedback provided concerning format program
- Two responses indicated that the low cost and simple tips for equipment were very useful
- Indications that participants were familiar with the activities, but that the resource was a good reminder.

Cultural appropriateness

- Generally no problems with cultural barriers including gender issues.
- One suggestion to include activities from different cultures as beneficial to children to learn about other cultures
- One suggestion to include ideas to set up environment especially for outside activities and include prompts to use outdoors including local parks and playgrounds.

Interest in training

- There was general agreement that participants would like to participate in training around the active play and activities in the booklet.

Staff observations

- The session was held at a suitable time and venue for participants.
- Need to use local venues as transport was an issue for this community.
- A much stronger engagement of participants was observed during the practical sessions than during the PowerPoint presentation. The presentation was quite long and quite formal. Hands-on practical demonstrations are preferred.
- The family day care field worker reported back to project staff some weeks after the training that the family day care providers were using the booklet and activity suggestions. The worker also observed more outdoor play in routine visits.

5.3 *Being Active grants*

- The *Being Active* grants program was developed by the Primary School Working Group and was approved by the steering committee
- Six primary schools were invited to participate with all six submitting a proposal
- Five proposals were funded. However, one school withdrew their application due to a change in circumstances relating to the Federal Government Economic Stimulus Funding project. This meant that their proposal was no longer viable
- Four projects completed
- Three schools have reported joining the *Kids – 'Go for your life'* award program.

Active Clarinda

The project report submitted to the steering group by the school reported:

- Progress towards a longer term development plan for the school oval for school community and local community use
- Observations of increased participation in playtime and lunchtime physical activity as well as physical education and sport activities through the provision of the goal posts as well as providing easier and safer access to the sports equipment shed. Students could select and return sporting goods as required. Students are actively involved in this area during formal PE/sport activities and informal play during recess and lunch breaks.
- Since the relocation of the basketball courts to the oval (funded by the Commonwealth Government's Building the Education Revolution grant), feedback from our neighbours confirmed the sports area has attracted many active participants outside of school hours.
- Physical education – students and staff having safe access to better quality equipment and storage. Students have more choice of equipment and they can access that equipment at need.

"The students are engaged in "One Minute Sports" where they collect a stopwatch and an activity from the lucky dip box then time how many repetitions can be achieved in one minute. There are approximately 15 activities to enjoy."

Being Active grants project report (School 1)

- Additional equipment provided in the classroom also increased access to sports equipment.
- The provision of facilities has expanded the opportunities for physical activity. Specifically, a series of skill sessions in a variety of sports offered by VCE students from Sports Education and Development Australia in conjunction with the Football Federation of Victoria has increased physical activity. A football clinic was also held with Collingwood Football Club players.
- Observed use of facilities by community outside of school hours
- Lessons designed around the new equipment
- The Physical Education teacher has observed significant increases in enjoyment, skills and fitness, as well as a growing interest in non-traditional games; the students are excited about sport
- Satisfaction with the support provided by council health promotion staff and the program manager and the funding process
- Vandalism of the goal posts highlighted issues with the installation
- A challenge for the future is the supply of sport consumables such as balls, nets and bats, that can deteriorate with use over time.
- Limited budgets relied on in-kind support from parents.

Steps into a sanctuary – a new walking and fitness path

The project report submitted to the steering group stated:

- The Walking School Bus leaders encourage active means of getting to school and by using the walking track through the school grounds, encouraging protection of the oval and sanctuary.
- Staff observed daily use of the track by parents and students using the track as they enter and exit the school.
- Fitness sessions in physical education classes have increased as students have been able to access the track. Running and walking sessions, with a focus on improved fitness levels, have become a more regular part of the physical education program.
- A walkathon that used the track was enjoyed by students as they gained fitness as well as raised funds for the school.
- Our Active After School program as well as Out of School Hours Care makes good use of the school track and facilities.
- The track has encouraged students and parents to walk around the oval, rather than across it.
- The school community help to maintain the track during monthly working bees and the local government contractors are controlling the edges.
- There is ongoing promotion of the track to the school community.
- Partnership with local government (and contractors) has supported this initiative.
- This project has enabled the realisation of phase one of a longer term development plan for the oval to include fitness stations.

Athletics training facility

The project report submitted to the steering group reported:

- Casual observation indicates that the facility is already serving the purpose for which it was intended, with children of all ages using it, and classes going out and using it for maths lessons such as timing and the measurement of distances.
- Enhanced opportunities for fitness by providing easy access by all the children and teachers.
- Currently the whole school (230 children, and 20 staff) has access to the track, and have used it this year.
- Improved safety and reduced risk of injury as the school has very rough grounds for training on.
- The project was supported by the staff and parents.
- Timing of the installation resulted in slow growth of use at the start of the year.
- There is an intention to use the track for more classroom work to enhance different maths, literacy and physical programs.

Footsteps Dance program

The project report submitted to the steering group drew on feedback from staff, students and parent observations (collected by the school). A summary of the findings follows:

- The program has influenced how students, staff and parents view dance in the curriculum by increasing their awareness of how dance can contribute to a healthy and active lifestyle and fitness regime.
- Grade six students extended their skills by acting as instructors in a lunch time Dance Club for Grade two students.
- Students have developed their confidence and extended their skills to enable them to choreograph and construct their own performances through participation in the program.
- Students throughout the school have developed a high level of confidence and enthusiasm in dance-related activities and tasks during Performing Arts classes as a result of their participation in the Footsteps program.
- The school concert was a very successful showcase for the program as students performed their dances on a 'Round the world' theme, demonstrating their skills, confidence and understanding of cultural perspectives. This was performed at the Melbourne Concert Hall. Feedback received by word of mouth, letters and e-mails showed the event as a highlight of the year for many students, parents and the wider community.
- The program provided students and teachers with the opportunity to collaborate and share ideas and experiences in a supportive environment, increasing their knowledge and skills.
- Dance has become an integral part of the school's program as well as developing students' awareness of Dance as a means to improve health, fitness and wellbeing.
- The program was successful at meeting the needs of the students and was supported whole heartedly by the school community.
- Age appropriateness could be reviewed, for example partner dancing was challenging for the grade five students, yet the grade six students embraced it and enjoyed it, as did the other year levels.
- The activity could be extended so the students are enrolled in the program for a longer period to gain maximum benefits but this would depend on availability and budgets within the school.
- The school intends to continue to use Footsteps through the Performing Arts curriculum.
- The school continued to celebrate the success of the students through performances at special events and assemblies as well as encouraging older students to act as peer coaches to younger students with participation in lunchtime dance activities leading to group performances.

5.4 Improving access to quality and affordable physical activity opportunities

5.4.1. Events program

Table 24 below details the events program and participation rates for the project.

Table 24 – Being Active Eating Well Events

Event	Date	Number of participants	Number of partner agencies involved
<i>Healthy Living in Australia</i> program launch	August 2008	150 attendees	7 agencies
Health and Harmony Day	February 2009	300 attendees	7 agencies
Keeley Park Play Day	March 2009	8 attendees (Bad weather affected attendance. 25 RSVPs received).	6 agencies
Clarinda Play Day	August 2008	78 attendees	7 agencies
Bayside (Christmas event)	December 2008	More than 200 attendees	
Highbett Family Fun Day	October 2009	80	Approximately 4
Westall Play Day	November 2009	59 attendees	3 agencies

5.4.2 and 5.4.3 Audit of playspace and Advocacy for improved playspace

No results.

5.4.4 Tai Chi for Kidz

The project report prepared by the lead agency collected together information on the delivery of the program and staff views on the program.

Participation in Arthritis Victoria Tai Chi for Kidz training

Five leaders trained – tai chi Instructor, two volunteers and two teachers from the school.

All participants in the training ranked it as either excellent or very good and participants felt confident to teach tai chi with further practice and support from the expert instructor.

Program reach:

- Grade one students – two classes concurrent – 21 and 24 students respectively
- 20 minute sessions were conducted weekly.

Media coverage

- School news
- *Leader Newspaper*
- *Window of Opportunity* – the Department of Health regional health promotion newsletter.

Staff observations

Impact on participants:

- Staff observed improvements in coordination and concentration, particularly for children for whom focussing on tasks had been a challenge.

Critical success factors:

- Excellent tai chi instructor, trained teachers and volunteers
- The commitment, willingness to learn and flexibility of the tai chi team
- Support from schools, specifically from school leadership and the project champion
- Support from *Being Active Eating Well* steering committee and Program Manager
- The Showcase and the presentation of tai chi by the children was a factor in getting the second school recruited

Challenges:

- Working with schools was rewarding but challenging in the context of fitting the program into a very full curriculum and scheduling issues
- Access to leader training since the first training sessions was difficult as the training organisation ceased working/training for children's programs as there was not the ready market for children's programs. Protracted negotiations occurred to secure a second round of training which placed an added burden on project staff
- Working within budget constraints such as not being able to fund teacher release time to facilitate participation in the training.

Overcoming challenges:

- Increased support for program coordinator
- Social marketing to enhance support of physical activity interventions
- Earlier and ongoing communication with the school
- Improve program record keeping
- Develop a training package such as a DVD for trainees prior to the training, to make it easier to follow.

Participant focus group findings

A focus group was conducted with seven participants from the *Tai Chi for Kidz* program. Approximately ten children from years two and three were invited to participate. A summary of the results follows.

<p>What did participants enjoy about the program?</p>	<ul style="list-style-type: none"> • Animal imagery in activities • Supportive instructors <i>"The teacher supported us to give it a go and not feel embarrassed."</i> • Breathing and balancing helped them to relax • Working outside
<p>What did participants think could be changed or improved about the program?</p>	<ul style="list-style-type: none"> • Some reported having difficulty concentrating so hard while others thought the sessions could be made more challenging <i>"Got boring at the end."</i> <i>"It could have been harder."</i>
<p>What has changed for the participants as a result of the program?</p>	<ul style="list-style-type: none"> • Most children reported enjoying working on balance, concentration and relaxing. <i>"You get relaxed."</i> <i>"It helps your balance."</i> • Some children spoke about learning new skills and the confidence that comes from being able to do something that was new and challenging. <i>"When it looks hard it can be easy."</i> <i>"Once you've done something millions of times you get better at it"</i>
<p>What were the key health messages and benefits of the program for themselves and others?</p>	<ul style="list-style-type: none"> • Most other messages recalled related to the program: <i>"Staying still gives you more balance."</i> <i>"At tai chi you can balance one leg."</i> <i>"Tai chi is good for you"</i> <i>"Tai chi is calm and quiet. You learn to do slow moves (like) the monkey, the rabbit, the ball and the dragon."</i> • Consumption of healthy foods and drink was also recalled by participants <i>"Don't drink juice."</i>

Key informant interviews of school staff (findings relating to the Tai Chi for Kidz program)

The key informant in whose school the tai chi program was run initially saw "time and space in the curriculum" as the only real challenge, however this was overcome because of a strong belief in the value of the program and the need to make it fit. The principal encouraged teachers to have an open mind and consider programs that are not a traditional part of the curriculum.

"The kids learn self-discipline (through tai chi). It's non-competitive and offers them a real opportunity to learn about themselves. It's different, no pushing and shoving."

Primary school key informant

The program was continued at the school after the pilot program had finished.

"We are keeping the tai chi going and training more of our teachers."

Primary school key informant

5.5 Improve availability of games equipment in key settings

Active play and games equipment

Fifteen Active Play Kits targeting families with children from birth to five years were purchased and distributed to two sites for loan by parents. No results from evaluation of use of the resource.

Please refer to capacity building objective (page 61) for details relating to increasing access to games equipment through the *Bizzy Bodies* program.

Being Active grant

Please refer to strategy 5.3 on page 142.

Discussion and conclusions

5.1 Creating supportive environments for physical activity

Kids – 'Go for your life' awards program

Kids – 'Go for your life' membership has increased since the introduction of the *Being Active Eating Well* project. However, it is not possible say to what degree this was due to the project. Although no schools or services achieved award status, key informant interviews confirmed that the support provided to schools and services did yield some benefits.

Primary schools

Working with primary schools was a new endeavour for the partnership and many valuable lessons were identified thorough this project.

Barriers

The commitment of participating schools to the project was as much a commitment to providing the necessary resources to maximise the chance of successful outcomes. Given what busy places schools are and the constant pressures on their resources, schools will endeavour to resource those projects which align to their own goals. This was the case for participating schools. The project team's approach (dove-tailing on the *Kids – 'Go for your life'* campaign) made it clear to schools how the project complemented existing messages and initiatives.

The timing of projects also impacted on capacity to become involved. While the one school that was unsuccessful in the *Being Active* grants was encouraged to re-apply it was felt that there was not enough time to do so given their initial application was rejected late in the last school year.

Overcoming barriers

Given these schools all participated in the project, principals showed considerable leadership and support to an application process that did not necessarily guarantee a successful outcome.

Having shared goals was a critical factor in the success of this project and these ultimately resulted in strengthening relationships, with the local council (and in one instance the community health service, in particular. The efforts of project staff to strengthen relationships were duly acknowledged and appreciated. In one case the use of the school for the Health Living Expo also showcased a variety of local services and groups to the school community which were previously unfamiliar to them. The alignment of goals allowed schools to see the value in contributing precious time and resources to participate.

It is also a credit to the work of the project staff that, for the most part, they provided strong levels of support and guidance to facilitate principals and schools in the involvement. All schools held the project staff in high regard for their work and ability to communicate effectively with them. Project staff managed to work in the context of time-poor schools that had a number of competing demands.

While schools themselves have their own regional and professional networks, the project was not one that actively sought to bring participating schools together. There may be some merit in connecting like schools through the project as this may assist those less experienced schools to learn from others, as well as strengthening partnerships.

Being Active grants

For most schools, there appeared to be a capacity and willingness to be involved in the project, especially given the alignment of project goals and school policies. The *Being Active* grants provided a practical means for schools to engage that was mutually beneficial.

It became evident that the one school which was unsuccessful in its application would have benefited from some additional support in undertaking the process. The project did, however, highlight for this school the importance of actively promoting healthy eating and physical activity and this was reflected in its endeavours to develop its own policies. Exposure to similar schools which are more experienced in grant applications would be of some assistance.

The one school that was unsuccessful in its grant application indicated that the lessons that came from the process had been valuable and would assist them with any similar opportunities in the future. It was acknowledged that the experience was a new one for their school and they lacked some of the skills required to prepare a detailed funding application. This inexperience also inhibited school staff from actively seeking support from the project staff. This highlights the need for project staff to be mindful of variable skill levels across participating schools and the extent to which some schools may require additional support to engage in the more involved components of the overall project. While the feedback provided was useful, it may also be helpful to provide unsuccessful schools with examples of viable projects in other schools as a way of informing any future funding applications.

Social marketing

It is worth noting that all the schools involved had the capacity to readily distribute the *Being Active Eating Well* newsletter and seemed happy to do so, again because it reinforced the prevailing health messages being promoted in most schools.

Early childhood services

Engagement with the project

Feedback from services confirmed that the *Being Active Eating Well* project did align with the service's own goals and objectives, which was critical to successful engagement. Most of the services interviewed reported involvement in some aspect of the project.

Although services recognised *Kids – 'Go for your life'* as a relevant and useful program, barriers were identified that limited either engagement in the program or success in achieving award status. Two services had applied for the award indicating they felt that they had met the criteria, however the applications were pending at the time that this report was prepared.

Newsletter and other social marketing activities

The newsletter was a highly valued resource for early childhood services, however there were limitations to its usefulness in culturally and linguistically diverse communities.

One service had creatively adapted the messages in the newsletters using pictures, for their own newsletter to families. Similarly, photos of children attending the service were integrated into the display kits to increase relevance to families from that service. This showed that adaptable resources were important for some communities.

"It's a bit 'cheating' I know, but we add photos of our own kids as it really draws the parents' attention. Because they are (physically) there in the entrance, you can add things to them. It also helps get the message across to parents whose first language isn't English."

Early childhood service interview respondent

In services where there were a higher proportion of culturally and linguistically diverse families, visual messages were preferable.

"Visuals are more likely to make the parents ask questions."

Early childhood service interview respondent

Services also echoed staff feedback concerning the availability of material in other languages.

Most services reinforced the value of the program to at least remind services of the importance of ongoing promotion of healthy living messages as part of their work with families. Some directors indicated that the project enabled them to bring messages to the fore that had not been as high a priority for them.

Unfortunately, it was not possible to gauge the usefulness of the resources by families using the services. However, some services reported changes in what parents were packing in lunchboxes.

Active Play training

Only one service reported participating in the *Active Play* training. It was considered worthwhile especially since the knowledge was passed on to other staff in that service. Early childhood services, like schools, had limited time to devote to health promotion activities. Although more resource intensive, offering on-site training to individual services or a small cluster of services may overcome this barrier.

Impact on early childhood services

Most services indicated that they had made changes to some extent over the past three years. This varied across each service, from more informal discussions with parents (if staff felt the food children were provided from home was inappropriate), to strict food policies that parents were made aware of at enrolment. In all cases there was mindfulness about the importance of promoting the sorts of messages espoused by the *Being Active Eating Well* project.

A director whose service was situated near a local primary school mentioned her centre's increasing involvement with the school and the invaluable learning that was occurring through her exposure to the healthy eating policies the school implemented. This more recently formed partnership was having a positive impact on organisational development.

Most services mentioned a more concerted, ongoing updating of information to parents, particularly through newsletters (their own or the *Being Active Eating Well* newsletter) as well as more regular discussions with individual families about inappropriate foods.

The service that was responsible for family day care also indicated that it had created a resource book for care providers on simple games to play with children outdoors, directly as a result of involvement with the project.

The majority of services felt that the project was a factor in the changes that they implemented. The two services that indicated the project has not been a factor felt they already had well-established practices or policies in line with project messages.

Barriers

Most directors indicated either a lack of awareness or time and resource limitations as the main barriers to participation.

"It's all really important but it's hard to find the time to fit it all in."

Early childhood service interview respondent

It was often a challenge to have staff attend activities outside the centre as much as they supported the project aims and staff development. Adequate notice about any information or training sessions was identified as an important factor in gaining support of management committees.

Resource limitations were a key issue for a number of the services, particularly time constraint of directors. The challenge was to fit in another worthwhile project amongst all other administrative and operational responsibilities.

"We've been taken over by (name) recently and I'm hopeful that will decrease my administrative load so I can spend more time getting involved with projects like this which I really support."

Early childhood service interview respondent

It became evident that the early childhood services involved with the project had varying capacities to become involved based on a number of organisational factors. While there was strong in-principle support for the aims of the project, the circumstances of some services required more support to enable increased participation. In some cases the departure of key staff resulted in a loss of momentum.

"It was going very well but when the main staff member involved left, it lost momentum."

Early childhood service interview respondent

Time constraints limited dialogue between project staff and early childhood services. This resulted in missed opportunities. For example, one service noted the missed opportunity to obtain gross motor equipment. It may have been more strategic to allocate limited resources across a smaller group of early children's services to address this issue.

A perceived lack of relevance was an issue for one director due to existing policies and practices. However, no services were averse to being made aware of such projects or being invited to participate. With such projects in the future, it may be worth establishing in the planning stages which services would most benefit from involvement and focus resources on assisting those organisations develop their capacity to participate.

Overcoming barriers

Service directors were a critical lynchpin in the success of project. In one case, choosing to participate in the *Kids - 'Go for your life' Awards* (one of the more time-consuming activities) was seen by the director as a very good way to keep staff more aware and ultimately build the health messages into the fabric of the centre's services. Another key factor highlighted was nurturing champions within services.

Information that was specifically targeted at early childhood services was most likely to garner support and involvement. Services also indicated that they were more likely to attend information sessions in the local area that were directly targeted to their needs. The earlier that related information was supplied, the better. This enabled staff to gain the support of any committees of management or governing bodies and plan for the introduction or integration of proposed programs into their service.

"Could be more information and earlier so we could plan ahead better."

"Keep reminding us! Regular, on-going information helps."

Early childhood service interview respondents

Ongoing relationships, such as with the project manager or a council staff member, were highly regarded and made for more active involvement. Services also spoke of the importance of being able to access support when needed and the ease with which this was possible had an impact on the extent of their involvement.

While the nature of early childhood services means their focus is the families who use their service, there may be some merit in bringing targeted services together so that they can start their involvement as a group and consequently enable them to share experiences and learn from each other.

Given a sound alignment with the *Being Active Eating Well* project and individual services' goals, time to participate will remain the most significant barrier to participation. The extent to which projects can be flexible enough to enable resource-poor services to be involved is therefore critical to successful outcomes. This can also be improved by having an awareness of the centres that need different levels of support from the project team in the planning phase.

Recommendations

- Align project goals and objectives with those of settings to optimise engagement
- Use needs assessments to allocate resources strategically in the planning phase of projects
- Provide regular and ongoing opportunities for communication between project staff and staff in the program settings
- Identify a champion for the project at a service level and support that person
- Provide opportunities for schools and services to learn from each other and share information and knowledge
- Project staff need to be mindful of the variable skill levels across participating settings and the extent to which some schools and services may require additional support to engage in project activities.

5.2 Training for Early Childhood Services

Structured Active Play program

Partnering with Deakin University to review the Structured Active Play program (developed by the *Romp and Chomp* Program) for suitability in culturally and linguistically diverse communities, provided an excellent opportunity to pilot the training locally. The pilot training also provided an opportunity for project staff to increase their capacity to deliver the program to other early childhood services.

The Structured Active Play program was successfully delivered to early childhood services, predominantly family day care workers from the Clayton South and Clarinda areas, with one participant from a child care centre in the same area. Unfortunately, take up of the training by other services was limited, predominantly due to capacity constraints.

The links developed by the family day care field worker employed by the council was critical in obtaining good participation from this sector. The field worker registered participants and this personal contact with a worker they knew may have increased participation from this group. Advice from the field worker, sought in the planning stages, also provided insight into the suitability of venues available and appropriate timing of the training.

For those that participated, staff observations indicated that participants were satisfied with the active play program training and resource although participants were not as engaged during the formal presentation, possibly due to its length and complexity. Conversely, participants enthusiastically joined in the role playing and practical demonstrations where a more informal conversation format was used to convey the same messages. This reinforced a common theme from the community-based programs that experience based learning is a valid and effective strategy for providing information to culturally and linguistically diverse communities.

The accompanying resource was found to be appropriate for use by culturally and linguistically diverse communities. Suggestions for celebration of other cultures by incorporating activities from other cultures were taken up in the review of the document for statewide distribution through the *Kids – 'Go for your life'* program. The focus group highlighted that the simple tips for equipment included in the resource were particularly useful to family day care providers, where limited equipment is available.

Recommendations

- Experiential learning is an appropriate and effective way of transferring knowledge and skills, especially for culturally and linguistically diverse communities
- Consult with the target audience to ensure that the venue, timing, resources and subject of the training is acceptable
- Link with established partners or networks if possible for recruitment and/or delivery of training
- Fund release time for preschool teachers to attend training or cost the delivery of sessions at individual services into project budget to address service capacity issues.

5.3 *Being Active grants*

The *Being Active* grants were a successful way to increase capacity of schools to participate in the project. Allowing schools the flexibility to determine their own project meant that the projects met local needs.

Key informant interviews and project reports provided by funded schools indicated that the grants were highly valued and did foster increased physical activity. Feedback from the school that was unsuccessful provided valuable insight into barriers that some schools face. Additional staff resources or working with a smaller number of schools may have resulted in stronger links and better communication to help address some of these barriers.

Achievements of the Being Active grants

Three of the four funded projects implemented infrastructure projects – installation of goal posts, improving equipment store access, laying of a walking track and an athletics track. The benefit of these projects is that the outcomes will be sustained in the long term and create a supportive environment for physical activity.

Active Clarinda was involved in the installation of football goal posts. This also encouraged community use of the facilities outside school hours, increasing the opportunities not just for students but also for the surrounding neighbourhood. The athletics training facility project also invited a nearby school to make use of the facilities as well.

“Sharing our resources with our local community is a very valuable way in which the school can contribute to the greater good of the community.”

Active Clarinda – *Being Active* grants project report

The athletics track, football posts and sports equipment access and the walking track projects all provided increased opportunities during playtime and lunchtime.

Active Clarinda was also able to improve access to equipment with a small amount of funding to install a roller door on the sports equipment store. This small change made a significant difference to access. Equipment was also purchased for classrooms to enhance access. The children were also involved in the decision making process about the type of equipment to purchase for classrooms resulting in appropriate purchases supporting the high use observed by staff.

The athletics training facility project also succeeded in embedding physical activity across the curriculum. Not only was it used in physical education classes but also for maths lessons, including timing and the measurement of distances.

The *Footsteps to Dance* program increased dance skills providing the whole school with a fun and inclusive focus for physical activity.

The relatively small amounts of funding provided to schools were well spent with significant in-kind or co-contributions to the initiatives indicating a strong alignment with organisational goals. The *Being Active* grants were a good investment with many of the projects implemented having long term outcomes through the creation of supportive environments. Some projects also had wider community benefits where facilities were made available to the whole community or other user groups. All schools reported observations of increased physical activity as a result of these initiatives.

5.4 Improving access to quality and affordable physical activity opportunities

Events program

Several community events were held throughout the program reaching several hundred people. All provided opportunities for physical activity at no cost and opportunities for role modelling.

Play Space

This action was not implemented due to resource limitations.

Tai Chi for Kidz

The tai chi program was an innovative approach to physical activity in schools and the school involved was supported through the project to implement it in such a way for it to ultimately be sustained in the long-term. This required teachers to be trained and develop new skills and adjustments to the curriculum to integrate the program. The school principal involved in the tai chi program fostered teachers and students to learn something new and supported those involved to move past comfort zones. The commitment of the school, project officers and program staff seems to have contributed to the project's success and ongoing sustainability.

Participation

Tai Chi for Kidz was only able to pilot the initiative at one school due to challenges such as availability of training and capacity of schools to commit to such a program. However the program was delivered in two year levels, reaching approximately 40 children.

Although the age of participants presented limitations for the depth of reflection and the number of participants providing feedback limits ability to generalise results, there are indications that the program was acceptable to the target audience and provided benefits to participants.

"(I liked) Everything!"

Child participating in *Tai Chi for Kidz*

The children commented on their own emotional development as a result of the program, demonstrating how a well designed activity can add-value beyond its original intent of encouraging the children to be active. The program increased the amount of physical activity in the curriculum by allocating class time to tai chi in addition to the allocation for physical education. Staff, teachers and participants also observed other benefits such as improved concentration and relaxation.

The program combined the leadership of teachers who were very supportive of the participation of the children in the program and a tai chi instructor who had clearly managed to provide an environment in which the children felt comfortable to take risks and build their skills and confidence. The design of the program around accessible animal images also appeared to contribute to its success. This leadership and the creation of a safe and supportive environment were important to the children in encouraging them to 'give it a go' and surprise themselves.

The program partnered with the primary school rather than being a "visitor" program, thus increasing the capacity of the school to continue the program with a number of teachers to be trained. As a result the program was integrated into the curriculum and enables those children who commenced the program to continue with it.

"It has been a rewarding and beautiful experience working with the (name) school and assisting in the implementation of Tai Chi for Kidz. Special joy has resulted from seeing the impact of the program on the delightful grade one students."

Tai Chi for Kidz Project Report

Although the program was labour intensive and faced several key challenges the pilot demonstrated that tai chi is a suitable activity for children that was successfully delivered in the school setting.

Play 5

While there are multiple resources and services supporting primary schools around healthy eating, resources to support schools to increase physical activity across the curricula and create supportive environments appeared to be less accessible to schools. Consultation with school staff concerning the *Play 5* teacher's manual was positive and the resources were provided to the school. Key informant interviews indicate that information flow and use of the resource was limited. Activities to support the implementation and use of the program may have supported key staff to raise awareness and promote wider use of the resource.

5.5 Improve availability of games equipment in key settings

Increasing access to active play and sporting equipment

The *Being Active* grants program in primary schools was a successful strategy to increase access to physical activity opportunities. The flexibility of the program allowed schools to determine their own needs, resulting in high satisfaction with the outcomes.

The *Bizzy Bodies* Program successfully increased access to equipment and, together with allocation of regular program time to physical activity, increased the amount of physical activity among participants during program delivery.

The Active Play Kit project was the only initiative to increase equipment in the early years area and was completed towards the end of the project, therefore it was not possible to evaluate the success of the initiative. The Active Play loan kits aimed to increase access to active play equipment in the home setting, and in retrospect a grants program similar to the *Being Active* grants may have been beneficial for early childhood settings. Limited engagement with the early childhood settings was limited by the staff capacity although positive feedback from key informant interviews indicated potential to further develop the links established through the project.

Recommendations for future practice

Recommendations

- Provide support to key staff within settings to raise awareness and promote use of relevant resources
- Regular and frequent dialogue with staff from program settings is critical to their successful engagement and the delivery of initiatives.

Objective 6: Positive role modelling

Introduction

Many years of research have shown that children's behaviour is learned mostly through observation of others¹⁶. Parents, grandparents, teachers and carers are important role models for children.

Objective six was to improve the role modelling behaviours related to food and physical activity of parents, carers and grandparents. The main strategy identified was:

- 6.1 Provide role modelling and instruction to support parents, carers and grandparents to develop skills that promotes healthy eating and active play and physical activity at home.

This section outlines the process by which this strategy was implemented.



Role modelling – an overview of activities

6.1 Provide role modelling instruction and support

Role Modelling through the Being Active Eating Well events program

6.1.1 *Incorporate role modelling activities as part of family fun days*

6.1.2 *Provide four 'Play Days' and market the events program to parents, grandparents and carers*

Refer to page 131 for details of the events program.

Promoting role modelling through social marketing

6.1.3 *Role modelling (social marketing)*

Refer to page 87 for details of social marketing concerning role modelling.

Promoting positive role modelling through major initiatives

6.1.4 *Enhance positive role modelling skills through the Playtime Buddies and Bizzy Bodies program.*



Positive role modelling was embedded into community-based programs both through staff modelling healthy behaviours as well as encouraging parents, grandparents and carers to develop the skills and confidence to model healthy eating and physical activity behaviours.

Please refer to the capacity building and eating well objectives for further details on how the *Healthy Living in Australia* program (page 17), *Playtime Buddies* (page 22), *Bizzy*

Bodies program (page 22) and *Community Kitchens* (page 111) contributed to the promotion of positive role modelling.

Evaluation methods

Please refer to evaluation methods detailed on page 26.

Evaluation results/findings

Please refer to the capacity building, eating well and being active objectives for further details on how the *Healthy Living in Australia* program (page 42); *Playtime Buddies* (page 53) and *Bizzy Bodies* programs (page 57); *Community Kitchens* (page 111) and the events program (page 146) contributed to the promotion of positive role modelling.

Discussion and conclusions

Positive role modelling was embedded across all activities of the *Being Active Eating Well* project. Local evaluation of the *Healthy Living in Australia* and *Community Kitchens* programs showed strong recognition of this element among participants.

Program staff were a very important means of role modelling positive healthy eating and physical activity behaviours. More positive behaviour norms were observed in several programs including drinking water instead of sweet drinks (*Bizzy Bodies*), trying new foods (*Community Kitchens*, *Bizzy Bodies*) and active play with parents and children (*Playtime Buddies*). There was also some evidence that some of these behaviours were being transferred to the home environment.

Please refer to the capacity building, eating well and being active objectives for further details on how *Healthy Living in Australia*; *Playtime Buddies* and *Bizzy Bodies* programs (page 73); the *Community Kitchens* program (page 121) and events program (page 157) contributed to the promotion of positive role modelling.

Recommendations for future practice

Recommendations

- Embedding the promotion of role modelling across all programs was a successful strategy.
- Practical, 'hands on' experiences were successful strategies to transfer the knowledge and skills necessary for positive role modelling.

Section 5: Resource use

Table 25 below shows the use of resources for the main interventions, including non financial resources.

Table 25 - Resource use in main interventions

Intervention/Activity	Resources used for this intervention	Details
<i>Healthy Living in Australia program</i>	Salaries and on-costs	\$36,432
	Training, information sessions and forums	\$5,472
	Transport	\$922
	Stationery	\$1,339
	Marketing	\$706
	Administration	\$3,655
	Subtotal	\$48,526
	Project Management. 2 days per week for 18 months	In-kind – \$32, 000
	Allied health sessions – 60 hours	In-kind – \$1,800
	Meeting Time – all partnership service providers	In-kind – 1 two hours meeting per month x 18 months x 8 people
	Venue hire – 5 events x 80 hours	In-kind
	Printing of promotional materials in colour	In-kind
	Principal time. To encourage and involve the school community	In-kind
	Community Volunteers/ Student on Placement time. Assisted with the organisation and delivering of activities	In-kind
<i>Bizzy Bodies program</i>	Catering	\$558
	Physical activity programs	\$2,039
	Sporting equipment	\$403
	Water cooler	\$1,296
	Cooking equipment	\$514
	Subtotal	\$4,810
	Refrigerator	To be confirmed
	Venue Hire – Dunkley Community Room	In-kind – 2 hours x 60 weeks
	Rotary BBQ – provided part of catering for holiday event	In-kind – 5 hours

Intervention/Activity	Resources used for this intervention	Details
	Food for program Approximately \$40-\$50 spent on food each week by Family Life	In-kind – \$2400 – \$3000 for 60 weeks
	Meetings	In-kind
	Staff wages preparation, planning and running the program	In-kind 3,000 (2 hours x 60 weeks)
	Extra facilitator of the program	In-kind – 2 hours x 60 weeks
	Volunteers One or two volunteers assist on a weekly basis	In-kind – 4 hours per week X 60 weeks
	Community representatives – two parents per week on average help out within the program	In-kind – 4 hours per week x 60 weeks
	Healthy eating resources – Nutrition Australia provided free nutrition booklets. 60 brochures, posters and a range of healthy eating booklets were provided	No cost
	Community support: police involvement – supports program on a regular basis	In-kind
	East Sandringham Cricket Club – two members of the club attended to provide a cricket clinic	In-kind – 2 x 1 hour
	Hampton Football Club – three members attended for a football clinic	In-kind – 2 x 2 hours
Playtime Buddies program	Income from <i>Being Active Eating Well</i>	\$4,400
	Income from other sources	\$4,000
	Staffing Three staff members to attend the group and planning time (nine hours per week, 40 weeks per year including on costs)	\$10,350 (partly in-kind)
	Facility hire: 40 sessions per annum @ \$20 per session	\$800 (in-kind)
	Guest speakers	
	Activities	
	Food	
	Consumables for playgroup, for example play dough, paints and paper	\$200
	DVD production	\$5,000

Intervention/Activity	Resources used for this intervention	Details
Tai Chi for Kidz Program	Facilitator (10 x 50 x 5)	\$1,368
	Leader training – Arthritis Vic	\$3,818
	Administration	\$1,033
	Evaluation and report writing	\$795
	Subtotal	\$7,014
	Venue (provided by school)	In-kind
	Project management – Bentleigh Bayside Community Health Service (approximately 13 per cent project time)	In-kind
	Teacher time	Classroom teacher trained to deliver <i>Tai Chi for Kidz</i>
	Principal time	To get support for intervention
	Printing	In-kind
	Transport	In-kind
Clarinda Community Kitchens program	Project management (lead agency KCC – Community projects officer) 40 hours (series 1, 2 and 3)	In-kind \$2200
	<i>Being Active Eating Well</i> project manager – approximately 20 hours	20 hours project manager
	Venue hire	In-kind \$1680
	Printing In-kind	
	Staff time (in-kind) Local government community projects officer: 20 hours (series 2 and 3) – costed at \$55 per hour	In-kind \$1100
	Dietitian	\$290
	Guest speakers/presenters	\$305
	Recruitment – food expenses for Come and Try days (three sessions)	\$180
	Equipment	\$371
	Translation and interpreters	
	Translation of letter and pamphlet for <i>Community Kitchen</i> program	\$811.00
	Interpreter 13/7/09 (series 2)	\$114.00
	Interpreter 9/11/09(series 3)	\$69.00

Intervention/Activity	Resources used for this intervention	Details
	Interpreter 26/10/09 (series 3)	\$69
	Interpreter 30/11/09(series 3)	In-kind \$69
	Participant contribution	Approximately \$2 per serve per session
	Evaluation	Project manager
	Six hours of staff time (in-kind two hours)	4 hours (project manager)
	Translation – <i>Community Kitchen</i> Focus Invitation letter (September 2009)	120.00
	Catering – focus group (<i>Community Kitchen – Series 2</i>)	\$97.27
	Focus group (<i>Community Kitchen</i> series 1 and 2) – Participant vouchers	\$400.00
	Interpreter (Mandarin) – <i>Community Kitchen</i> Focus Group 12/10/09	\$69.00
	Interpreter (Cantonese) – <i>Community Kitchen</i> Focus Group 12/10/09	\$69.00
Dunkley Community Kitchen	Staff (3 hours per week for 48 weeks). Total staff expenditure \$4,405, with income from other sources to support program implementation	\$2,411
	Project consumables	\$271
	Project management (4 hours per week)	In-kind
	Partnership meetings (5 people for 3 hours, every 6 weeks)	In-kind
Healthy Eating Puppet Show Resource Kit	Puppets	\$200.00
	Carry boxes (x2)	\$50.00
	Food models	\$50.00
	Table cloth	\$30.00
	Three-tier baskets	\$30.00
	Staff time for instruction DVD and script	\$360.00
	Resource folders for six shows	\$50.00
	Posters	\$30.00
	Subtotal	\$800.00
	Project management (Central Bayside Community Health Service)	In-kind

Intervention/Activity	Resources used for this intervention	Details
Supporting local schools and services to achieve the Kids – 'Go for your life' award criteria	Staff time	In-kind
Being Active Eating Well grants	Grant program to support achievement of Kids – 'Go for your life' award criteria	\$13750
Workforce development	Play5 resources	\$1,225
	Kids – 'Go for your life' award forum catering	\$2,80
	Kids – 'Go for your life' award training session provided by Kids – 'Go for your life' staff	In-kind
	Kids – 'Go for your life' award forum planning and event support	Working group time (in-kind) and project manager's time
Active Play Program	Active play loan kits	\$1,355
	Active play loan kits	Early years working group time (in-kind) and project manager's time
Being Active grants		
Active Clarinda	Roller door (for sports equipment store)	\$1,090.00
	Football goal posts	\$4,075.00
	Goal post pads (\$600.00 total – \$500 from school funds)	\$100.00
	Sports equipment	\$235.00
	Subtotal	\$5,500.00
	Project management (school staff) – Principal, Assistant Principal and Physical Education teacher	In-kind
Steps into a sanctuary	Cutting Edge Landscaping	\$5000
	Subtotal	\$5000
	School Council working bees to maintain the perimeter of the track.	In-kind
	Local government support to control weeds around the track to maintain the integrity of the track.	In-kind
Athletics training facility	Athletics track (total cost \$14,650 with \$9650 contributed from school funds)	\$5,000
	Project managements	In-kind

Intervention/Activity	Resources used for this intervention	Details
Footsteps Dance Program	Dance program	\$5,500
	Project management and supporting activities	In-kind
Social marketing	<i>Being Active Eating Well</i> Newsletter printing	\$5,425
	<i>Being Active Eating Well</i> Newsletter development	Social marketing working group time (in-kind) and project manager's time
	<i>Being Active Eating Well</i> displays	\$5200
	<i>Being Active Eating Well</i> display development	Social marketing working group time (in-kind) and project manager's time
Happy Healthy Kids for Life – a healthy eating resource for families with children 1-4	Student placement time	In-kind – approximately 500 hours
	Project and student supervisor time (50 hours)	\$1,750 (in-kind)
	Project manager editing and preparation for printing (100 hours)	\$3,500 (in-kind)
	Printing	\$4,988
	Miscellaneous/administration/stationary	\$3,500 (in-kind)
Fruit and Vegetable retailer training	Melbourne Market Authority Training provided in kind (on average \$2500.00 per session).	In-kind – 2500
	Project support <i>Being Active Eating Well</i> project manager (approximately five hours)	In-kind
Events program – Family Fun Days and Play Days	Play days	\$1,103
	Family Fun Day	\$1,605
	'Go for your life' merchandise	\$2,480
	<i>Healthy Living in Australia</i> events	Refer to resource use for <i>Healthy Living in Australia</i> program.

Section 6: Sustainability

Several project components will be sustained through the partnership into the future. The *Kingston Bayside Primary Care Partnership Integrated Health Promotion Action Plan 2010-2012* documents the actions that the partnership is committed to sustain under the priorities of 'promoting accessible and nutritious food' and 'promoting physical activity and active communities'. The communities the project engaged with were also identified as ongoing priorities.

The plan provided a framework for ongoing collaborative efforts to promote initiatives introduced through the *'Health Promoting Communities: Being Active Eating Well'* Project.

Priority	Action	Unexpended funds allocation
Governance and partnership	Continuation of the <i>Being Active Eating Well</i> steering group	
	Continued efforts to identify and promote relevant professional development opportunities	
	Dissemination of lessons from project to key settings	
	Establishment of a network to support implementation of <i>Community Kitchens</i> programs across Kingston and Bayside	
Promoting accessible and nutritious food and active communities	Support sustainability of <i>Playtime Buddies</i> supported playgroups	✓
	Support the sustainability of <i>Healthy Living in Australia</i> program to provide culturally relevant life skills and training and mentoring for peer educators	✓
	Support the sustainability of <i>Bizzy Bodies</i> after school program	✓
	Continuation of social marketing activities aligned with <i>'Go for your life'</i> and <i>Kids - 'Go for your life'</i> programs	✓
	Continued support for the implementation of <i>Kids - 'Go for your life'</i> awards program	
	Development of a healthy eating resource for 0-1 years age group	✓
	Develop an additional loan resource kit for the healthy eating puppet show	✓
	Pilot a healthy eating program for prep students	✓
	Ongoing implementation of Dunkley and Clarinda <i>Community Kitchens</i> programs	✓
	Establishment of a new <i>Community Kitchens</i> program	✓

Section 7: Case studies

Partnership Case Study

A not-for-profit agency working with residents of public housing estates providing family support services had been a member of the Kingston Bayside Primary Care Partnership (KBPCP) but had not been actively engaged in the partnership's health promotion activities. As a small agency without dedicated health promotion workers, the capacity to be actively involved in the work of the KBPCP Health Promotion Committee and working groups was limited.

The agency was identified as a key stakeholder in the project due to the fact that they were working directly with one of the targeted communities. As such, the agency had links and networks the project could benefit from and the agency held information to support planning.

The agency participated in the planning process and subsequently identified the potential to contribute to the delivery of the project plan through an existing program delivered to the community of interest. A proposal was put to the steering committee to reorient the existing program to align with *Being Active Eating Well* objectives. This proposal was accepted.

As a result the agency:

- Recognised health promotion as an effective means of engagement of the community
- Increased participation in programs
- Changed perceptions of staff about the role of the agency
- Recognised the potential to support healthy lifestyles with relatively small changes to everyday practice
- Developed partnerships with other local agencies, resulting in enhanced support for the delivery of their programs.

The benefits were mutual in that the KBPCP:

- Increased active membership in local health promotion efforts
- Were able to engage the community quickly due to the existing trust and relationships with the community.

Bizzy Bodies Case Study

A case study of a local family involved in the Bizzy Bodies program, part of the 'Health Promoting Communities: Being Active Eating Well' project.

The family consists of a single mother with two boys aged three and seven. The boys have been to every activity that has been provided and regularly request for more activities to be held. The "Healthy Lunchbox" activity was very popular with the mother who commented that the school-aged child made his own lunch and included food that he didn't regularly have at home. The three year old child asks for yoghurt at the breakfast club and after school club and is very disappointed if there isn't any provided for him. He always chooses a certain picture on the yoghurt that other children save for him if he is late to the program.

The mother struggles with difficult issues at times which impact on her parenting. The project has had a very positive impact on this family by the parent becoming a lot more involved with helping at the programs and changing the diet moderately at home to incorporate what the children have been trying at the programs.

The children have participated in different sports and games facilitated by volunteers and organisations such as "Life be in it" which they would not normally get the opportunity to do.

The family have become more connected and involved with Family Life through the activities that we have been able to offer through *Being Active Eating Well*.

Community Kitchens Case Studies

Clarinda Community Kitchen Case Study 1

"P" joined the Clarinda *Community Kitchen* during Series 2. She was very shy and quiet when she first joined the group and had little confidence when interacting with the other people and trying new recipes. She speaks little English and suffers from type 2 diabetes and other health related issues. She decided to join the program to learn new recipe ideas, develop her cooking skills and learn more about healthy eating.

During series two and three, "P" considerably improved her communication skills and started to develop friendships with the other participants. During a celebration session at the end of series 3, "P" found the confidence to stand up in front of the participants and other guests and talk about how much she enjoys the program and how much she has learned. She enjoys making new friends, trying new recipes and feels more confident in the kitchen. It was clear that her English had also improved. "P" continues to participate in Series 4.

Clarinda Community Kitchen Case Study 2

"G" joined the *Community Kitchen* during series 2. She loves to cook and try new recipes however she feels restricted as she suffers from type 2 diabetes and high cholesterol. She joined the program to learn healthy recipes, learn more about healthy eating and to make new friends.

"G" kept to herself during the first few weeks of series 2; however by week seven, "G" found the confidence to volunteer to lead the group and cook two of her favourite Indian recipes. By the end of series three, she shared over six different recipes and led the group on four separate occasions. She enjoys leading the group and sharing her cultural cuisine and knowledge with the group.

She continues to participate in series four and expressed an interest to start up a recipe club and also organise a fund raising activity to showcase the achievements of the *Community Kitchen*.

Dunkley Community Kitchen Case Studies

"N" is a Sudanese migrant who is a client at the Maternal and Child Health (MCH) Centre that the project had been working with. The MCH nurse introduced "N" to the project officer at the Community BBQ on the estate, in the hope that "N" might join the *Community Kitchen*. "N" now attends the kitchen each week with her baby. After learning about programs at our centres at the kitchen, she enrolled in and completed the medical reception course at Hampton Community Centre.

"D" has lived on the estate for years. He received a flyer in his letterbox, attended an information session at the *Community Kitchen* and decided to enrol in a computer course and join the kitchen. Both have made a big change to his life.

"I attend the Community Kitchen and really look forward to it each week. I enjoy the company and also trying new recipes and new food. I really missed the Community Kitchen during the holidays – the company and friendliness of the group.

I also really enjoyed the computer course, so much that I have re-enrolled for Term 3. I really liked the teacher; he was well organised and helpful. Hampton Community

Centre has given me a second hand computer. I didn't expect this to happen and I am very pleased."

"D" shows a real sense of pride when mentioning that he has taken on responsibility for growing the herbs the kitchen needs for their cooking at his nearby flat. He is an advocate for the centres, telling other participants how good the computer classes are.

"Z" comes from Somalia and when we first met her, she explained that she didn't know any other residents on the estate and was somewhat frightened of them, as she had sometimes been harassed as she walked across the estate with her hijab on. We invited her to join the *Community Kitchen* but she was initially hesitant until a Sandybeach volunteer from Somalia, accompanied the project officer, personally invited her. "Z" is now very comfortable in the group; she has brought Somali food to share with the others and has led one of the cooking sessions.

"Y" is Japanese and the *Community Kitchen* is one of the few places she speaks English.

"I enjoy the people and the company and the learning new recipes. I cook them at home for my family and they really enjoy the Australian type food. I also enjoy showing people how to cook Japanese food."

Y's English has improved considerably since she started with the *Community Kitchen*. She is delighted with this and also that she was asked to lead cooking sessions and help with a craft session.

Playtime Buddies Case Study

Playtime Buddies has been a wonderful experience for my son and me. Although I have not experienced some of the challenges that many of the other mums who attend the group face in their lives, I feel as though we all share so much in common despite our different cultures and backgrounds. We are all embarking on our own journey of being a mum.

I am a 25-year-old mum of a little boy who is now almost two. When I first moved to Black Rock from Richmond I felt extremely lonely and isolated as my own mum lives overseas and I missed her terribly. Being a new mum was overwhelming at times so very terrifying too. My husband works through the day and I chose to stay at home with my little boy full time. I felt as though I was really on my own. I did not have any friends when my son was born as I had only been in Melbourne a short time.

At first I could not help but feel that I was a lot younger than many other mum's in the area and although I seemed to enjoy talking to mums of all ages and backgrounds, I felt as though my situation was a little different to most of the Bayside mums.

It's only been two years and I feel I have come a long way since I was that new 23 year old mum at a "sausage sizzle" to raise money for the local kindy.

I remember sitting by the bark chipped playground alone with one hand on my pram rocking my six week old baby, longing for someone to come over and have a conversation with me. I watched as the local mums mingled in their groups chatting and looking in my direction as I managed to smile and make eye contact in their direction, but not one came over. I was surprised, as I had imagined ladies swarmed around new babies and kicked off conversations by asking "how old?" Not one approached me for the hour I was there. I managed to chat to a lovely old man but that was no consolation.

I walked home with my little baby, tears streaming down my face from under my sunglasses. I found myself not making an effort with my allocated mother's group. Although I have a car to get around in, I did not know it at the time: I was suffering from postnatal depression and found it a struggle to get in the car with my son and drive. I feared something would happen to him whenever we got in the car. I guess I was afraid of a car accident. This has become easier for me over time. I just walked everywhere!

My Maternal Health Nurse referred me to *Playtime Buddies* in an effort to get me out and about more and to perhaps meet young mums in similar life situations. I remember feeling very welcome when I first stepped inside the Hub and found myself chatting away and having the confidence to be me where everyone listened and there was no feeling of pressure to be someone I am not which unfortunately I had felt in the past.

The opportunities have been endless not only with all the activities offered but also in terms of feeling free to express myself in an environment where everyone is friendly and open about every aspect of motherhood and life in general. We sometimes have the privilege of having our minds expanded somewhat and at times put to ease by "Doctor Sally Feel good" who visits us every so often to just come in and have a chat about absolutely anything we have the guts to talk about. Sally also answers questions that some of us may not otherwise have the opportunity to ask or feel comfortable to do so. During our discussions I watch the other mums and I see their eyes light up when the mum next to them says "I feel the same way!" All of a sudden they feel normal and confident enough to ask the next question. At first they seem shy to talk at all but once someone gets the ball rolling it continues to roll! This is great therapy for us. Sometimes the word "vagina" is used and we have a giggle!

There are also so many other opportunities that *Playtime Buddies* offers the mums, not just when it comes to motherhood but also plants little seeds in their minds in terms of helping them set basic goals in life that can lead to bigger goals which is so important to our wellbeing and sense of self, not just as a mother but as a human being. There is always a new activity or a visitor to offer advice or skills including the odd massage which is a treat for us!

One day we may have someone come in to sing to the children then the next we may have a visitor to teach the girls how to construct a professional resume. I remember one of the most significant activities for me so far was when we learnt how to perform First Aid for Children. I could not thank *Playtime Buddies* enough for that. I went home that evening and revised all I learnt and even passed on what I had learnt to my husband straight away who, like me, was so grateful to learn.

Just the other day the program facilitator offered me some information on bookkeeping courses which I have been contemplating doing for a while to help us with our family business. Just by having the number popped in front of me gave me the push to do it!

I also find I get a great deal out of talking to mothers who have children who are nearly grown up. Their stories often remind me of how this is such a tiny part of my son's life and how certain phases pass. I appreciate my days more and am reminded, as my father would say, to celebrate the fact I am a mother of a beautiful healthy little boy!

Finally and most importantly to me – I have seen my little boy really shine since he first started the group. At first he would not leave my side but now he is his own little person. He now seems to know where we are when we park out the front of the centre and he seems to really enjoy playing with all the other children while the mums have a chat. I enjoy watching him sit down at the little table with all the other children while they eat fruit. It's lovely to see his little social skills developing before my eyes.

I hope this has given you more insight as to how important *Playtime Buddies* is for both mothers and their children and how, like a little beacon on a Tuesday afternoon *Playtime Buddies* really does light up lives!

Embedding *Kids – 'Go for your life'* Case Study

This case study was prepared for the *Kids – 'Go for your life'* Health Professionals' Resource CD.

Background

The Kingston Bayside Primary Care Partnership (KBPCP) identified healthy eating and physical activity as priorities in their Community Health Plan, local government Municipal Public Health Plans, and Community Health Service Health Promotion plans. To address these priorities, the KBPCP was successful in their application to be one of six Primary Care Partnerships in Victoria to receive State Government funding to implement the three-year *'Health Promoting Communities: Being Active Eating Well'* Project. The project requires working across a range of settings within the community to support physical activity and healthy food choices. In KBPCP, the project has a focus on children aged 0-12 years in selected communities within the City of Kingston and City of Bayside.

Description

Kids – 'Go for your life' was selected by KBPCP as a key strategy to meet the project's goal to improve healthy eating and physical activity of children aged 0-12 years. Specifically, *Kids – 'Go for your life'* was included in the three-year *Being Active Eating Well* project plan as a strategy to meet the objectives relating to:

- Capacity building among implementation partners – using the *Kids – 'Go for your life'* Health Professionals' Network
- Social marketing – using the *Kids – 'Go for your life'* healthy messages campaign and resource
- Building supportive environments – using the *Kids – 'Go for your life'* Awards Project in local early childhood services and primary schools.

Positive outcomes:

- By promoting membership of the *Kids – 'Go for your life'* Health Professionals' Network there has been an increased capacity among the local workforce to promote and support the implementation of *Kids – 'Go for your life'* in local schools and services
- Including *Kids – 'Go for your life'* in the project plan has meant there is a commitment from project partner agencies to supporting the implementation of *Kids – 'Go for your life'*
- Using the *Kids – 'Go for your life'* Program as a strategy to meet the objectives of the *Being Active Eating Well* project has avoided the need for project partners to reinvent the wheel and waste valuable time developing new resources.

Key tips from the health professionals involved:

- Working through the Primary Care Partnership has provided a strong partnership to deliver the project
- Discuss capacity and roles of partners to guide project planning
- The first meeting with potential partners is very important, so be well prepared
- To engage schools and services have something to offer such as displays, speakers and newsletters
- Find champions to drive the initiative
- Allow a long lead-time for the engagement of schools and services.

Challenges:

- *Being Active Eating Well* was a demonstration project and both baseline and follow-up data were being collected in Kingston and Bayside. Delays associated with the collection of baseline data meant that project implementation time was delayed and therefore reduced. This impacted on the amount of support the project team could provide to schools and services in completing the *Kids – 'Go for your life' Awards Program*
- Services and schools had a perception that a lot of work is required in achieving the *Kids – 'Go for your life' Award*
- It took a long time to engage schools and services due to competing priorities.

Working with culturally diverse communities Case Study

This poster presentation was prepared for the Collaboration of Community-based Obesity Prevention Sites National Workshop in Melbourne, November 2009.

The poster presentation case study was then adapted and published in the CO-OPS Collaboration book of case studies for community-based obesity prevention. Available at http://www.co-ops.net.au/Pages/Public/Case_Study_Book.aspx.

Healthy Living in Australia working with culturally and linguistically diverse communities

The Healthy Living in Australia program is part of Being Active Eating Well (BAEW), a partnership project delivered by the Kingston Bayside Primary Care Partnership. BAEW is funded by the Department of Health and Department of Planning and Community Development.

The Healthy Living in Australia initiative is led by New Hope Foundation and is being delivered in the very diverse community of Clayton South. The program aims to create a supportive environment in which culturally and linguistically diverse communities can improve knowledge, skills and confidence in developing healthier eating patterns and active lifestyles for their families. The program has three major components: Healthy Living in Australia workshops and forums, a peer education program and creating sustainable links between local agencies and the community.

Due to finish up in December 2009, preliminary evaluation of Healthy Living in Australia is showing positive trends around knowledge and skill development and some behaviour change among participants.



What did we learn?






Planning
Engaging the community in the planning stage was critical in ensuring that the program would be acceptable.

Establishing trust

- Local project workers, connected to the targeted communities, were critical in engaging the communities.
- Endorsement from community leaders was important in establishing credibility for the initiative. Project staff sought advice and support in the early stages of the initiative.

Communication

- Opportunities for experiential learning were highly valued by participants. This also helped to overcome language barriers.
- The community valued opportunities to learn from each other and felt it was important for their own experiences and knowledge to be acknowledged as valid. This helped to break down the barrier of "expert" and "community member"
- Presenting information in a culturally acceptable way and using examples that are relevant to that community helped to get healthy messages across.

Respect

- Respect for traditional cultures is critical.
- One size does not fit all. Working in a very diverse community meant that there was also a diversity of views. The project team continuously consulted with the different communities and were responsive to emerging issues.

Understanding the community

- Understanding core beliefs about health helped to guide the development of the program.
- Feedback indicated communities wanted more holistic health messages rather than focusing on specific issues.




For more information contact Allison Ridge, Being Active Eating Well Project Manager based at Kingston City Council on 9581 4525
November 2009



Clarinda Community Kitchen Case Study

This poster presentation was prepared for the Collaboration of Community-based Obesity Prevention Sites National Workshop in Melbourne, November 2009.

The poster presentation case study was then adapted and published in the CO-OPS Collaboration book of case studies for community-based obesity prevention. Available at http://www.co-ops.net.au/Pages/Public/Case_Study_Book.aspx.

Clarinda Community Kitchen Program

Why it works

The Clarinda Community Kitchen program was established in Kingston to provide an opportunity for culturally and linguistically diverse communities (CALD) to improve their knowledge, skills and confidence to prepare and cook healthy and affordable family meals. The Clarinda Community Kitchen is a partnership initiative lead by Kingston City Council as part of the Being Active Eating Well (BAEW) project. BAEW is a partnership project delivered by the Kingston Bayside Primary Care Partnership, funded by the Department of Health and Department of Planning and Community Development.

Held over a 10 week period, the program engages approximately 10-15 members of the community, who meet once a week, for approximately 3 hours. Utilising a kitchen in the hub of Clarinda, participants plan healthy recipes, budget, shop, cook and eat together. While the program is facilitated by Council staff, participants equally share the role of shopping, planning and contributing to all food costs.

The success of the program is attributed to the supportive environment that enables participants to share their experience, knowledge and cultural cuisine

The program promotes autonomy and independence whilst providing support from a local dietician and Council staff

incorporates healthy cuisines from around the globe and has seen the development of new friendships.

Participants enjoy exploring different types of healthy foods that they can prepare on a low budget and in their own home.

For more information contact Lena Okin, Community Projects Office, Kingston City Council on 7581 45807
November 2009

City of KINGSTON
Kingston Bayside
Partnership with the community

Parents and grandparents as healthy role models Case Study



Introduction

Although the main focus of the *Being Active Eating Well* project was on children from birth to 12 years; it was recognised that decisions about when to be active and what food is available were often made by parents, grandparents and other carers. Grandparents were identified as a particularly important target group in the culturally diverse communities of Clayton South and Clarinda as they played a significant role in caring for their grandchildren.

Community based programs were designed to be intergenerational or to specifically engage adults in order to influence physical activity and healthy eating decisions at home. Role modelling healthy behaviours was embedded into all *Being Active Eating Well* programs.

Objective

To provide role modelling and instruction to support parents, carers and grandparents to develop skills that promotes healthy eating and active play and physical activity at home.

Target Group(s)

Parents, grandparents and other carers (of children up to 12 years) within the communities of Hampton East, Highett, Sandringham, Clayton South and Clarinda.

Summary

The community based programs of the *Being Active Eating Well* project engaged with parents and grandparents to influence physical activity and healthy eating in the home environment. The programs included: Healthy Living in Australia, Playtime Buddies, Bizzy Bodies and Community Kitchens. Role modelling activities included:

- Staff modelling being active, healthy food choices and active play with preschool aged children
- Hands on activities to develop skills to role model healthy behaviours including shopping and cooking skills, healthy lunchbox workshops
- Peer educators encouraging their communities to become role models
- Encouraging parents and grandparent to be healthy role models through newsletters and other social marketing activities.

Engagement of parents and grandparents

Feedback showed that the community based programs attracted participants from a diverse age range. About 39 per cent of Healthy Living in Australia workshop participants and approximately half of the Healthy Living Forum participants were over 45 years of age. The *Community Kitchens* programs engaged people from a diverse age group, with a significant proportion of adults over 45 years of age. Staff from *Playtime Buddies* and *Bizzy Bodies* programs observed that adults involved in *Playtime Buddies* and *Bizzy Bodies* were parents of participating children.



Achievements

- Staff observations and information collected from participants confirmed that the programs were successful in attracting parents and grandparents.
- Knowledge and skill gains were reported around shopping, budgeting, healthy food choice and healthy meal preparation. Being a good role model was specifically mentioned by some focus group participants.
- Participants reported small changes in their everyday habits including thinking more about healthy options, eating more vegetables, changing the type of food they were preparing at home. Participants also reported being introduced to a variety of activities for fitness.
- Participants also reported sharing what they had learnt in the programs with their families as well as an interest in sharing what they had learnt in the wider community.
- The programs also contributed to building social capital by providing an opportunity for participants to meet and make friends with others from their local area as well as improving understanding of other cultures.

"It (the workshop) made me reassess my cooking at home and include healthier options."
Program participant

What did we learn?

What worked?

- Making positive role modelling an integral part of community based programs offered through *Being Active Eating Well* was a successful way to build skills and confidence of parents, grandparents and carers around being active and healthy eating.
- Acknowledging what people already knew and were doing well was important. Participants also appreciated the opportunity to learn from each other.
- Intergenerational programs provided a great opportunity for participants to share knowledge and skills with each other.
- Presenting the information in an interactive and fun way incorporating 'hands-on' demonstrations was highly valued and an appropriate way for participants to learn new skills, especially for culturally diverse communities.
- Understanding health consequences and health concerns in their communities was a strong motivator for making changes, especially in relation to making a difference for their children and grandchildren.
- Using a range of recruitment strategies was successful in reaching our target audience. The programs were promoted in a variety of ways including:
 - Through local community events
 - Directly through workers
 - Presentations to community groups and leaders
 - Local media, including council newsletters
 - Targeting senior citizen groups and grandparent playgroups was a successful recruitment strategy to reach grandparents.
- The social aspect of the program was important to participants and a strong motivation for joining and continuing engagement with the program.

"I run a playgroup, I can now pass on healthy information to the parents and help them with their kids."
Program participant

"Being a pensioner I have not much money, so it helps to save money, especially because I feed a lot of others. And the food can be healthy."
Program participant

How could the activity be improved on?

- Participants of Healthy Living workshops requested a greater emphasis on: total wellbeing including stress management; more detailed information about the needs for different age groups including older adults as well as children's needs.
- Providing support to participants to share what they had learnt with their wider community.

What's next?

Positive role modelling will continue through ongoing programs and continue to build skills of parents and grandparents to model being active and healthy eating in their families.

Conclusion

Engaging with parents and grandparents was important to influence activity and food choices for children at home. Positive role modelling was successfully embedded into the community based programs. The programs resulted in knowledge and skill development, particularly around healthy eating. Modest changes were reported by some adult participants in relation to physical activity or eating patterns. The social aspect of the program was highly valued by all participants.

Section 8: Dissemination activity

Table 26 below details the dissemination activity of the 'Health Promoting Communities: Being Active Eating Well' Project.

Table 26 – Dissemination activity

What	Where	Date	Target audience	Estimated reach	Socio-demographic
Presentation – About the project	<i>Being Active Eating Well</i> project launch	May 2007	Stakeholders – Service providers and community groups in target communities	Approximately 60 attendees	
Presentation – About the project	Clayton South Mother's Group	July 2007	Parents of children 0-12 in Clayton South	10	
Presentation – About the project	Kingston Access and Equity Committee	July 2007	Community leaders	16	
Presentation – About the project	Kingston Family and Children's Services Network	July 2007	Early childhood services	12	
Presentation – About the project	Service Club Network Meeting	August 2007	Kingston Service clubs	20	
Presentation – project update	Kingston Family and Children's Services Network	November 2007	Early childhood services	6	
Newsletter article: Ward news – announcing <i>Being Active Eating Well</i>	<i>Kingston Your City</i> August 2007 (p12)	August 2007	All of community (City of Kingston)	Distribution: <ul style="list-style-type: none"> • 52,000 Kingston households • 8,000 businesses • 48 schools. 	
Newsletter article – Strengthening the Kingston Community	<i>Kingston Your City</i> October 2007 (pp1 and 4)	October 2007	All of community (City of Kingston)	Distribution: <ul style="list-style-type: none"> • 52,000 Kingston households • 8,000 businesses • 48 schools. 	

What	Where	Date	Target audience	Estimated reach	Socio-demographic
Newsletter article – Westall PS festival (30 October 2007)	<i>Kingston Your City</i> December 2007 (p12)	December 2007	All of community (City of Kingston)	Distribution: <ul style="list-style-type: none"> • 52,000 Kingston households • 8,000 businesses • 48 schools. 	
Project information	<i>Being Active Eating Well</i> project information sheet	August 2007 Updates: October 2007 November 2007 June 2008 September 2008	Stakeholders	Approximately 200	
Presentation – About the project	Bentleigh Bayside Community Health Services Planning forum	April 2008	Bentleigh Bayside Community Health Services staff	12	
Presentation – About the project	Bayside Children’s Services Network	May 2008	Family and Children’s Services	40	
Project progress update	<i>Being Active Eating Well</i> Newsletter	July 2009	Families with children 0-12 years living in target communities	7935 copies distributed through primary schools, early childhood services and community settings	

What	Where	Date	Target audience	Estimated reach	Socio-demographic
Newspaper article Family Fun Day/ <i>Healthy Living in Australia</i> Launch promotion ("Health Day free lunch")	<i>Moorabbin Leader</i> August 27, 2008 (p5)	27 August 2008	All of community	Distribution of <i>Moorabbin Leader</i>	
Presentation – Progress on project	KBPCP Committee of Management Meeting	23 September 2008	KBPCP Committee of Management/members	40	
Newsletter article – Fun and games at the family health day (Family Fun Day/ <i>Healthy Living in Australia</i> Launch)	<i>Kingston Your City</i>	October 2008	All of community (City of Kingston)	Distribution: <ul style="list-style-type: none"> • 52,000 Kingston households • 8,000 businesses • 48 schools. 	
Presentation – Update for the Kingston Child and Family Network	Kingston Child and Family Network (Area 1) Meeting	November 2008	Early childhood services	8	
Newspaper article Celebrating Harmony	<i>Moorabbin Leader</i>	11 March 2009	All of community	Distribution of <i>Moorabbin Leader</i>	
Newsletter article – Community Health and Harmony Day	<i>Kingston Your City</i>	April 2009	All of community (City of Kingston)	Distribution: <ul style="list-style-type: none"> • 52,000 Kingston households • 8,000 businesses • 48 schools. 	
Newsletter article – Councillor update – Westall Primary School Health and Harmony Day	<i>Kingston Your City</i>	April 2009	All of community (City of Kingston)	Distribution: <ul style="list-style-type: none"> • 52,000 Kingston households • 8,000 businesses • 48 schools. 	

What	Where	Date	Target audience	Estimated reach	Socio-demographic
Project progress update	<i>Being Active Eating Well</i> Newsletter	April 2009	Families with children 0-12 years living in target communities	8063 copies distributed through primary schools, early childhood services and community settings.	
Newsletter article – New Community Kitchen for Clarinda	<i>Kingston Your City</i>	May 2009	All of community (City of Kingston)	Distribution: <ul style="list-style-type: none"> • 52,000 Kingston households • 8,000 businesses • 48 schools. 	
Newsletter article – <i>Being Active Eating Well</i> (project update)	<i>Let's talk Bayside</i>	Winter 2009	All of community (City of Bayside)	Distributed to 33,315 households in City of Bayside.	
<i>Tai Chi for Kidz</i>	<i>Bayside Leader</i> Newspaper		All of community	Distribution of <i>Bayside Leader</i> newspaper	
<i>Tai Chi for Kidz</i>	Primary School Newsletter		Families		
<i>Tai Chi for Kidz</i>	<i>Window of Opportunity</i> (Department of Health regional health promotion newsletter),		Health Promotion professionals in Southern Region of Melbourne		
Newspaper article <i>Playtime Buddies</i> program (Playgroup with a difference)	<i>Bayside Leader</i> Newspaper		All of community	Distribution of <i>Bayside Leader</i> newspaper	

What	Where	Date	Target audience	Estimated reach	Socio-demographic
Project Update	KBPCP website	Ongoing	KBPCP members, community		
Project progress update	<i>Being Active Eating Well</i> Newsletter	October 2009	Families with children 0-12 years living in target communities	8290 copies distributed through primary schools, early childhood services and community settings	
<i>Kids – ‘Go for your life’</i> Case Study – integrated planning	Case Study submitted to <i>Kids – ‘Go for your life’</i> for potential publication in: <ul style="list-style-type: none"> <i>Kids – ‘Go for your life’</i> newsletter <i>Kids News</i>, made available on the <i>Kids – ‘Go for your life’</i> website Case Study resource for current and new members of the <i>Kids – ‘Go for your life’</i> Health Professionals’ Network 	Late 2009	<ul style="list-style-type: none"> <i>Kids – ‘Go for your life’</i> members <i>Kids – ‘Go for your life’</i> Health Professionals’ Network members 		
CO-OPS <i>Community Kitchens</i> case study poster	Collaboration of Community-based Obesity Prevention Sites National Workshop, Melbourne	November 2009	Health promotion practitioners	Approximately 100	

What	Where	Date	Target audience	Estimated reach	Socio-demographic
CO-OPS Working with culturally and linguistically diverse communities case study poster	Collaboration of Community-based Obesity Prevention Sites National Workshop, Melbourne	November 2009	Health promotion practitioners	Approximately 100	
<i>Being Active Eating Well</i> Showcase Seven presentations were given by project partners including: <i>Playtime Buddies</i> , Ben and Molly Puppet Show, <i>Bizzy Bodies</i> , <i>Community Kitchens</i> , <i>Healthy Living in Australia</i> , Clarinda Primary School and <i>Tai Chi for Kidz</i> .	Hemisphere Conference Centre	March 2010	KBPCP member agencies and project stakeholders	60	Senior managers and staff involved in <i>Being Active Eating Well</i> .
Australian Health promotion conference presentation: <i>Being Active Eating Well</i> – the strength of partnerships in Kingston Bayside	Australian Health Promotion Association National Conference, Melbourne	June 2010	Health promotion practitioners, researchers and policy makers	Approximately 500	Workforce
<i>Community Kitchens</i> case study	Foulkes et al. The CO-OPS Collaboration book of case studies for community-based obesity prevention. 2010. Geelong: Deakin University	2010	Health promotion practitioners	Unknown	Workforce

What	Where	Date	Target audience	Estimated reach	Socio-demographic
Working with culturally and linguistically diverse communities case study	Foulkes et al. The CO-OPS Collaboration book of case studies for community-based obesity prevention. 2010. Geelong: Deakin University	2010	Health promotion practitioners	Unknown	Workforce
Project information	<i>Being Active Eating Well</i> – hints and tips for healthy primary schools	February 2010	Primary school staff	180	
Project progress update	<i>Being Active Eating Well</i> Newsletter	March 2010	Families with children 0-12 years living in target communities	8290 copies distributed through primary schools, early childhood services and community settings	
Project information	<i>Being Active Eating Well</i> – hints and tips for healthy primary schools	April 2010	Primary school staff	180	
DVD <i>Playtime Buddies</i> DVD produced by lead agency to promote supported playgroups	Shown at <i>Being Active Eating Well</i> Showcase and to Brighton Soroptimists (co-founder).	May 2010	Health professionals Funding bodies	More than 60	

Section 9: References

- ¹ ABS 2006 Australian Bureau of Statistics website [online]. [Accessed 14 November 2007]. Available from World Wide Web: www.censusdata.abs.gov.au
- ² NSW Health Department (2001) A framework for building capacity to improve health. New South Wales Health.
- ³ Unpublished report - Deakin University (2007) Action Plan Development Workshop Report
- ⁴ Victorian Health Promotion Foundation. *The Partnership Analysis Tool*. Available from World Wide Web: http://www.vichealth.vic.gov.au/-/media/About_per_cent20Us/Attachments/VHP_per_cent20part_per_cent20toollow_per_cent20res.ashx [Accessed June 2010].
- ⁵ Unpublished report - Deakin University (2007) Action Plan Development Workshop Report
- ⁶ Unpublished report – Kids - 'Go for your life' (2008), *Kids – 'Go for your life' Awards Forum Report*.
- ⁷ Foulkes et al. *The CO-OPS Collaboration book of case studies for community based obesity prevention*. 2010. Geelong: Deakin University.
- ⁸ Foulkes et al. *The CO-OPS Collaboration book of case studies for community based obesity prevention*. 2010. Geelong: Deakin University.
- ⁹ Victorian Health Promotion Foundation, *The Partnership Analysis Tool*. Available from World Wide Web: http://www.vichealth.vic.gov.au/-/media/About_per_cent20Us/Attachments/VHP_per_cent20part_per_cent20toollow_per_cent20res.ashx [Accessed June 2010].
- ¹⁰ Keleher & Armstrong, 2005 *Evidence-based mental health promotion resource*, report for the Department of Human services and VicHealth, Melbourne.
- ¹¹ Alan Andreasen, Marketing Social Change: Changing Behavior to Promote Health, Social Development, and the Environment, p7.
- ¹² Kids – 'Go for your life' Tap into water everyday background paper available from [http://www.goforyourlife.vic.gov.au/hav/admin.nsf/Images/tap_background_paper.pdf/\\$File/tap_background_paper.pdf](http://www.goforyourlife.vic.gov.au/hav/admin.nsf/Images/tap_background_paper.pdf/$File/tap_background_paper.pdf) [Accessed on 12 May 2010].
- ¹³ Unpublished student report - Ng & Venn (2008), *An Evaluation of "Good Tucker for Tiny Tots" and Recommendations for Improvement*.
- ¹⁴ Unpublished student report - Thornton & Orwin, (2008), *Assessment of access to affordable fruit and vegetables for the residents of Clayton South and Clarinda*.
- ¹⁵ The University of Notre Dame, 2007. *Play5 Teacher manual*, Australian Council for Health, Physical education and Recreation, South Australia.
- ¹⁶ Be a Healthy Role Model CSIRO fact sheet available on the world wide web at <http://www.csiro.au/resources/10-steps-for-healthy-families-RoleModel.html#evidence>, [accessed June 2010].