Supportive Information File 4: Results

Policy mapping & additional participant comments

Using and interpreting this document

References to the *HEAL Strategy* and *Premier's Priority* actions appear throughout this Supportive Information File (SIF) at the top of each relevant section, as per the table below. The text in **bold** below appears in those references, alongside an indication if those actions were existing/underway or new.

***HEAL Strategy* Strategic Directions (SD)**	***Premier's Priority* Strategic Directions**
HEAL SD 1: **Environments** to support healthy eating and active living **HEAL SD 2**: State-wide healthy eating and active living support **programs** **HEAL SD 3**: Healthy eating and active living advice as part of routine **service** delivery **HEAL SD 4**: Education and **information** to enable informed, healthy choices	**PP SD 1**: State-wide support **programs** **PP SD 2**: Routine advice and clinical **service** delivery **PP SD 3**: Education and **information** campaigns **PP SD 4**: **Environments** to support healthy eating and active living

Cross referencing to other sections within SIF4 aligns with the summary table below, e.g. see 3a), refers to the out of home advertising section. References to other SIFs are noted using square brackets, e.g. [see SIF2.1] or [see SIF3A].

Where possible URLs have been included as '(Link)' to provide the reader with more information if they are interested. All URL links were active at the time of submission. However, it is likely that some will break into the future and cannot be guaranteed to be active. Click on URLs at your own discretion.

Summary of policy mapping results

Policy mapping tool area	Result
1 Wider Determinants	
1a) Costs of living	
1b) Early childhood adversity	
2 Physical Activity Environments	
2a) Built environment and planning	
2b) Physical activity in open spaces	
3 Food Environments	
3a) Out of home advertising	
3b) Foodservice outlets	
3c) Food retail	
3d) Local food considerations	
4 Settings	
4a) Government settings	
4b) Early childhood education and care	
5 Services	
5a) Preconception, pregnancy and birth	
5b) Family-orientated services	
5c) Health promoting workforce	
5d) Provision of public health information	

Description of policy status

	Policy enactment – appeared in HEAL and has been implemented or was in the process of being implemented at the time of mapping
	Policy infrastructure – appeared in HEAL, not fully implemented but there is significant potential to achieve this policy area
	Policy scaffolding – may have appeared in HEAL, no actions found towards implementation. Opportunities were found that could be leveraged to support initiatives in this space.
	Policy void – not mentioned in HEAL and very limited to no policy opportunities to achieve this policy area

Acronyms

BFHI	Baby Friendly Health Initiative
CHAT	Communicating Healthy Beginnings Advice by Telephone
COAG	Council of Australian Governments
ECEC	Early Childhood Education and Care
EP&A	Environmental Planning and Assessment (Act)
FACS	Family and Community Services
FSANZ	Food Standards Australia New Zealand
GP	General Practitioner
GSC	Greater Sydney Commission
HEAL	Healthy Eating and Active Living
HSR	Health Star Rating
LHD	Local Health District
NCOSS	NSW Council of Social Services
NGO	Non-government organisation
NSW	New South Wales
OOH	Out of home (advertising)
OPH	Office of Preventive Health
PCAL	Premier's Council on Active Living
PP	Premier's Priority
SIF	Supportive Information File
TEI	Targeted Early Intervention
TRGS	Translational Research Grants Scheme

Summary of participants by cluster

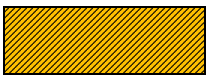
Cluster	**Agencies**	**Participant #**
Premier & Cabinet	Department of Premier and Cabinet (Premier & Cabinet) • Health, Education, Intergovernmental Relations Branch • Health Policy team • Premier's Implementation Unit	1, 2, 3, 6
Health	NSW Ministry of Health (Ministry) • Centre for Population Health, Population Health Strategic Program, State Programs, Food Policy Office of Preventive Health Local Health District, Greater Sydney area Heart Foundation, not-for-profit, government funded for health promotion	4, 5, 7, 9, 10, 11, 14, 19, 20, 22
Family and Community Services	Department of Family and Community Services: Inclusion and Early Intervention, Family and Child Services (Community) The Advocate for Children and Young People (Advocate)	15, 18
Industry	NSW Food Authority (Food Authority) Office of Sport (Sport)	17, 21
Planning and Environment	Department of Planning & Environment (Planning) • Strategic Planning Team • Office of Government Architect (Government Architect) • Office of Environment & Heritage: National & International Partnerships (Environment)	8, 12, 16
Transport	Transport for NSW: Infrastructure & Services (Transport)	13
Education	Department of Education: Early Childhood Directorate (Education)	23
Treasury	Treasury NSW (Treasury) • Economic Strategy Division • Health Budget & Policy Group	24, 25

Note: shortened names of agencies used throughout the text are presented here in parenthesis

1. Wider Determinants

The *HEAL Strategy* focuses on environments, settings, and programs to support people to make healthy choices. The structural, commercial, and social causes of obesity were not expressly identified in the actions of the strategy.

1a) Costs of living

Overall ranking 

These elements consider the costs of living relative to income (and employment) and housing. The key government organisation for this policy area is Family and Community Services (FACS), although there is strong policy overlap with Health, Treasury, and Planning.

Employment/household income

Household income and stable employment are directly related to ability to engage in healthy lifestyle behaviours, the *Inquiry into fresh food pricing* [1] notes NSW Council of Social Service (NCOSS) Cost of Living Report 2018, that "households with the lowest incomes are at greatest risk of being priced out of accessing a nutritious diet as they spend… a greater proportion of their income on their food" (p.9) [1]. Additionally, the Inquiry noted that that approximately 888,000 people in NSW are living below the poverty line.

One Premier's Priority aligned to this element and Industry was identified as the lead on this priority:

- PP5 – Creating Jobs

There was little evidence of initiatives to improve employment with a few exceptions as they related to housing. *Future Directions for Social Housing* [2] includes elements of education and employment opportunities for young adults and jobseekers to improve employment prospects (more on *Future Directions* under housing below). The NCOSS is a charity with a mission of 'a NSW free from poverty and inequality'. In partnership with Cancer Council NSW and Uniting, they sought to align to the (obesity) *Premier's Priority* and hosted a Healthy Weights Forum in June 2017 (Link) as they recognised the link between socio-economic inequality and obesity risk from childhood. No outcomes relating to household income/employment were found.

Housing affordability/social housing

The cost of housing is the single most consistent household cost competing with other costs of living. Of the four key priorities of the NSW Productivity Commission (NSW Treasury) one was lowering the cost of living and making housing more affordable (Link). The Advocate for Children and Young People submission to the 2017 *Inquiry Into Support for New Parents and Babies* highlighted the difficulties in acquiring affordable housing and work conditions for maintaining a steady income were significant barriers faced by young parents, the "ACYP highlights the need for services to assist young people, especially young parents, find safe and appropriate accommodation" (Submission 67, Link, p.4).

'Affordable housing' in NSW is defined as housing for very low-, low-, or moderate-income households if gross household income is less than 120% of median Sydney Statistical Division and pays less than 30% of gross income on rent, or the household is eligible to occupy rental accommodation under the National Rental Affordability Scheme and "pays no more rent than that which would be charged if the household were to occupy rental accommodation under that scheme" (p.9) (Link).

There was one Premier's Priority and two State Priorities aligned to this element:

- PP7 – Make housing more affordable (Dept Planning and Environment)
- SP8 – Increase housing supply across New South Wales – Deliver more than 50,000 housing approvals every year (Planning & Environment cluster)
- SP10 – Increase the number of households successfully transitioning out of social housing by 5 per cent over three years (Family and Community Services cluster)

Planning considerations for housing are also discussed below, see 2a). There are two State Environment Planning Policies (SEPP) relevant for this policy area:

- SEPP Affordable Rental Housing 2009 (Link). Its aims were: consistent affordable housing planning regime, incentivise affordable housing through zoning expansions, net increases in affordable housing, facilitate not-for-profit providers, and support local workforce for local business.
- SEPP No 65 (Link) has a clause on Design Quality of Residential Apartment Development: property developers are required to consider occupant wellbeing in their design.

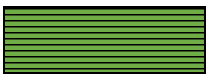
Affordable Housing was a market-driven response to housing affordability. In this context was the use of privately owned dwellings, where owners/developers were incentivised to provide dwellings at below market value, e.g. 80%, which tended to be managed by not-for-profit community housing providers. These dwellings were seen as an intermediary between private housing and social housing. More broadly in the NSW housing narrative 'housing affordability' related to the costs of renting or owning in the private housing market (Department of Fair Trading).

There is likely a large disparity between very low- and moderate-income houses under the NSW definition of Affordable Housing, and given the high costs of renting, likely that very low-income households are paying more than 30% of their household income on rent. This is noted in *Future Directions*, and that 'additional support is required' so in some instances the NSW Government provided additional rental assistance for private rentals – e.g. Rent Choice, Start Safely, Rent Start (Action 2.3, p.15). It also stated that FACS and the Department of Fair Trading will "examine ways to make the private rental market more suitable for people on low incomes" (p.15).

Future Directions for Social Housing [2] 10 year plan 2016-2025 (and 2017 Progress Update (Link)) was a partnership between FACS, Health, Education, Justice, Planning and Environment, and industry. While housing focused, inherent in this policy was the temporary nature of social housing. Social housing demographics include the most vulnerable, the elderly, people with chronic and severe mental illness or disability, drug or alcohol misuse, those experiencing domestic violence, and carers with long term caring responsibilities. It also includes low-income families. It positions families with children, young people, and job seekers as being able to break the cycle, with the right support. It means that social housing policy 'success' is orientated to those families leaving social housing (and the support that comes with it). Employment is seen as a vehicle to transition them "out of social housing" (p.14). Under Action 1.3 in *Future Directions*, Social Impact Investing (see element 1b) below) was used to invest in social housing by "harnessing the innovation of the non-government sector the NSW Government will deliver better outcomes for the most vulnerable people in our community, including those living in social housing" (p.11). It included $1billion to build new social and affordable housing from the *Social and Affordable Housing Fund* (Link), in addition to the $20 million Social Housing Community Improvement Fund (SHCIF) (Link).

While *Future Directions* was housing focused, under Action 3.4 it had placed-based initiatives, undertaking a 'place making' whole of community response in 16 communities across the state, where 40% of social housing (41,000 dwellings) exist in concentrated housing estates some of which experience higher rates of crime and violence and are associated with poorer child outcomes. This Action sought to find out: "How do you make communities more liveable, but also what is it within those communities where there are those particular challenges" (Community, P15). *Place Plans* are aimed at improving the local built environment, co-locating services to improve education/employment outcomes, coordinated case management. At the time of mapping four districts were scoping projects under *Place Plans*: Kempsey, Griffith, Moree, and Eden (p.24), and the FACS participant noted a new one in Claymore. NSW Government had identified 20 estates as 'highly disadvantaged', 18 of which are in regional and remote areas.

1b) Early childhood adversity

Overall ranking 

The *HEAL Strategy* identified 'priority populations' as Aboriginal communities, socio-economically disadvantaged communities, Culturally and Linguistically Diverse communities, and regional and remote communities. It noted that initiatives were 'responsive to' diverse communities as well as having 'specific and targeted' initiatives with Aboriginal communities. It did not specifically identify early childhood adversity as being connected to health and wellbeing life trajectories. This is a complicated space and targeted services must be developed by and implemented with First Nations and diverse communities to minimise (intergenerational) trauma. It was not clear from the *HEAL Strategy* how these responsive, specific, or targeted approaches were being undertaken.

While Aboriginal Community Controlled Health Organisations contribute significantly to addressing the determinants of health for First Nations communities in Australia [3], these organisations in NSW were not mapped for this study as they are funded by the Commonwealth Government.

Two Premier's Priorities (SIF2.3) touch on early childhood adversity, but their actions are not focused on continuity of care to prevent long-term health outcomes:

- PP11 – Protecting our kids
- PP12 – Reducing domestic violence reoffending

Healthy, Safe and Well: A strategic health plan for children, young people and families 2014-24 (Link) is the overarching framework about child health that emphasises early intervention to minimise/prevent early childhood adversity. Two program areas are most relevant for this study, targeted home visiting services (defined as 'moderate' cases by NSW Government in the *Parliamentary Inquiry into Support for New Parents and Babies*) and targeted early intervention (families requiring more support to reduce or return children being removed to out of home care) are discussed further below. The NSW Government submission to the *Parliamentary Inquiry into Support for New Parents and Babies*, includes details about Brighter Futures, Newpin Social Benefit Bond, and Targeted Early Intervention [4]. It also noted that Maternity and Child and Family Health Services in each of the LHDs had screening for domestic and family violence, and "pathways into care and support for families that are identified through the screening" (p.32).

Additionally, the *NSW Human Services Outcomes Framework* 2017 (FACS) [5] has seven domains, all of which apply to vulnerable children aged 0-4 years. These are social and community participation, education, access to learning and participation, economic contribution and benefit, healthy lives, safe and affordable places to live, safety, empowerment and engagement in decision-making. Pathways between these domains that relate to health and wellbeing include:

- Economic – food security – under/overweight – risk of chronic disease health
- Home – good quality housing/ neighbourhood quality – access to capital – healthy lifestyle – health
- Social & community – participating in the community – feelings of belonging – health
- Economic – financial/parental stress – parenting style – child development – school readiness – education – (long term) economic opportunities – economic

A key finding of the *Parliamentary Inquiry on Support for New Parents and Babies* (Finding 2) was that "co-located health, housing and community services can reduce fragmentation and improve access to services for new parents and babies" (p.5) [6]. While postpartum (first six weeks after baby is born) and perinatal (pregnancy until baby is one year old) maternal mental health and protection from family violence were noted goals of services overseen by Health and FACS, the *Inquiry* found opacity in reporting and fragmentation. In addition to recommending collaboration between Health and FACS to ensure continuity of care, the *Inquiry* made several recommendations of relevance for this study. These were consistent universal access to and the expansion of home visiting programs (Health & FACS), and for external service providers more flexible service design, and longer contracts with embedded measurable outcomes.

HEAL SD 3.2.1 (service, existing): *Sustaining NSW Families* health home visiting program – also see 5b)

Brighter Futures Program and Targeted home visiting services

Brighter Futures Program [7] is a targeted early intervention (TEI) program aimed at keeping children out of the child protection system. FACS is able to fund non-government organisations under the *Children and Young Persons (Care and Protection) Act 1998* and the *Community Welfare Act 1987*. The primary aims of *Brighter Futures* is to reduce the rate of children and young people in out-of-home care and those that are at risk of significant harm, in addition to minimising developmental risk. Priority access for referrals made via the Child Protection Helpline (report), families with children <3 years, First Nation families, young pregnant women, or young parents living independently. Service types funded include case management/work, quality children's services (e.g. childcare or preschools), group-based parenting programs, structured home visiting programs. Lead agencies have responsibility over discrete planning areas and include the Brighter Futures Unit (FACS), NSW Health, the Aboriginal Maternal and Infant Health Strategy, Family Referral Services, Child Wellbeing Units (Health, Police, Education).

Sustaining NSW Families was the largest home visiting program led by child and family health nurses, but only offered at nine sites in 2017. The NCOSS submission to *Parliamentary Inquiry into Support for New Parents and Babies*, advocates for rolling out this program state-wide (Link), which the NSW Government extended under *Brighter Futures* funding (Link).

Social Impact Investing (SII)

Treasury is interested in reducing childhood adversity in recognition of the higher consumption of government services. During the interviews Treasury participants used the example of the approximately 16,000 children in out of home care, who leave state care at the age of 18. After tracking consumption of services for 10 years for this cohort they then examined:

> *"…how much that cost the New South Wales Government. We also linked it into the welfare data at the Commonwealth level. Then, we worked out what the same actuarial model was a 20 years cost in a present value basis… On average an out-of-home care leaver will cost New South Wales government $280,000 over that 20 years, and Commonwealth welfare, somewhere in the order of $140,000… Whilst that is $280,000 [on average], there is a tough cohort which is averaging $1 million. Obviously, what we're trying to do is, in those interventions, is change the trajectories over lifetimes." (Treasury, P24).*

Treasury has used these actuaries for other impact investments, however, despite the Premier's Priority, "We didn't get to the point on the childhood obesity of actually looking at what that might look like" (Treasury, P24). Actuaries were used in Social Impact Investing (SII) projects. SII is the use of capital provided by private sector to tackle social challenges as mentioned under Action 1.3 of *Future Directions* above, led by the NSW Office of Social Impact Investment (Treasury).

The Newpin Social Benefit Bond was a type of SII that provided $7million capital over 7 ¼ years for the Newpin program, run by Uniting (a not-for-profit social services provider). Its purpose was to prevent children (at significant risk of harm) from entering out of home care (Cohorts 2/3) and restore children already in out of home care to their families by providing support to ensure homes were safe family environments (Cohort 1). This program provided support for 12-18 months to families with children under five years of age. At the four year mark the program reported a net increase of 129 children remained or restored to their family home, or 63% restoration compared to usual restoration rate of 19%, delivering a 13% rate of return for investors over four years (Link).

Target Earlier Intervention (TEI) reforms

Considerations for an evidence-informed approach to community programs and scalability are emerging in service sectors beyond health. In addition to these universal programs and targeted home visiting services there are a range of TEI programs funded through FACS to support families with higher need, delivered locally by non-government organisations (community service providers). These Targeted Early Intervention programs tend to focus on parenting, overall family functioning, and child wellbeing, rather than directly being focused on specific healthy lifestyle behaviours:

> *"The families that we're thinking about when doing our work are those families for whom universal services aren't enough, potentially, in terms of the support they need… for us, healthy eating and active living is around children (and family) physical health, their ability to learn, their self-esteem. [Obesity] might come up when we're looking at… things that would mean that family wasn't functioning well." (Community, P15)*

TEI programs were focused on children aged 0-3 years, young parents and Aboriginal families, in recognition of a key life stage and the need to families to access support early to decreases risk factors associated with neglect, child abuse and domestic violence. It was undergoing reform at the time of mapping (Link), of both large scale programs for community strengthening, community centres, early intervention activities and considering several programs:

- Community builders
- Families NSW
- Aboriginal Child Youth and Family Strategy
- Triple P
- Child Youth and Family Support
- Getting it Together

TEI was driving a reform process within this sector. While historically community service providers have focused on community connection, strengthening, and services, there has been a shift towards targeting vulnerability at the family/person level:

- *"The focus is on vulnerable families, children, and communities. And that hasn't always been the case… there are three priority cohorts. Naught to threes, Aboriginal families and children, and young parents. And those, together with sort of top district priorities, are what services are being asked to focus on for funding going forward… And that in no way prevents community strengthening (certainly from a prevention and early intervention perspective)" (Community, P15)*

Previously *Families NSW* – a former agency with FACS, Ministry of Health, and Department of Education components – offered support to families from pregnancy until children up to eight years of age. This change in age range suggests a narrowing of investment into childhood, towards early childhood. Their 2014 program guidelines noted a range of services (and workforce) missing above (Link):

- Supported playgroups
- Parenting programs
- Family workers
- Community capacity building
- Partnerships and network projects

Across the seven FACS districts in NSW there are hundreds of NGOs providing programs and services in the early intervention space. The FACS Executive District Directors:

"…have strong relationships with every single one of those organisations and know all of them" (Community, P15)

2. Physical Activity Environments

PP SD 4.9 (environments, new): Investigate the feasibility of a range of new food environment and physical activity policy options to support healthier choices (Department of Premier and Cabinet, NSW Health)

Policy considerations for physical activity environments consider the built environment (the physical design, patterns of land use and the transport system in built up areas) and the spaces used by the public to be physically active (e.g. active or public transport, accessing parks and other open spaces). Authority for built environments and planning sit with state governments in Australia, who are responsible for the strategic policy development that instructs local governments in local planning decisions.

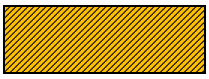
While food policy sits within health, neither physical activity nor healthy built environment policy sit with the Ministry:

> *"The Ministry of Health doesn't really lead on built environment because it's so dependent on infrastructure, and the levers to guide the development and funding and planning for that infrastructure." (Health, P7)*

Policy responsibility for built environment sits with traditional planning and infrastructure agencies: Office of Government Architect, Department of Planning and Environment (Planning), Greater Sydney Commission, Transport for NSW (Transport), Infrastructure NSW, and Office of Environment & Heritage (Environment). Consideration of additional physical activity environments also encompasses Open Spaces and Parklands Commission, other parkland trusts (e.g. Western Sydney Parklands Trust), and Office of Sport (Sport). Additional partners include Department of Premier & Cabinet (Premier), Ministry of Health (Ministry), non-government and not for profit health promotion organisations (e.g. Heart Foundation), and private sector interests such as developers and community and sporting organisations. Health's engagement around built environments focuses on:

> *"…encouraging built environments that support physical activity" (Health, P14)*

2a) Built environment and planning

Overall ranking 

HEAL SD 1.8 (environments, existing): NSW Department of Planning and Infrastructure to plan and deliver healthy built environments in metropolitan, regional and rural areas through (Partners: Transport for NSW, Local Government, Department of Premier and Cabinet, Ministry of Health, Local Health districts, Premier's Council for Active Living, Commission for Children and Young People)

HEAL SD 1.8.1 (environments, existing): Incorporating active living principles into infrastructure development and designing urban centres and housing to support physical activity and active transport

PP SD 4.3 (environments, underway): Develop guidelines for the planning, design and development of healthy built environments (NSW Health, Department of Planning and Environment)

The *HEAL Strategy* and the *Inquiry into childhood overweight and obesity* (2016) note that Planning was the lead on healthy built environments. Recommendation 10 of the *Inquiry* was for Planning to improve cross-agency collaboration including opportunities to contribute to the planning process, "particularly giving consideration to health objectives" (p.7, Link). Also in the Inquiry Final Report was the NSW Government response that noted Planning was leading regional plans with a focus on 'strong, connected and healthy communities' and 'creating liveable places'.

Department of Planning & Environment (Planning)

The Department of Planning & Environment (Planning) was responsible for strategic planning in NSW, often in partnership with the Greater Sydney Commission. Planning supported the delivery of new housing and jobs with a focus on a 'liveable NSW' defined as facilitating equitable, diverse and pleasant neighbourhoods. The NSW State Infrastructure Strategy, *Building Momentum 2018-2038* (Link), set out NSW plans for integrated land use, transport and infrastructure planning. The strategy was heavily focused on Growth Areas around Greater Sydney, particularly housing. Strategic planning involves making decisions about the appropriate uses of land:

"Our strategic planning documents (regional plans and district plans) have things to say about which places are appropriate for high density housing, and generally it's about proximity to public transport infrastructure. And then also access to local services, in the form of retail and other services" (Planning, P8)

Lobbying rules for Planning: Under the *Lobbying of Government Officials Act 2011* and *Premier's Memorandum M2014-13 NSW Lobbyists Code of Conduct*, all Department of Planning and Environment employees are required to register all contact with lobbyists on the publicly available *Lobbyist contact register* (Link).

Greater Sydney Commission

The *Greater Sydney Commission* (GSC) (Link) was established through the *Greater Sydney Commission Bill 2015* (Link) as a Government-funded independent organisation with strategic oversight of planning and environmental policy across state and local governments within the Greater Sydney area.

In 2016 the Planning *Ministerial Statement of Priorities* (Link) outlined the GSC's leadership role in consideration of the UNs Sustainable Development Agenda (adopted by Australia), the Premier's Priorities, and the development of District Plans for the Greater Sydney area for local governments to align with strategic Planning documents. In 2018 the GSC Statement of Priorities (Link) were agreed between the Premier and the Commissioner (Link) and changed the reporting structure so that the GSC reported directly to the Premier, rather than the planning minister. The GSC *Dashboard* displays progress (Link).

Through the delivery of 33 Local Environmental Plans, the GSC priorities included considerations of sustainable development with a focus on liveability, and strategic though leadership notably around "community and stakeholder engagement, dialogue and debate and advise Government on key city making issues such as:

- Liveability and quality outcomes
- Connected and healthy communities
- The importance of preserving industrial lands
- Smart cities
- Health and Education precincts
- Commercial office market dynamics
- Mitigating heat island effects" (p.2, Link)

Lobbying and GSC: there were no specific lobbying policy for the GSC found at the time of policy mapping.
(Note: in 2022 the *Engaging with Lobbyists and Business Contacts Policy* (Link) was published in accordance with the key principals and requirements of the Lobbying of Government Officials Act 2011 and Premier's Memorandum M2014-13 NSW Lobbyists Code of Conduct (Link).

Planning instruments

A suite of strategic planning tools and design guidelines had been developed or were in draft form at the time of mapping:

- The Environmental Planning and Assessment Act
- 10 Regional Plans
- Greater Sydney Area District Plans
- Local Environment Plans
- Development Control Plans
- State Environment Planning Policies (SEPP)
- Urban Design Guides
- Better Placed
- Health Impact Assessments

Environmental Planning and Assessment Act
The *Environmental Planning and Assessment Act 1979* (Link) (*EP&A Act*) underwent a series of unsuccessful attempts at amendment to include health and wellbeing before the *Environmental Planning and Assessment Amendment Bill 2017* was passed (Link). This Bill changed 1.3 Objects of Act to include (of note):

- (d) to promote the delivery and maintenance of affordable housing
- (g) to promote good design and amenity of the built environment
- (h) to promote the proper construction and maintenance of buildings, including the protection of health and safety of their occupants

The *Planning Bill 2013* (Link) proposed a requirement of health and wellbeing to be considered in planning decisions. The Bill was a cognate with the Planning Administration Bill 2013 (Link) (which passed in both houses) however, both Bills lapsed (see [8]). The Heart Foundation had played a key advocacy role throughout this process and commented the *Planning Bill 2013* was thrown out for 'political reasons'. In 2017 planning amendments came back up again with Rob Stokes as the planning minister. He had held a previous role as a planner and re-wrote:

> *"the objects of the bill and he thought it was untidy the way that health and wellbeing. I don't know that he was opposed to it but he rewrote the objectives and really he felt good design was good enough to capture health and well-being. 'If you've got a well-designed built urban space then health and all those other considerations should be recognised within it'. So, we started up our advocacy. He then got bundled out of that, out of planning, and went to become Minister for Education. But the minister that came in behind him, minister Roberts, has not got an interest in planning whatsoever and we just weren't able to hit his interest in anyway. And so, fundamentally, Rob Stokes's eloquently designed and worded objects of the act remained in place, and we weren't able to get health and wellbeing put back, despite extensive lobbying" (Heart Foundation, P22)*

A considerable amount of work was undertaken by health advocates, e.g. through collaborative groups (see below), to include explicit considerations of health and wellbeing in the *EP&A Act*. Health advocates felt that the objectives of 'good design' were not sufficient to achieve healthy built environments:

> *"I think we were bitterly disappointed that our advocacy to get health and wellbeing recognised… didn't get up. Because that was really the instrument we were hoping would then drive down to influence all the other planning instruments that exist to actually recognise that healthy built environments needs to be considered at every level of planning design and implementation… the politics just weren't right and we've got a thousand letters back from Planning saying, 'Oh, but good design does recognize that health and wellbeing is implicit in it.' And the whole point was we wanted to make it explicit… We are trying to look at how we embed health and wellbeing in to all those other instruments [but the absence of] the mandatory requirement… [is] our biggest challenge" (Heart Foundation, P22)*

A guide to implement the *EP&A Act* was developed (Link) and references the use of policy tools such as *State Environment Planning Policy 65* (Link) and *Better Placed* (Link) to ensure 'good design', see Design and collaboration below.

Regional Plans

NSW has ten *Regional Plans* (Link), one for the Greater Sydney area developed by the GSC and nine for the rest of NSW, developed by Planning. These regional plans require planning approval agencies, Planning and local councils, place a "greater emphasis… [on] the design and shape of our cities" (Heart Foundation, P22):

> *"…in a much more explicit way than has been the case in recent generations of planning. The regional plans talk about the most appropriate locations for housing in each region, and development generally… which, if any, land is most appropriate for green field development. So, that's the development of undeveloped land, typically around the edge of existing settlements. And all of the regional plans, to varying degrees, talk about existing urban centres, particularly large ones, as appropriate locations for additional housing. To take advantage of existing infrastructure and services… There's a monitoring program for the regional plans, which generally details the progress that's being made on delivering the various actions, as distinct from progress that's been made on meeting the objectives, say, of the plan" (Planning, P8)*

This shift in organisational culture at the level of strategic policy planning instruments (rather than at the legislative level) was identified as being a response to community preferences for access to services in a paradigm of high housing costs and urban sprawl (Planning, P8).

Actions within the nine *Regional Plans* developed by Planning with local council input (Link) included:

Region	URL	Healthy built environments	Integrated transport	Food environment	Agriculture/ manufacturing
Central Coast	Link		✓		
Central West and Orana	Link		✓		✓
Far West	Link	✓	✓		✓
Hunter	Link	✓	✓	✓	✓
Illawarra-Shoalhaven	Link	✓	✓		
New England North West	Link	✓	✓		✓
North Coast	Link	✓	✓		✓
Riverina-Murray	Link	✓	✓		✓
South East and Tablelands	Link	✓	✓		✓

The tenth regional plan was for Greater Sydney, developed by the GSC. In *A Metropolis of Three Cities* (Link), the Greater Sydney area was organised into three distinct cities: the Eastern Harbour City, the Central River City, and the Western Parklands City. Objectives and indicators include access to open space, walkable and accessible local centres, open public space, 30 minute access to city centre, and housing choices. In addition to this regional plan, the Greater Sydney area also had several *District Plans* (see Local Planning below).

The Ministry works with Planning and the GSC to influence the Regional and District Plans:

> *"We work with the state agencies that write the policies and do the regional plans, the district plans, all that sort of thing. That's where we work" (Health, P4)*

Integrated planning in these plans related to both integrated modes of transport and their relationship to housing planning, which:

> *"…aligned with transport planning to the extent that areas that have been identified for additional housing focused on the areas where there will be significant improvement to public transport" (Planning, P8)*

Affordable housing or housing choice was mentioned in almost all *Regional Plans* and while framed as being a requirement for increasing housing, it was acknowledged that the objectives and actions for housing in the regional plans have:

> *"…to compete for attention with other priorities about keeping costs down, and doing things efficiently… It's a complex process of balancing various priorities, which change over time, depending upon community priorities or the priorities of the government of the day" (Planning, P8)*

Health Impact Assessments were noted by some participants as having a limited impact on elevating health promotion in planning policy considerations. This was supported in the literature which found that given their structured, linear, process they have a limited utility in exerting influence for policy making [9-11].

Design and collaboration

The Office of Government Architect developed the *Better Placed* (Link) suite of strategic design documents to support liveability, environmental management and productivity. Recent changes in the functions of government agencies saw the role of the Government Architect shift from designing and constructing buildings to a 'strategic advisory role' (Planning, P16). The Office shrunk from over 200 to less than 20, but at the time of interviews was being built up again. Their focus shifted from a focus on 'the building' to consideration of the 'buildings impact' (Planning, P16).

Better Placed

The ***Better Placed*** suite of documents are a design framework to support the 'principles of good design' in the updated planning legislation. *Better Placed: An integrated design policy for the built environment of NSW* (Link)

recognised that a well-designed place is 'healthy for people' (Planning, P8). Health was broadly identified as one of five priorities of *Better Placed* and,

> *"…because it is quite a high level policy, that's as far as we went. We gave a really quick definition of what we thought healthy was, to be followed up in subsequent guides… Where our health initiatives have come from is a lot to do with our own beliefs and what we think a well-designed built environment should be" (Planning, P16)*

Better Placed is a design framework as much for Government agencies as it is for the (private) planning sector. The Office of Government Architect "put this in front of" agencies ranging from Education and Health to Transport and Planning (Planning, P16).

Greener Places was in draft form at the time of mapping (Link), its aims were to connect green infrastructure with opportunities to engage in open spaces for recreation and ensure ecological health, also see 2b). A participant noted that there was consideration being given to the "really strong ties" between design and "food production" but there was:

> *"…more evidence to support ties between good design and health and green and open space, I think it's more kind of tangible almost. I don't think we've made that connection yet, food is the more difficult one for us to tackle. It's something that we need to work within our own agency better, but we haven't" (Planning, P16)*

Better Methods was about processes and the implementation of good design (draft 2018, Link), applicable to anyone involved in built environment design. A participant noted that designers are not used in the process of policy formation. *Better Methods* centred on the premise that good design can incorporate complexity, to help resolve big policy issues:

> *"[Design] can pull lots of different things together. A designer has an ability to take a complex problem, and figure out compromises and ways to get an outcome that thinks about other benefits and multiple issues at once… and also help solve intangible things in complex ways. I think that's one of the difficult things that our job is, because how do you prove designs worth and value? I think health is one of the strongest ways. There's so many unhealthy built environments" (Planning, P16)*

Health participants were generally very supportive of the *Better Placed* framework, and optimistic about the inclusion of health as a priority, and its impact on the urban design guides:

> *"We're really happy with that because it's very health focused and it kind of ... promotes the things that we're interested in, which is around active travel, cycling, walkability, all of that… it makes mention of the Green Grid… The Urban Design Guides are currently being written… there'll be two, for regional New South Wales and metropolitan Sydney… [health is on the agenda] We're so lucky, we're in a really good space… it's very positive and it helps to have a Premier's Priority" (Health, P4)*

Urban Design Guides

The development of *Urban Design Guides* to work in tandem with *Better Placed* and *Regional Plans* was identified as an action under the *Premier's Priority*:

> *"The Premier's Priority to reduce overweight and obesity rates of children refers to an action to develop guidelines for the planning design and development of healthy built environments in New South Wales" (Planning, P8)*

Two guides were under development at the time of mapping. The Office of Government Architect was involved developing both with the GSC involved in one for the Greater Sydney area and Planning involved in the draft of a regional urban design guide. Different agencies had different perspectives on the utility and reach of the guides. Some noted the guides would not be 'overly prescriptive' and would not be a 'statutory requirement' although they could potentially be used for 'future revisions to Regional Plans' (Planning, P8). While others referred to their potential influence in food production and food systems:

"I'll have to check on that but I am sure that we're starting to touch on food production and more regional issues that are involved in smaller towns" (Planning, P16)

(**Note**, only an *Urban Design Guide for Regional NSW* was released (Link) in 2020, developed by the Government Architect)

Better Placed and the *Urban Design Guidelines* had no levers to either assess or challenge planning projects in their interpretation of 'principles of good design'.

State Environment Planning Policies (SEPP) set out explicit rules about what development can be undertaken in specific circumstances. *SEPP 65 – Design Quality of Residential Apartment Development* (Link) was finalised in 2015,

"That's a situation, I suppose, where at a certain point in time, it was decided by the government of the day that the design of apartments was so important, that the state government should set the planning rules" (Planning, P8)

(**Note**, between 2020-2021 the existing 45 SEPP were consolidated into 11 policies with focus areas including three precincts and regions, housing, planning systems and housing (Link). *SEPP 65* was not consolidated into housing).

Collaboration

The number of policy frameworks dedicated to aligning land use, transport and infrastructure planning, highlight the importance of this work as a central NSW Government priority, and endorsed a good working relationship between Transport and Planning:

"There's a high degree of collaboration between the Department of Planning and Environment and Transport for New South Wales about integration of land use and transport planning" (Planning, P8)

The Ministry has representation on the *Infrastructure Delivery Committee* of the GSC, but it is unclear the extent of influence this strategic position holds in decision-making. There were several other mechanisms for collaboration on healthy built environments involving the Ministry. Two policy venues funded by the Ministry and managed by the Heart Foundation were *Active Living New South Wales* (formerly the Premier's Council for Active Living, PCAL) and the *Healthy Planning Expert Working Group*.
PCAL was established in 2004 (Link), initially sitting with Premier & Cabinet before being taken over by the Ministry and managed by the Heart Foundation. Its role ebbed and flowed across changes in government but maintained its objectives and connections across public health, government and non-government agencies, policy makers and urban planners. In 2013 the terms of reference were changed to include healthy food access and obesity prevention. In 2016 PCAL was disbanded, however, *Active Living NSW* took up the reigns for physical activity environments.

The *Healthy Planning Expert Working Group* was an informal group engaged to comment on draft policies, to define what healthy built environment is, and to 'feed that expertise into policy' (Planning, P16). Participants included academics/researchers, independent consultants, architects, designers, and industry, council, and planning agency representatives (Link). It was initially funded by PCAL and received funding from *Active Living NSW* at the time of mapping to operate as an independent expert group (Link). With support from *Active Living NSW*, the working group made a submission to the EP&A Act (Link).

(**Note**, in 2022 the dedicated *Active Living NSW* website was no longer active, but latest resources can be found here, Link)

In the *Childhood Obesity Inquiry* final report, the Government Response to Recommendation 10 noted that Planning, the Greater Sydney Commission, the Ministry and Sport would jointly collaborate through the *NSW Healthy Planning Expert Working Group* to develop new guidelines drawing upon the 2009 *Healthy Urban Development Checklist* (NSW Health), the 2009 *Healthy Spaces & Places guidelines* (Australian Local Government Association, National Heart Foundation of Australia, Planning Institute of Australia) (Link).

A participant suggested that future research should partner with the planning system to undertake research and flip the focus, and study "improvements to the built environment in its relationship to health" and the prevention of chronic disease (Planning, P16). At the time of this study the Office of Government Architect was engaging with consultants to build the evidence for the built environment, using technological measurements, to measure over time and observe if interventions influenced how the space was used and impacted on behavioural outcomes:

"We've got research projects going on with a few different consultants, like one really technologically measuring the built environment. So some of our framework processes that we're doing we're getting data and analysis on an existing place, and then ideally through the time that implements changes we can then get more analysis of what changes happen. So, 'Did tree canopy targets improve? Did open space improved? What was the footfall?' You can measure footfall, whether there's more walkability… So there are measurables that we can start to do, and we're doing some pilot projects to measure around that, and seeing our influence through some projects" (Planning, P16)

Through this process, the Office of Government Architect was enabling an ability to see where they have influence on healthy built environments, in essence creating a mechanism that allows them to see themselves and role of their agency in ensuring healthy built environments, notably around physical activity. Some participants pointed to specific, measurable, actions in built environments that impacted on health and physical activity, and that these were "miles ahead" of measures for food environments (food retail and foodservice outlets):

"We understand that it's about density, it's about connectivity, walking, cycling infrastructure. It's about destinations, having somewhere to go" (Health, P4)

Planning instruments and local governments

At the time of mapping there were 128 local governments in NSW. The Office of Local Government shared a minister with the Office of Environment & Heritage at the time of mapping Minister Gabrielle Upton. Local Government employs approximately 45,000 people, which is higher than the mining industry which employs around 40,500 people in NSW. Local governments are responsible for around $130 billion in community assets (Link).

There are requirements for local governments to develop plans that flow out from state planning tools:

- *Local Government Act 2009* (Link) and associated Regulations
- *Integrated Planning and Reporting* framework (Link), required under the Local Government Act
- The influence of Region and District Plans
- *Local Environment Plans* (which must demonstrate consistency with Region Plans)
- Community Strategic Plans, Local Strategic Planning Statements, Delivery Program, Development Control Plans, Operational Plans and Community Participation Plans

Integrated Planning and Reporting was a requirement under the EP&A Act for councils to pull together their various plans and strategies such as Community Strategic Plans, Delivery Programs, and Operational Plans. This policy harmonisation was focused on sustainability and leveraging off synergistic interests. Recommendation 10 of the *Inquiry into childhood overweight and obesity* (Link) recommends the use of the *Integrated Planning and Reporting* framework to address active living and healthy eating. Planning participants were unclear about the extent that councils were expected to consider health in this process:

"I'm not sure of to what extent there are requirements, as part of that process, to take into account of the health of the local area" (Planning, P8)

At the time of mapping the highest plan, *Community Strategic Plans*, had been written and councils were in the process of writing their *Delivery Programs* and would also do annual *Operation Plans*. Opportunities to influence high level planning instruments had 'now concluded' (Health, P4) at the time of mapping. The Ministry and its partners had 'regrouped' and pivoted to focus their efforts further down the hierarchy of planning system instruments to continue its healthy built environments work (Heart Foundation, P22). Through LHDs and *Active Living NSW* efforts being focused there. While the Ministry works with Planning and GSC to influence Regional and District Plans, the LHDs work with the local councils "We wouldn't work with the councils because we're not the local experts, the LHD is" (Health, P4). The Ministry 'encouraged' but did not fund LHDs to strategically engage their councils on healthy built environments:

"We don't fund them to deliver healthy built environments… [but it] makes sense to work with a council to provide the supporting infrastructure to facilitate the physical activity promotion that they do" (Health, P4)

This route is heavily dependent on whether councils see health promotion as 'integral' to their town planning goals (Local Health District, P20) and unless "something is in a Council Delivery Program, it doesn't get done by council" (Health, P4). *Active Living NSW* had developed a range of resources to support local councils with their integrated planning with healthy eating and active living in mind. They were funded by the Ministry to do this "sort of work with the councils in partnership with the LHD's" (Health, P4). They ran workshops on an opt-in basis with LHDs:

> *"…following a kind of an EOI process around integrated planning and advocating for how some of the built environment and active living principles can be built into council planning" (Health, P7)*

Active Living NSW would "go around the state sort of supporting interested councils and local health districts or regional councils to do this" (Health, P4). There was also the *Healthy Built Environment Network*, made up of health practitioners across the LHDs, who met quarterly:

> *"We usually have a guest speaker or somebody who's an expert in the field… Then we get sort of the LHD's to share with each other what they've been up to" (Health, P4)*

Previously, the Ministry and South West Sydney LHD developed the *Healthy Urban Development Checklist* guidelines (Link) and checklist (Link) to support LHDs and other health promotion workforce in their engagement with local councils. Recommendation 10 of the *Inquiry into childhood overweight and obesity* suggested these be updated (Link). *Active Living NSW*, managed by the Heart Foundation provides a series of guidelines and support for local councils to use with their *Integrated Planning and Reporting* (Link).

Local Environment Plans need to "demonstrate consistency" with ***Regional Plans*** which "vary from region to region" (Planning, P8). Some *Regional Plans* include neighbourhood planning principles and encourage active transport to facilitate the use of public transport, if not there were requirements for integrated planning that considered these modes of transport. *Local Environment Plans* need to also "demonstrate consistency" with ***District Plans*** were applicable. *District Plans* were specifically developed for local councils in the Greater Sydney area by the GSC (Link), sitting under *A Plan for Growing Sydney* (Link). There were six *District Plans* which reference healthy built environments for both food and physical activity environments in high consultation with the Ministry.

Local Strategic Planning Statements became a requirement under the amendments the EP&A Act, recognising that *Local Environment Plans* can be "hard to interpret". These are community-facing statements written by local councils to explain in lay terms how councils will meet state government priorities. They are a potential future lever for encouraging community engagement in their local environments:

> *"There will be opportunities there in terms of land use planning, for communities to be involved in a process of identifying what they want their areas to be like in the years ahead" (Planning, P8)*

Additionally, ***Community Participation Plans*** became a requirement under Schedule 1 of the *EP&A Act* and a draft was distributed for public consultation in 2018 (Link). All local councils and NSW agencies with planning approval functions are required to prepare *Community Participation Plans* and notify the public about how they undertook consideration of community views in their decisions. These are key levers for the promotion of community engagement in local government planning decisions.

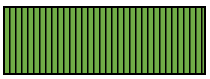
Local councils undertake an ongoing process of reviewing and amending their local planning controls, which

> *"…more or less have to be approved by the Department of Planning [who] provide feedback on the appropriateness of what's being proposed, or consistency with state planning requirements" (Planning, P8).*

This happens through the regional officers of the department who work closely with councils. It was identified that typically, local councils have a steering committee or similar with representatives from different agencies to ensure a "coordinated effort across government in terms of its broad range of policy work" (Planning, P8).

Several participants noted the difficulties local governments had in identifying grant opportunities to implement health promotion actions. An example of NSW Government funding for local councils was a community improvement fund in *Future Directions for Social Housing* (2016). This policy was a collaboration between Health, Education, Justice, Planning, FACS, and Industry. The *Community Improvement Fund* was $20 million, and councils (along with not-for-profit groups or private sector interests) could apply for up to $50,000 to improve community infrastructure or facilities including enhancing open spaces or facilitating integration between the broader community and social housing [2].

2b) Physical activity infrastructure and space

Overall ranking 

There were 18 *HEAL Strategy* and 7 *Premier's Priority* actions were identified for this policy area.

Physical activity plan

HEAL SD 1.9.1 (environments, existing): Managing facility grant programs to increase the availability and quality of sport and recreation facilities
HEAL SD 2.1.3c (programs, new): The *Children's Healthy Eating and Physical Activity Program* in: c) Sporting and Recreational Clubs
HEAL SD 2.3 (programs, existing): NSW Department of Education and Communities to strengthen participation in sport and physical activity in metropolitan, regional and rural areas through (Partners: Non-Government Organisations, Local Government, Aboriginal Health and Medical Research Council of NSW, Aboriginal controlled Health Services):
HEAL SD 2.3.1 (programs, existing): Grants which invest in participation in physical activity of those groups most in need of support
HEAL SD 2.3.2 (programs, new): Working in partnership with national and state sporting organisations, local government and others to support the development of participation strategies, particularly for under-represented groups
PP SD 1.2 (program, underway): Increase participation in active recreation and sport (Office of Sport)

NSW did not have a physical activity plan despite active living being a key principle of the *HEAL Strategy*. There were some physical activity related plans (for cycling and walking, see Active Travel and Public Transport below) and the Office of Sport (Sport) had strategic plans and participation strategy.

The Office of Sport, *Strategic Plan 2018-2022* (Link) covers sport, active recreation, and several sport and recreation venue/facility agencies (Venues NSW, Sydney Olympic Park Authority, Office of Penrith Lakes, NSW Institute of Sport, Sydney Cricket & Sports Ground Trust, NSW Institute of Sport). The plan describes a priority to increase the participation in sport and active recreation of NSW children outside of school to 30%, i.e. the target is aimed at school aged children. The plan also mentions the development of an NSW Physical Activity Strategy (p.11), however, was not developed at the time of mapping.

Many participants noted the "momentum" in the physical activity space through *HEAL* (Heart Foundation, P22). Several participants noted a gap around physical activity, and "who leads physical activity… an agency to drive that is the gap" in NSW (Industry, P21). While food/nutrition policy has clear ownership in NSW, physical activity policy did not sit anywhere:

> *"It's interesting because some would say the health department should be responsible for that [physical activity plan] but, to be honest, they don't have much of anything. They've got more leaning to food and nutrition than they do physical activity. I imagine it's interesting territory between the two" (Heart Foundation, P22)*

Minutes from the February 2018 HEALSOG meeting (shared from a study participant) noted: "the Office of Sport was keen to broaden its focus from sports participation and develop a whole of government physical activity strategy. It was noted that this would need to align with the Healthy Eating Active Living Strategy". By the time of the study interviews the position of Sport as leading a physical activity plan was less clear:

> *"It's interesting that it's in our strategic plan as a physical activity strategy… We kind of flip between participation and physical activity… It's a great debate within here, 'Should we be doing it?'. The view is that there's enough in that space we should be doing, that we shouldn't be stretching so far as also to be driving people to get active" (Industry, P21)*

In the end it rolled back through to where it started, through the HEALSOG meetings and planned for the next iteration of HEAL:

"Let's make our physical activity plan one and the same as the new HEAL… We can run off and do stuff over here for Office of Sport, but we really ideally should bring it to HEAL and through that kind of [cross-government]." (Industry, P21)

The **Physical Activity Working Group** developed through the HEALSOG meetings and was chaired by Sport. Membership included Sport, Education, Ministry, Premier & Cabinet, Transport, Family and Community Services, and National Parks. The Group had partnerships with Sport, Ministry, Office of Preventive Health and the Prevention Research Collaboration (University of Sydney). Early on, it was identified in having potential as a cross-agency mechanism for collaboration around physical activity:

"They're quite keen to talk to us about [the Active Victoria strategy that] …incorporated sport and active recreation and hiking… I don't think we're quite there yet with it. But I think it wouldn't be hard to get there" (Environment, P12)

While the Group had potential to drive physical activity policy, some barriers were identified. These included the nature of collaboration tended to remain as 'discussion' rather than "broader information sharing" and when the *Active Kids* voucher came into being it took "all of our focus" as Sport had to "implement it in a really short time frame" (Industry, P21). For Sport:

"Our view on why physical activity strategy hasn't happened yet, partly was because the group didn't really function very well… but also partly us saying 'We need to wait to see what the Commonwealth's going to do'. See what they do with their sport plan. I think now, we need to push now and do a physical activity plan" (Industry, P21)

Active Kids was a sport participation voucher up to the value of $100 (Link). It applied to children if enrolled into kindergarten (foundation year before grade 1) or school, therefore some children from 4 ½ years were eligible to use this voucher to pay for access to private sport/physical activity centres (including non-traditional sports like dancing or fitness centres). Such a voucher could potentially be extended down to younger age groups (e.g. for use towards learning how to swim). The *Active Kids* voucher was a lever to get Sport to think about partnerships with different organisations and their organisational role in physical activity:

"That's where I guess for the first time we are looking at physical activity in terms of the guidelines about moderate to vigorous activity, all of that kind of thing. So that's probably our first program the Active Kids where we're actually going more broadly into physical activity" (Industry, P21)

At the same time, national changes in sport funding also facilitated *Active Kids*. NSW Sport tend to follow the guidance set by the Commonwealth, so when the Commonwealth began to fund organisations "outside national sporting organisations" (Industry, P21) it enabled Sport in NSW to do the same with state-level organisations as *Active Kids* was being rolled out. Nationally, the:

"ABS used to do good collection, so that's stopped now… AusPlay is kind of our best source of data and which is not very good at all… [as it's] a very small sample" (Industry, P21)

While Sport has had access to data and analysts to 'marry up' state sporting organisation data with "need for infrastructure" (Industry, P21), *Active Kids* has been able to provide a level of individual (participant) data that Sport otherwise would not have access to.

"Active Kids actually the best source of data that we've got in the Office of Sport" (Industry, P21)

Consideration of any policy relating to early childhood was identified as 'a big gap' for Sport, "it's not something that we're actively looking at" (Industry, P21).

Active travel and public transport

HEAL SD 1.7 (environments, existing): Transport for NSW to create public infrastructure for active travel through implementing government plans and strategies including (Partners: Department of Premier and Cabinet, Ministry of Health, Premier's council for Active Living, Commission for Children and Young People, Department of Planning and Infrastructure, Local Government):
HEAL SD 1.7.1 (environments, existing): The NSW Long Term Transport Master Plan which will integrate transport to increase walking and cycling, with infrastructure, safety and behaviour change programs
HEAL SD 1.7.2 (environments, new): The NSW Walking Strategy to promote walking trips which will provide supports such as improved wayfinding and pedestrian amenity
HEAL SD 1.7.3 (environments, new): The NSW Cycling Strategy which will encourage increased cycling trips by initiatives such as bike pathways
HEAL SD 1.8.1 (environments, existing): Incorporating active living principles into infrastructure development and designing urban centres and housing to support physical activity and active transport
PP SD 1.4 (program, new): Develop and test new approaches to encourage active travel (NSW Health, Transport for NSW)
PP SD 4.5 (environments, underway): Plan for and provide funding towards active recreation and sport infrastructure (Office of Sport)

State Priority (SP) 15: Maintain or improve reliability of public transport service the next four years (Transport cluster)

Key policies:

- *Active Transport*, Transport for NSW (Link)
- Policies and program for Walking and Cycling, Transport Roads and Maritime Services (Link, Link, and program guidelines Link) include planning and design, urban and regional, infrastructure and programs.
- *NSW Active Charter for Children* (school aged) (Link) was aimed at settings school aged children usually attend, for those settings to develop active transport plans
- *Future Transport 2056* (Link)
- NSW State Infrastructure Strategy 2018-2038 (Link, Link)
- *Integrated Public Transport Service Planning Guidelines*: Outer Metropolitan Area & Sydney Metropolitan Area (2013, Link) & Rural and Regional (2015, Link)
- *NSW Road Safety Strategy 2012-21*, Transport for NSW (Link)

Active and public transport infrastructure

Participants interviewed were asked if state-wide (or even Greater Sydney area) mapping had been undertaken around an active transport system, specifically the core infrastructure of cycleways and footpaths. While most believed that information was captured, none could provide information about how to access (or collate) such data:

> *"I'm sure there would be some kind of mapping within some of those agencies that you know monitors cycle ways and paths and how they connect" (Health, P14)*

Individual local governments do collect data on footpaths because they are required to maintain them, cycleways may be a grey area about who has maintenance responsibility (e.g. if a cycleway is on a state road then the NSW Government would be responsible for their monitoring and maintenance). However, Planning could require reporting on active transport infrastructure through *Local Environmental Plans*, or some other local council annual reporting mechanism. That data would be made available to other agencies (e.g. Health, Transport) who could promote active transport and align transport infrastructure with key active transport corridors.

Roads in NSW: responsibility and management of active transport infrastructure

Transport, road management between Roads and Maritime Services (Link) and local councils, categorises all roads in NSW as state, regional or local roads and they come under the *NSW Road Management Agreement* (2008) (Link).

- State road – major arterial links within and between major urban areas, supporting the majority of movement of people and goods
- Regional road – perform a sub arterial urban function, capitalised as a local council asset they are the responsibility of local councils to maintain. Regional roads receive annual grants from state government.
- Local road – provide local access and circulation and are the responsibility of local councils to maintain. The Road Management Agreement identifies that the Federal government provides annual funding to local

councils for the maintenance of local roads (Roads to Recovery program) which councils can allocated how they see fit, there is additional funding specifically for regional councils.

The state government provides limited funding to councils for specific works under the categories of road safety, traffic route lighting subsidy scheme, traffic management, heavy vehicle compliance, natural disasters, urban bus routes). In almost all instances local councils are responsible for maintenance of public land 'from the kerb', this puts footpaths within local council jurisdiction. Cycleways are more complicated. If built behind the kerb they are local council responsibility, however, if they are built on a state road they are NSW Government responsibility. Due to the significance of regional roads, these might be appropriate targets for seeking connected cycleways throughout the states urban areas, see also the Schedule of Classified Roads and State and Regional Roads for a full description (Link).

Integrated transport system

An integrated transport system incorporates all modes of transport, aligns with land use planning, and existing and planned/future built environments. While it is not conceptually new, it has recently opened up to the utilisation of all modes of transport, a shift away from the cultural norm of the 'car as king' (Transport, P13) towards a new preferred hierarchy, starting with "pedestrian, bicycle" cascading down to public transport and private vehicles (Transport, P13). For example, the North West Metro was putting a public transport system into an 'established car based suburb' – by making it multi-modal (i.e. not just buses), the project sought to change that culture (Transport, P13). Evidence had been growing on the benefits of not just public transport use, but of the additional benefits of multi-modal transport on quality of life (e.g. Link).

During consultation for the North West Integrative Transport Plan, urban designers used customer-centred design to engage with stakeholders (people in the North West) and review a whole range of services and potential future use. Through that process they were able to demonstrate the likelihood of changing the culture of transport use:

> *"We've now got this whole piece around how you can set travel behaviour at a very young age by providing safe walking and cycling environments for kids… that's not just a project that's thinking about the present day, but about setting up behaviour changes for the future" (Transport, P13)*

Transport was able to position integrated transport system goals as being a strategic co-benefit for the *Premiers' Priority* and congestion, a daily, visible, problem for the NSW Government:

> *"It's not necessarily out of concern for children but out of other political concerns, congestion concerns, that we will see active travel perhaps come a bit more to the fore" (Heart Foundation, P22)*

Transport for NSW had a dedicated position for integrating active transport into their infrastructure projects. Initially, their work focused on projects identified for them, but more recently (at the time of mapping) there were changes in how their role was playing out within the agency. More projects were inviting their advice and feedback and they were getting a seat at inter-agency projects too, although the participant felt that those they would most have liked to talk to were "the people who are not coming to me" (Transport, P13). At the time of mapping the role required persistence to encourage practices in an ongoing manner:

> *"I sort of describe myself as that annoying person who pops up occasionally and goes, 'Hi. How are you going? You said you were going to do this, have you done it yet?' [and if they say] 'No, it's dropped out of scope' [I ask] 'Why's it dropped out of scope? Are you sure it's dropped out of scope? I think it should be in your scope. Who can I talk to put it back in scope?'… practically it can be very challenging" (Transport, P13)*

Some barriers were identified in Transports shift towards an integrated transport system, these tended to focus on organisational culture:

> *"We're all very transient in Transport… you do miss those collaborations with others, you've really got to make them happen" (Transport, P13)*

> *"Transport is a very large portfolio, so it's quite hard even for those within the portfolio to get that integration of ideas… We are working well with that part of Transport that's interested in active transport and active travel" (Health, P7)*

"We did have this discussion, it's kind of it's great to have active travel, but sometimes it's cutting across their objective of getting as many people as fast as possible from one place to another… [In a conversation with a Transport colleague not involved in active transport, they said] 'I don't care about active travel, I care about the number of car parks that are going in'" (Industry, P21)

The Transport participant acknowledged these limitations and the work that was required to try to address established cultural practices within Transport:

"The typical line that comes out is 'Well why would we provide a bike track parallel to our rail line when it will be taking revenue away from our services?' It's not actually taking revenue because... The line I always come out with, which kind of kills that argument is that your lost revenue is gained revenue in the health system, which is actually higher… It's kind of having lots of different little points in your argument that you can sort of pull out at the appropriate time" (Transport, P13)

Beyond efforts to change Transport practices, while HEALSOG meetings were identified as 'useful' they were not practical for the 'day-to-day' interactions needed for real cross-agency work:

"So turning round to a colleague and saying, 'I'm thinking on this from a Transport point of view, does that work with an Education outcome?'" (Transport, P13)

A Transport participant reflected on the successful outcomes they had internally with their six-week intensive *Innovation Hubs* that allowed multiple actors from across Transport to work on the same project for a discrete time. They felt that integrated transport required a 'strong governance structure' to enable collaboration at an officer level, not just at a strategic level. This participant felt that several agencies would need to commit to long-term projects, where they develop a pilot in "up to five areas with different demographics in our regional areas", identify some champions local to those areas, then set up the pilot projects with staff (e.g. Planning, Health, Education, Transport, etc) co-located in those sites with an "all-of-government cross functional group", where:

"…rather than having people working in their own silos have a team that looks at delivering the active transport outcomes... And have everyone working in the same space, on an agreed plan… There's a lot of benefit in everyone sitting in the same space while they're working on that thing… It doesn't have to be a permanent thing depending on the model that would be practical" (Transport, P13)

This may be an area where *Outcomes Budgeting* [see SIF3C] could be used to enable the flow of capital to facilitate these types of intensive policy projects.

The use of case studies to make the case for integrated planning

The *Movement and Place Framework* had become policy through the *Future Transport 2056* strategy (Link). Transport has a role in integrating design and place-making with movement and transport:

"I use that [Better Placed] a lot in my work around the integration with public transport in particular. Public transport is a massive lever for place-making and making a trip attractor… [and] if we can reduce car parking numbers in these areas, and increase walking and cycling amenities, it means that people can tap into a good public transport system, but also be able to do their local trips" (Transport, P13)

While not a new concept, the *Structure Plan Review* of the North West area of Sydney (draft report 2016, Link) made the case for integrated transport and land use planning, i.e., for Transport and Planning to co-function in a more integrated way than previously. [Note: for an example of an integrated transport and land use strategy, see Link (released after study timeline)]. At the time of this study, Transport looked to develop a demonstration project to provide proof of concept to be in a position to engage Planning about providing the planning guidelines to state departments, developers and councils to implement:

"We won't actually be going to Planning as such, we'll be working closely with local councils… We recognise there's some councils which will be easier to work with in the early proofing stages than

others. So we're going to Parramatta Council next week to talk through the idea, and try and identify some trial sites, because we want to actually trial it in a few very select locations so that we prove that it works in our context, before that we can actually go and - we want a demonstration project basically" (Transport, P13)

Case studies were considered valuable by Transport and other agencies interested in integrating the services they provide. Case studies provided evidence that integration can be done, how to achieve it, and provided opportunities for:

- Policy learning and organisational culture change
- Influence the development of guidelines and mandatory requirements
- Inter-agency exchange

Parramatta Light Rail

There was a point of difference between urban planners and engineers in the *Parramatta Light Rail* project. The former wanted to widen bridges, but the latter wanted to minimise width to prevent any cost inflation. By drawing on precedence projects and having a workshop with all parties they were able to work out a solution that allowed for wider bridges to enable cycleways. There were also considerations of how this role was able to act as a policy broker between the two positions, with potential to change institutional practices:

"And hopefully as a result of that work when it goes through their processes... they're putting it through their change process… When that comes out the end, we're hoping to put that as an urban design guideline which means it will be a mandatory thing… It gives that project kudos of having done that work… We're starting to get a different generational shift in our planners that it's not just about the rail line… or whatever" (Transport, P13)

Parramatta Valley Cycleway

The Parramatta Valley Cycleway was led by Parramatta Council and connected a network of multipurpose cycleways to connect communities with public transport, the city centre, and the wharf. Along these routes includes public and open space for recreation and being active (e.g. Western Sydney Parklands and Parramatta Park), workplaces and Western Sydney University. Importantly, the concepts of universal design guided its development:

"It's not just about the able-bodied. It's also about people who need these sorts of facilities. When I used to describe a new cycling structure, I would talk about bike-riders last. It was families with prams, people who have less accessibility, who are the elderly, the very young, the 8-80 principle of designing for younger and elder. The benefits to that part of the community… The fact that it is a shared path, means it will actually be suitable for all those people because of the accessibility grade, and that kind of stuff. So, the benefit of this is all the community benefits" (Transport, P13)

Port Macquarie Commuter Pathway

A partnership between the Office of Environment & Health and Port Macquarie local government, using a nature reserve (fire trail) they developed an active transport route to connect families to open spaces, schools and workplaces:

"There was a nature reserve that goes along a kind of creek line and wetland, right up into the heart of Port Macquarie and leads to a council park and we had a fire trail that went through there. [That was identified as a potential] community space, and then our guys up there said, 'Okay, great, we could link into the hospital, to that suburb, to that school… and then link around here up to commuter network and then back to that park'. So it's now used very widely as a commuter pathway through a beautiful nature reserve right in the middle of town… and it links right in with one of the schools there as an active transport route… there's lots of opportunities there for us to, where that makes sense, for us to be seen as a partner and an enabler of those active transport routes" (Environment, P12)

A participant from Environment noted the exchange they had with Transport discussing this project at the HEALSOG meeting, opening future possibilities for collaboration with Environment-managed assets. It was also an opportunity for Environment to advocate – and Transport to recognise the community 'need' (Transport, P13) for public transport options to improve access to parks, enabling:

> *"a two-way conversation about public transport to national parks… really talking about providing the public transport links to our national parks and to those places where we can have those great facilities for kids and young people" (Environments, P12)*

Bourke Street bike lane

The development of a protected bike path along Bourke Street in inner Sydney enabled "something like 60% of kids riding their bike to school", when almost none were before (Transport, P13). The work required community engagement to address attitudes towards the safety of active transport (for partial or full trips) to and from school. Assessments of school safety and congestion showed that it was safer for parents to park up to a kilometre away from school, because:

> *"…there's no point encouraging people to do an activity if we don't have a safe environment, particularly for kids, to do it in" (Transport, P13)*

Smaller projects like this were viewed as important in establishing social norms through everyday environments:

> *"It's recognising that for young people, walking and cycling is a mode of transport which can be used, and… creating those environments where kids get confidence and can move through the system as they get more confident. So you know, you start riding your bike in your local neighbourhood, then you might ride to the park… [Acknowledging] that we're not just wanting people to go from A to B, straight away, but setting up that behaviour for kids to be able to ride… To break down that 'mum's taxi' idea that you always need to be dropped off at everything regardless of how close you are. And that's a cultural change piece in itself as well" (Transport, P13)*

Normalising active transport

An important component of an effective active transport/public transport system is a population that uses it. Health promotion needed to balance the focus "to be both behaviour and infrastructure" to normalise active transport (Transport, P13). Many participants noted the lack of public health campaigns focused on increased active transport (especially for children). While Health expressed their desire for safe, integrated active transport infrastructure their remit was "interested in the promotion of it" (Health, P14). However, the only state-wide campaign during *HEAL* was the *Make Healthy Normal* campaign, see 5d), which tended to focus on one user with the message "you should ride your bike" (Transport, P13). A Transport participant felt increasing the use of active transport infrastructure was necessary to enable future infrastructure projects (i.e. to highlight need), but did not feel well placed within Transport to develop such a campaign:

> *"I don't think Transport for New South Wales does behavioural change very well at all… All our messaging has to be so defendable that there's not an appetite for risk taking in any form in this organisation" (Transport, P13)*

This concept of 'defendable' messages appeared among Health participants too. Suggestions to overcome these barriers focused on participation from the community in designing messaging:

> *"How can we change that very traditional model of 'expert' to a more collaborative social education model of actually collaborating with community and saying, 'What do you want and how are we going to get there?'… the environmental sector has done that very well." (Transport, P13)*

Suggestions of good campaigns included the South Australian Cycle Instead campaign (and journey planner app, Link) and Transport for London's use of viral marketing.

Natural environments and public spaces to play

HEAL SD 1.8.3 (environments, existing): Linking regional open spaces and preparing an inventory of regional open space in Sydney
HEAL SD 1.9 (environments, existing): NSW Department of Education and Communities to increase use of community facilities in metropolitan, regional and rural areas to encourage moderate to vigorous physical activity through (Partners: Department of Planning and Infrastructure, Non-Government Organisations, Local Health Districts, Local Government)
PP SD 1.3 (program, underway): Explore options to increase public access to school green spaces (Department of Education)
PP SD 4.4 (environments, underway): Deliver the Sydney Green Grid project (Greater Sydney Commission, Department of Planning and Environment, Office of the Government Architect)
PP SD 4.6 (environments, underway): Inspire and support children and young adults to be active in National Parks (Office of Environment and Heritage)
PP SD 4.11 (environments, new): Develop and implement a Healthy Parks, Healthy People approach (Office of Environment & Heritage)

Open public spaces
The Commissioner for Open Space and Parklands released *Everyone Can Play* in early 2019 (Link), an 'inclusive' (Health, P4) guideline for creating spaces for the purpose of play. The Open Spaces Commission had allocated $290 million in 2018. The Open Spaces Commission had $290 million in funding. Sport received $100million for sports infrastructure. The bulk of the rest of the funding went to strategic land acquisition for open space ($100 million) and tree canopies ($40 million) for *Green Grid*, and $20 million for new and upgraded playgrounds. It also provided 80 small grants ($5000 each) to schools to support opening school spaces during school holidays.

There was an unintended consequence that occurred with the opening up of school spaces to share with the public outside of usual school hours (e.g. during school holidays). While the Department of Education in general manages all public school sites, due to national regulation, the Early Childhood Directorate is the regulator for all out-of-school-hours care (OSHC) in NSW and coordinates OSHC within NSW public school grounds. Considerations to safety for children attending OSHC, with regards to members of the public using the same space, were overlooked. Consultation for this policy roll out was brief and did not engage with all relevant elements of the education department.

> *"They've opened up the services during school holidays for families and anyone to use the playground, it meant those vacation care programs didn't have that adequate space. … It was a very quick proposal, I think it was a joint project between Communities and Recreation and the Department of Education, but I think they may have misunderstood the after-school-care component that operates on those sites… It was interesting because the peak body for after-school-care programs, they weren't aware. It was a public announcement this was happening, so I'm not sure where the consultation had come from for that particular program… To be honest I'm not 100% sure how that became a big initiative and nobody had actually flagged that 'Well we've got vacation programs here, how's that going to impact children?' They just notified us that the playground was unable to be used that they might use a different oval or something" (Education, P23)*

Elsewhere it was noted that the *Strategic Open Space* program had $150 million in funding to 'secure and improve open space across Greater Sydney' (Link).

(Note: in financial year 2020-21, i.e. after mapping timelines closed, NSW introduced the *Everyone Can Play Grants* for local councils (Link). This funding was tied up with grants for bushfires and drought relief).

Green Grid and Greener Places
A series of policies sit under the Sydney Region Plan, *Metropolis of Three Cities* (Link), see 2a), interested in connecting open spaces, active transport infrastructure, and increasing green space. *Green Grid* was a long-term vision to establish a "network of open space" (Planning, P8) by filling in gaps between existing green infrastructure in the Greater Sydney area (Planning, P8) (Link). It was a compromise between the public value of open space and the prohibitive cost of land acquisition, responding to the:

> *"…challenge around providing more open space in existing urban areas where land prices are high" (Planning, P8)*

It was initially proposed by the Office of Government Architect in 2017 to increase green infrastructure to increase liveability in the Greater Sydney area. Sitting under the suite of *Better Placed* design framework, *Greener Places* identified the intersection between built and open spaces and its value to wellbeing (Link). The *Green Grid* work mapped out existing recreational spaces among other mapping and analysed each district for "spatial qualities, open space, waterways" context and key natural features using GIS data mapping (p.2, Link). This work was taken up in *Planning Priority C16* (Link).

Healthy Parks, Healthy People

Healthy Parks, Healthy People was a 'transformative piece' of policy to come out of the World Parks Congress held in Sydney in 2014. Environment & Heritage (Environment) were able to leverage off the *Premier's Priority* in 2015 and act as policy brokers to align the importance of building community connection in nature "to increase their appreciation" (i.e. conservation and visitation goals) with the contribution of parks to health and wellbeing benefits for "an increasingly urbanised society" (Environment, P12). This brokerage led to specific inclusion of *Healthy Parks, Healthy People* as a *Premier's Priority* action:

> *"Healthy Parks, Healthy People was one of the key things that the Parks executive put up that they wanted to see. They really see great value for us in that approach, that helping to deliver on outcomes for health and demonstrating parks role in that was really seen" (Environment, P12)*

Through the *Premier's Priority* and other organisational changes Environment reconsidered how people use their parks and facilities. They focused on policy harmonisation between conservation, goals for visitation, and the social and health benefits of being in nature:

> *"People really saw it as being a transformative element to make protected areas in nature more relevant to an increasingly urbanised society and to really ... and also partly because the evidence is in… There's very strong evidence that just being in green space makes you more active… There's demonstrated evidence that it really calms kids down and reduces your self-rumination… And again the quality of the green space is important to the quality of the health outcome so it's not just 'Here's a lawn, you'll be right'. You've got to have that good quality nature to really get that full impact and benefit… We can demonstrate the role of parks to contribute to society, to these wicked problems like childhood obesity but also get that value so that people start to value parks again" (Environment, P12)*

The connection between health and wellbeing and conservation was a driving force of much of the agencies outreach work:

> *"We've got to build people's connection with nature to increase their appreciation…Providing for people to visit, providing for people to be active, providing for people to connect with a sense of place… [because] if you don't have a natural experience, you won't care about the environment" (Environment, P12)*

Applying a socio-cultural lens Environment connected nature experiences not just with physical wellbeing but also social, cultural and spiritual wellbeing that has been understood by First Nations communities for millennia:

> *"You talk to the Elders and the Custodians and they go, 'Oh, yeah, I wasn't feeling so good so I just went out in Country and just sat out there for two weeks until I felt better. That's what makes me better, eating the bush food and just connecting with Country'" (Environment, P12)*

Accessibility was identified as a co-benefit for visitation by those who may otherwise be excluded from public open spaces (e.g. those with a disability or families with prams). Environment and Community departments supported the development of a website by the National Parks Association of NSW called *Naturally Accessible* (Link) that lists all the:

> *"…sites that are accessible for people with disabilities… [which would also] be accessible for young families" (Environment, P12)*

Packaging public information about opportunities for being in nature through an accessibility lens echoes the sentiments in the case studies above about the importance of connecting all members of community with nature. Building the connection between visitation and the development of an appreciation for nature were co-benefits to

their core value of conservation. By connecting natural spaces to **social, cultural and spiritual wellbeing**, Environment highlighted the value of their organisation to the NSW Government via the public:

> *"We've got to build people's connection with nature to increase their appreciation even if they're not visiting it every day, because that's a really important part of nature and most of our parks are free… I think we could be a more visible partner, more front of mind because we do have a lot of facilities and a lot of communities who use our facilities on the daily, and particularly on the weekends" (Environment, P12)*

They recognised the need to develop insights into how people use those spaces, not just an inventory of what facilities are available and their management. Other cluster partners include Western Sydney Parklands, Centennial Parklands, Taronga Zoo, the Domain Trust, Botanic Gardens trust, etc, who could work together to get "local communities out using those facilities" (Environment, P12). Partnering with other agencies was seen as important for the sustainability of this work as the *Healthy Parks, Healthy People* "position could be seen as a bit of a luxury for an organisation that is an on the ground land manager, and so this position is temporary" (Environment, P12).

Environment was interested in data collection tools and the use of evidence to highlight the value of nature experiences to society. At the time of interviews, Environment had been collecting data from a survey every second year since 2006. The data they collected allowed for an estimation of around 9.3 million child visitors but noted "it's very fraught trying to estimate child visitation" (Environment, P12). Environment reported a 30% increase "year on year" in visitation to parks. They were interested in new analysis of the already collected data to estimate activity patterns and to "link that to demographics" (Environment, P12). Additionally, Environment were interested in updating their data collection:

> *"I've been going to our research officer and saying, 'Well, these are some of the questions that I've got to be able to feed to the childhood obesity initiative, what's happening with rates of physical activity from the point of view of: Do we think people are being healthy or more active?', as opposed to [only quantifying assets such as the number of] picnic tables and facilities" (Environment, P12)*

Active Travel, Active Play

HEAL SD 1.8.3 (environments, existing): Linking regional open spaces and preparing an inventory of regional open space in Sydney

Encouragement of physical activity requires supporting families and ensuring infrastructure. *Active Travel, Active Play* was a cross-agency policy proposal aimed at aligning existing policy and funding with the *Premier's Priority*, including early childhood. Its focus was on physical activity environments including infrastructure.

The everyday physical activity behaviours of children can be loosely categorised into 'active travel' and 'active play'. Active travel includes any amount or combination of walking or cycling (or any wheeled device) to ECEC settings or other destinations in the community, and 'active play' can happen in any setting but on this context focuses on the physical activity that happens through access to public parks and open space that provide connection to nature.

The travel element of *Active Travel, Active Play* primarily focused on active transport for school aged children, however, the Ministry saw the potential to leverage this to promote it "more broadly for the general population" (Health, P4). The Premier's Implementation Unit contacted Transport to explore how infrastructure should 'come into' the *Premier's Priority* (Transport, P13), indicating strong support for collaboration from leadership. These efforts sought to align investments in active transport infrastructure with a key 'political concern' around traffic congestion (Heart Foundation, P22). The play element of the *Active Travel, Active Play* project sought to link up several areas relating to open spaces including *Healthy Parks, Healthy People*, the *Green Grid* framework, and the Open Spaces Commission (see above).

The *Parramatta Valley Cycleway* and *Port Macquarie Commuter Pathway* case studies mentioned above helped to build momentum around how agencies could partner and jointly deliver better projects. Mapping work was undertaken by several agencies including Sport and Planning:

> *"There's a Regional Growth Fund, there's funding that sits there with regional New South Wales, so that's the Deputy Premier. There's funding that sits with the Department of Planning & Environment, Transport, Education as well… and FACS [Community] have funding around safe*

neighbourhoods. What we [DPC and Health] did is we brought them all together and basically presented to them the opportunity… We've identified the funding, the opportunity, and now we're bringing together a sort of active travel and play proposal" (Premier, P6)

A key element of this proposal was the fix on childhood and its link to the *Premier's Priority*:

"Part of this is trying to bring that story all together within the context of the *Active Travel Active Play* for children. So, it's we'll always be bringing it back to childhood overweight and obesity" (Premier, P6)

It appears the focus on childhood limited the potential for collaboration. The opportunity for joined up policy needed the repurposing and reorientating of infrastructure to be connected and broad promotion to encourage its use. By focusing on local community areas, and childhood only (e.g. routes to local schools), the opportunity to develop system-wide active transport and open spaces networks was lost and the proposal receded.

One of the reasons for this may have been due to constraints in organisational culture. While Sport was not the only organisation to do so, there was a clear example of organisational path dependency noted by several study participants. It was noted that $100 million of the $290 million *Open Spaces Commission* funding was given to Sport for sports infrastructure. When Sport was approached for involvement in *Active Travel, Active Play* Sport stated they were not able to spend those funds in that way:

"we've got these great big regional sport infrastructure funds, so it's 100 million bucks for big sport, but it's about sport facilities… [the Premier's Implementation Unit were] saying 'Can you fund playgrounds and skate parks?'… We actually can't do that. We don't have a role in active travel or play per se… our constituents would just go crazy if we did that" (Industry, P21)

Local physical activity considerations

HEAL SD 1.8.1 (environments, existing): Incorporating active living principles into infrastructure development and designing urban centres and housing to support physical activity and active transport
HEAL SD 1.8.2 (environments, existing): Providing accessible and adaptable open spaces by supporting Local Government with guidelines on local space planning
HEAL SD 1.9.1 (environments, existing): Managing facility grant programs to increase the availability and quality of sport and recreation facilities
HEAL SD 2.3.1 (programs, existing): Grants which invest in participation in physical activity of those groups most in need of support
HEAL SD 2.3.2 (programs, new): Working in partnership with national and state sporting organisations, local government and others to support the development of participation strategies, particularly for under-represented groups

A decentralisation trend towards regions and local councils was apparent. Sport were in the process of developing a new regional sport delivery model (Link) for sport and active recreation (Link) aligned to the *Regional Plans* and the Regional Leadership Executive [see SIF3B]. The Sport participant felt that:

"Having the partnership with the local health districts will be essential in regional planning. We're starting to change our structure here… having a little kind of implementation in each region" (Industry, P21)

Similarly Transport had ten regional transport plans which aligned to their *Active Transport* program, with targets to improve walking and cycling rates through investing in infrastructure (Link). The Ministry focused their efforts for physical activity infrastructure at the strategic level with Transport (similarly to Planning) and support for local councils was to come through via LHDs for specific local projects:

"For us it's about making sure that we can work and collaborate with the [Transport] planners to facilitate that. Then it's about empowering it and sort of supporting our Local Health Districts to do it with their councils." (Health, P4)

The Premier's Priority on delivering infrastructure described a once in a generation 'infrastructure boom' [SIF2.4]. The *Open Space Commission* or the *Green Grid* polices might provide leverage for some funding for active transport infrastructure, but it was unclear how councils could leverage these funds. There is a clear need for 'soft

infrastructure' such as a communication tool, potentially managed by the Office of Local Government, to support councils to identify where to apply for funds for active transport infrastructure.

There was still plenty of room at the strategic level to increase and improve footpaths in local areas. For example, despite 'good evidence' that a footpath on at least one side of the street (if not both) will increase local foot traffic:

> *"It's not mandatory for footpaths to be installed as part of new release areas in suburban streets" (Transport, P13)*

Connectivity of active transport infrastructure was identified as a key factor in changing physical activity behaviour, but was difficult to achieve between multiple local and state agencies:

> *"A continuous network makes a very significant difference to how willing people are to walk around an area" (Planning, P8)*

Mapping the state active transport infrastructure would be the first step towards a truly connected active transport system, as it would identify gaps and support decision-making and prioritisation. A potential lever for this would be to require councils to report these assets to Planning, e.g. via *Local Environment Plans*, and make that data available to other government agencies. Alternatively, the Office of Local Government as the "key point of contact" between state agencies and local councils (Planning, P8) might be better suited for the collection and dissemination of this information, however:

> *"Anecdotally, Councils don't think the Office [of Local Government] does anything" (Heart Foundation, P22)*

3. Food Environments

HEAL SD 1.2 (environments, existing): NSW Ministry of Health to identify additional evidence-based opportunities for NSW Government to develop policies and programs to enhance environments for healthy food (with a particular focus on kilojoules, fat and salt). (Partners: NSW Food Authority, Premier's Council for Active Living, Non-Government Organisations, Industry, Local Government)
PP SD 4.9 (environments, new): Investigate the feasibility of a range of new food environment and physical activity policy options to support healthier choices (Department of Premier and Cabinet, NSW Health)

At both *HEAL Strategy* and *Premier's Priority* time points, actions were listed to identify and investigate opportunities to improve food environments in NSW. The Ministry "did a really big literature review around potential interventions in the food policy space" (Health, P5). Despite these initial efforts there were no new food environment activities during the *HEAL Strategy* although there were some food related policy actions in specific settings, see 4a).

National and intergovernmental considerations

Broad considerations for agriculture were limited in the *HEAL Strategy*. Health expressed "we're not responsible for agriculture, that's a Commonwealth jurisdiction and so is food regulation" (Health, P11), and NSW Primary Industries (via the NSW Food Authority) were part of the conversation around health "from a food policy point of view" (Health, P4). There was one *HEAL* action about agriculture focused on zoning and land use, see 3d).

Food environment policy in NSW is deeply affected by the interrelationship between NSW and national food regulation. The same agencies and actors sat around the table at national and NSW food policy forums, including the Council of Australian Governments (COAG) Health Council and Food Standards Australia and New Zealand (FSANZ). National food regulation is the responsibility of FSANZ, an intergovernmental forum with membership from the Commonwealth Government, each of the states and territories of Australia and New Zealand. Australia's Trans-Tasman food supply can be a barrier to local food policy initiatives: "it's quite hard to act within New South Wales at that level across the food supply", and Ministry participants noted they were "tapping into national initiatives" (Health, P11). FSANZ had three priorities for food regulation: 1) food borne illness, 2) the impact of overweight and obesity on chronic illness, (3) agility within the food regulatory system (i.e. streamline processes for straight forward food innovation products, etc). While the Trans-Tasman food system allows for simplicity of food regulation, it presents difficulties when jurisdictions have different goals for the food system. System changes through FSANZ are complex:

> *"…there's quite a few hurdles to get through, even from the perspective of having a jurisdiction that's willing to sponsor a paper and to take something through." (Health, P5)*

> *"Any national or interjurisdictional process really takes time. You can't expect that time to roll quickly because governments are constantly changing. Policy windows open and close around the country" (Health, P7)*

Sitting below the ministerial forum is the Food Regulations Standing Committee, whose membership consists of departmental representation from all jurisdictions at FSANZ from health and primary industries. NSW members are representatives from the Ministry and the NSW Food Authority who led food policy and act as policy brokers for food regulation.

The Commonwealth Government preferred voluntary measures such as the *Healthy Food Partnership* and the *Health Star Rating*. The ***Healthy Food Partnership*** (formerly the *Health & Food Dialogue*) (Link) involved food industry (peak bodies representing Australian manufacturers, retailers, and some foodservices), peak health promotion agencies and the Commonwealth Health Department. These sat outside the intergovernmental mechanisms of FSANZ and COAG so did not have a strong presence from states and territories. The focus of the *Healthy Food Partnership* was the reformulation of packaged products sold in both food retail and foodservice outlets. Participants in our study agreed that reformulation was solely a national food policy area as "a state alone can't progress the concept of food reformulation" (Premier, P1). Although this was a national forum, one of the four working groups was led by the NSW Ministry – portion size – and linked to their *Healthy Food Provision* work, see 4a). While the Ministry viewed reformulation as having great potential, several participants noted that it was not progressing at the time of this study and that voluntary targets were not enough to impact on the food supply:

> *"I do think that reformulation is incredibly powerful but it's not a state lever, that's a national thing… there's not a strong focus on that at the moment" (Health, P5)*

"…that really does require mandatory targets that all industry have to follow because if there's no level playing field, it will never happen." (Health, P11)

Some participants noted there was "a lot of silent reformulation" being undertaken by manufacturers, silent because they perceived their customers "don't want the things that they know and love to change" (Health, P5). Another layer to this was identified by the Food Authority, who noted that working with Australian manufacturers alone would be ineffective to change the Australian food environment in a global food supply:

"I think always just in a country like Australia with our size and the number of food businesses, it's like what impact would you get in actually working with the manufacturers here?" (Industry, P17)

Participants noted that unlike the majority of other countries, Australia's supermarkets were "not even at the table in many cases" when it came to being part of food manufacturer discussions (Health, P11).

Health Star Rating

HEAL SD 1.3.1 (environments, existing): Improve front-of-pack labelling and support interpretation of label changes with targeted social marketing campaigns

Health identified the *Health Star Rating* as an important lever for food reformulation. The *Health Star Rating* was a voluntary front-of-packet food label that gives foods within a particular category a comparable rating out of five stars, the higher the better. A recent study among pregnant women in NSW found about 50% were aware of the *Health Star Rating* labels (they were more likely to speak English at home and have an annual household income above $80,000). Of those who had awareness of the labels, only 47% reported they felt confident using it to make food choices [12]. At the time of mapping, the system was undergoing its first review with the recognition that it had some flaws worth addressing:

"That's being considered at the moment on the Health Star Rating algorithm, so we're looking at all the anomalies and all the issues that will be particularly relevant to that young age group, so fruit concentrate, sugar content, particular outliers like chips scoring high because of their potato content, things like that," (Health, P11)

"…is there room for improvement? Yes, there is… Should it be mandatory? Absolutely… [it] should be used by everyone to allow people to have an informed choice about what they're choosing." (Heart Foundation, P22)

NSW has used *Health Star Rating* to "change some internal policies" (Industry, P17), including their policies for health settings and schools, see *Healthy Food Provision* 4a). NSW have used research (Link) to justify the use of the *Health Star Rating* in their food policy work although they recognise that the algorithm was flawed and were seeking changes to how the ratings were calculated:

"It's about tweaking the Health Star Rating to make it better… The research that we've done, and we're working quite closely on the Health Star Rating, show that the alignment with the dietary guidelines is around 80 percent... So if that's fixed, I think that will also help to better signpost to parents and have more trust in the system as well" (Health, P11)

Health Star Rating use in NSW policy positions NSW advantageously when shaping the national conversation about how to use the labelling system to influence other engagements with industry such as portion size:

"We've been giving the feedback of 'We've set requirements for [NSW] Healthy Food Provision around portion size for school canteens and health facilities, so why don't those portion sizes go into the [national] Healthy Food Partnership so there's some consistency, nationally?'" (Health, P11).

National Childhood Obesity Prevention Project

HEAL SD 1.3 (environments, existing): NSW Ministry of Health and NSW Food Authority to contribute to national efforts to assist consumers in making healthier food choices (Partners: Premier's Council for Active Living, Non-Government Organisations, Industry):

HEAL SD 1.3.2 (environments, existing): Reduce children and young people's exposure to the marketing and advertising of energy-dense and nutrient-poor foods

The COAG Health Council *National Childhood Obesity Prevention Project* had five actions to improve food environments [13] and intersects with HEAL SD 1.3. The first three actions related to the promotion and provision of healthy foods and drinks in three key settings: hospitals, schools and sport and recreation settings. The NSW response to these actions was to develop settings-based food policy using the *Health Star Rating* system, rather than a food-based traffic light system agreed upon by all other jurisdictions, see 4a). The fourth and fifth actions were to strengthen the food regulatory system to support obesity prevention (via FSANZ) and develop a nationally consistent scheme to identify unhealthy food and drink promotion and reduce children's exposure to it (for each jurisdiction to apply within their own jurisdiction), see 3a). Actions under this project have been implemented sporadically across Australian jurisdictions.

The fifth action of the COAG project intersects with HEAL SD 1.3.2 in two ways. The first, related to the only food environment area that sits solely with the Commonwealth Government, i.e. the Broadcasting Services Act 1992 (Link) which applies to free-to-air television. Print news media and all online media have self-regulatory codes, but internet platforms are almost entirely unregulated. The scheme to identify unhealthy food/drink developed in the COAG project could be used in updates (to include print, digital and online media) or expansions to the Broadcasting Services Act. Another legal option at the national level is to ban all discretionary food and beverage advertising, like the Tobacco Advertising Prohibition Act 1992 (Link) did for tobacco. This would apply to all advertising under national control and additionally apply to all out-of-home advertising.

In the absence of national action to reduce exposure to advertising, the second way HEAL SD 1.3.2 relates to the COAG project was the potential utility of the consistent scheme within state-owned or controlled assets. Several participants noted an understanding that this COAG project would (at a state level) look "at advertising on government owned infrastructure, so transport, etc…." (Industry, P21). However, when pressed on the topic of marketing in NSW key health informants felt that section of the project was beyond the scope of NSW, stating "advertising for children, for example, and sugar tax, both of which are outside our bailiwick" (Health, P5). For more information about this see 3a).

Tension between competing goals

The key feature of the above national/intergovernmental food system levers – *Healthy Food Partnership*, *Health Star Rating*, and the COAG *National Childhood Obesity Prevention Project* – is that they were all voluntary:

> *"We're in a voluntary environment. We're not in a regulatory environment, and… It's very hard to have a level playing field when you're looking for people to make voluntary commitments" (Health, P11)*

From an NSW Government perspective, national levers for the food system were preferred:

> *"You would need the federal government to commit and want to drive substantial changes to the food environment" (Premier, P6)*

> *"The next question down… for the state government, [is] a political question as to whether there's the desire to take that issue up" (Health, P7)*

Many participants noted a reluctance "to use regulation" (Heart Foundation, P22), citing that the Commonwealth and NSW governments were equally "keen for market solutions" (Health, P5). In 2016 FSANZ added an objective to reduce obesity through public health nutrition, in addition to its upmost priority of food safety (Link). The NSW Food Authority was responsible for ensuring NSW met those national objectives and worked "very closely" with the Ministry at intergovernmental forums (Industry, P17). However, obesity reduction did not appear to be considered part of the core business of the Food Authority at the time of this study. Additionally, the Ministry and NSW Food Authority had different visions for the food system:

> *"[The Ministry works] closely with the Food Authority, who sit under the Primary Industries [portfolio]. In practice, we work together very well but our two visions are quite different. They want to make industry flourish and we want to make industry healthy. They don't have to be mutually exclusive, but they can be, so what happens in practice is we have to have a very*

pragmatic approach to industry, and it may not pan out so well for that young age group" (Health, P11)

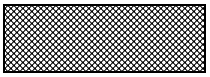
The implication was that Health must compromise their vision because the Food Authority's role to 'make industry flourish' had more authority than Health's drive to 'make industry healthy' – this extended to NSW and national policy forums. The position of the Food Authority was likely driven by the unique position the food industry holds in NSW:

"It's a tricky one because most of the food industry sits in New South Wales… and some sit in Victoria, so we're the two states that really have to take into account the food industry" (Health, P11)

While it was recognised as a "potential area of conflict" (Health, P11) this position made it unlikely for NSW to sponsor a paper through FSANZ processes relating to food regulation. Many participants echoed a similar pragmatic sentiment to food policy:

"The food environment's so fraught with politics that you need to just start with one or two things and just show they can work… There's certainly scope to do much more than that" (Health, P11)

3a) Out of home advertising

Overall ranking 

HEAL SD 1.3 (environments, existing): NSW Ministry of Health and NSW Food Authority to contribute to national efforts to assist consumers in making healthier food choices (Partners: Premier's Council for Active Living, Non-Government Organisations, Industry):

HEAL SD 1.3.2 (environments, existing): Reduce children and young people's exposure to the marketing and advertising of energy-dense and nutrient-poor foods

Following on from the COAG *National Childhood Obesity Prevention Project* mentioned directly above, particular attention was paid to the relationship between the marketing of discretionary choices in the *HEAL Strategy*, "Food marketing targeted to children generally promotes energy-dense, nutrient-poor foods and takes advantage of children's vulnerability to persuasive messages. There is widespread recognition of the negative impact this has on child obesity levels" p.30 [14].

Despite the position (stated above by study participants) that advertising to children was outside of NSW's 'bailiwick' (Health, P5), there were specific policy levers available to reduce discretionary food/drink advertising to children available to the NSW Government. At the time of mapping some actions had already been undertaken in some jurisdictions. Due to an established 'non-regulatory environment', the Australian Capital Territory had used contractual levers to remove the advertising of unhealthy food and beverages from their territory-wide bus service (with plans to extend to light rail), and Queensland had announced they would do the same across all government-owned advertising assets. The nationally consistent scheme to identify unhealthy food/drink in the COAG *National Childhood Obesity Prevention Project* became the benchmark used on the *Healthy Choices in Health Facilities* framework in NSW – see 4a) *Healthy Food Provision*. Where it applies to marketing, this benchmark could be extrapolated to other government (internal) settings (see 4a) and outdoor settings such as stadia and OOH advertising. The two key areas within direct NSW Government control are out-of-home (OOH) and stadia advertising.

OOH advertising can broadly be defined as any visual media used to market or advertise outside of the home including billboards, street furniture (e.g. bus shelters), transport hubs (e.g. train stations), in or on vehicles (e.g. buses, trains, taxis, etc). There are emerging technologies within the OOH advertising space that allow for greater analytics about who is likely to see these assets and digital advertisements that can be tailored to 'personalise' messaging. The NSW Government has control of most of these assets in NSW. 'Local' advertising – not included in this mapping – includes directly in front of and within business, such as signs outside a café, or advertising within shopping centres. Legislative control theoretically sits with local governments, although state planning and/or local government legislation could enable such policy tools for local governments in NSW.

Two NSW Government agencies had policy levers relating to OOH advertising, planning and transport.

The most substantial policy lever for OOH advertising in NSW is with the transport department itself as they own/control a significant proportion of these assets. Transport uses a third-party provider to lease out these advertising spaces, the revenue from which goes back to the transport department. Requiring these third-parties to meet advertising content requirements about what foods and drinks can be advertised is a policy approach undertaken in the ACT [Esdaile2022b]. However, this policy avenue is unlikely. In response to the COAG project, NSW explored:

> *"…looking at advertising on government owned infrastructure, so transport... Government decided for whatever reason they're not going to go down that track" (Industry, P21)*

Transport for NSW is a member of the Outdoor Media Association (listed as asset owners alongside Telstra and Sydney Airport (p.53) and as beneficiaries (p.55) [15], and a participant noted that OOH advertising in NSW is "definitely a growth area" (Health, P11). This is evidenced by the 2018 annual report of oOh! Media [16], who acquired Adshell and rebranded their 'Commuter' package, specifically designed to target commuters on their way to work or dropping children at school/childcare. The acquisition of 'Commuter' brought in additional street furniture and rail assets into the wider oOh! Media portfolio. Also, a Sydney Trains contract in 2013 was projected to earn transport $100 million over five years (Link), one study revealing unhealthy food advertising on Sydney Trains to equate to about one third of all its content [17]. A recent contract valued system-wide advertising on NSW public transport to be valued at more than $500 million (Link). The extent of this revenue for NSW is substantial compared to the ACT, and above that of Queensland. Given the economic value of OOH advertising, and a potential co-benefit of increased active transport/physical activity benefits for more commuters, the trade-off is an OOH advertising landscape full of discretionary choices. This is despite the "widespread recognition of the negative impacts this has on child obesity levels" p.30 [14] acknowledged in *HEAL* and the ability to "influence audiences anytime and anywhere" p.2 [16] promoted by oOh! Media. The potential risk of implementing such a policy is that the advertising may shift onto OOH assets that are not within government control (such as shopping centres or privately owned billboards), was raised. However, OOH advertising plays a specific, targeted role in a suite of advertising choices made by those who sell food. For example, advertisers have:

> *"…purposefully bought outdoor spaces as part of a marketing strategy and outdoor… [serves a] 'path to purchase' kind of function as well, particularly on those road corridors, 'McDonald's stop coming up' and all that… there would be no point taking that ad to a [shopping centre]" (Health, P11)*

A second policy lever for OOH advertising was explored with Planning. A 'level playing field' approach which would apply equally to publicly and privately owned billboards (in tandem to a policy such as above, applied to all transport-controlled assets) sits with the State Environmental Planning Policy (SEPP) 64 *Advertising and Signage, Transportation Corridor Outdoor Advertising and Signage Guidelines*. SEPP 64 outlines 'design criteria, road safety and public benefit requirements' for billboards on transport corridors. The clause about public benefit could be used or amended to include content considerations in advertising. However, this instrument has not been used to indicate the content of advertising before and from the perspective of Planning participants it would be unlikely to utilise it this way:

> *"The planning system has been more comfortable dealing with say the location of advertisements, and the size and the design of the structures, which support the advertisement, rather than dealing in the detail of the content" (Planning, P8)*

When asked about the barriers and enablers to restricting discretionary food/drink advertising to children, especially in specific settings like train stations, a narrative about 'open and closed settings' emerged and used to legitimise action in (limited) settings:

> *"If you think of something like a transport setting, a train station, heaps of schoolkids go through there (and children and families) but obviously it's mainly adults, so that issue around personal choice is, 'Should we be doing this?' and 'Is this the right thing to do?' becomes really important" (Health, P11)*

The legitimate settings to act in were ones where the focus was on children – and avoiding any perceived impact on adult choice as the 'right thing' – or where there was a 'captive audience' such as in health or school settings:

> *"We talk about open and closed settings, most of the [Healthy Food Provision] settings… are completely closed, a captive audience, but once you venture into a train station or something*

which backs onto a Westfield shopping centre it's quite easy for someone to go somewhere else" (Health, P11)

Another key setting that had both high attendance by children and provided a captive audience in a 'closed' setting were sport and recreation facilities, including stadia. Narratives about restricting advertising around stadia (and sport) focused on the potential threat to the viability of sport in NSW and contractual complications. *Venues NSW* (a part of Office of Sport Link) manages six government-owned stadia and two entertainment centres. They are leased out under a 'clean stadium' contract and the lessees have rights to undertake third party contracts with food vendors and advertisers as they see fit (excluding tobacco which is covered by the Commonwealth Tobacco Advertising Prohibition Act 1992 (Link)). These contracts are usually:

"…related to often a national team [or sporting code] and whoever their sponsor is, so it's a complex arrangement… I think it's also quite common to have sponsorship arrangements caught up in supplier arrangements" (Health, P11)

Although appearing in a high-level policy, i.e. *HEAL*, operationalising restrictions on OOH advertising through transport assets and stadia advertising contracts were presented as complicated. There are only a handful of Transport advertising contracts and six stadia (and two entertainment centres) managed by *Venues NSW*. However, hundreds of negotiations were undertaken across health (estimated 160 health facilities, 927 food outlets, 76 retailers) and school settings (more than 1600) under *Healthy Food Provision*, see 4a). This positions these decisions as a political, rather than contractual, issue. Concerns about loss of revenue for government programs was identified around transport. Stadia and sporting contracts relating to food/drink advertising were acknowledged as a substantial barrier to overcome in the general conversation about OOH advertising, stadia were:

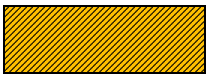
"…big contracts, big money, and that would require quite some political will" (Health, P11)

Publicly the relationship was drawn between big sport, stadia advertising, and children's sport. Notable submissions to the 2016 *Inquiry into Childhood Overweight and Obesity* were highlighted by study participants,

"Rugby league was straight there going off, 'If there was no KFC, junior rugby league dies in New South Wales', so it was real, and they came up with the most bizarre recommendation I've ever seen. It was like a double negative. It was like the government rule out banning promotions of food… it's just that very powerful forces are in play" (Industry, P21)

This participant was referring to recommendation 13 of the *Inquiry,* the Government "oppose any suggestions for bans on donations from restaurant chains and food or beverage producers to sporting clubs or organisations" (p.10) (Link). Without policies to address the advertising (and provision) of discretionary choices in sport, there were limited options to address the issue. Health developed a program to promote healthy eating in junior sports, called *Finish with the Right Stuff* to encourage children to eat healthy food after playing sport, a primary school aged, child-focused intervention at the behaviour end of the intervention spectrum.

3b) Foodservice outlets

Overall ranking 

HEAL SD 1.1 (environments, existing): NSW Food Authority and NSW Ministry of Health to improve availability and effectiveness of nutrition information (Partners: Industry, Non-Government sector):

HEAL SD 1.1.1 (environments, existing): Continue to implement menu labelling legislation in fast food outlets and supermarkets

HEAL SD 1.1.2 (environments, existing): Support menu labelling with community engagement campaigns

HEAL SD 1.1.3 (environments, existing): Monitor industry compliance with menu labelling legislation

HEAL SD 1.2 (environments, existing): NSW Ministry of Health to identify additional evidence-based opportunities for NSW Government to develop policies and programs to enhance environments for healthy food (with a particular focus on kilojoules, fat and salt). (Partners: NSW Food Authority, Premier's Council for Active Living, Non-Government Organisations, Industry, Local Government)

HEAL SD 1.5 (environments, existing): NSW Ministry of Health and NSW Department of Education and Communities to improve the availability of healthy food in a range of settings (Partners: Other Government Agencies, Local Government, Official Visitors' Program, Agency for Clinical Innovation, Premier's Council for Active Living, Local Health Districts and Networks, Industry, Aboriginal and Medical Research Council of NSW, Aboriginal Community Controlled Health Services):

HEAL SD 1.5.3 (environments, new): Within Local Councils, encourage a range of local food outlets to substitute cooking oils high in saturated fat with those that have a lower saturated fat content

PP SD 4.2 (environments, underway): Continue to support the NSW menu labelling initiative to help people make lower kilojoule choices when eating out (NSW Food Authority)

The way people dine out of home has changed over the last 30 years. Foodservice outlets including restaurants, cafés and takeaways make up the majority of venues for food consumed outside of the home (others include institutional settings not included in this study) and represents more than a third of food and drink dollars spent [18]. It was estimated there were 50,000 food businesses in NSW. Legislation and standards for café's, restaurants and foodservice outlets include the preparation and handling of food to meet national food safety requirements, including (Link):

- Registration of food business and being prepared for regular inspections by local council
- Having a Food Safety Supervisor
- Meeting the national *Food Standards Code* (notably Standard 3.2.2 (food safety practices) and 3.2.3 (equipment and premises)) and *Australian Standards* building codes relating to design, fit out and construction for a food premises
- These do not include mobile or temporary food premises

The NSW Food Authority is responsible for upholding food regulation in NSW. The Food Authority prioritised supporting the industries they regulate, their consultations focused on industry rather than consumer engagement. Their role in regulation focused on minimising (perceived or actual) uneven burden on NSW businesses, compared to other jurisdictions if they did not have similar policies:

> *"If we were to impose something on businesses in New South Wales, we have to give a very clear indication to the Premier why this is an absolute danger. Why New South Wales has to do it" (Industry, P17)*

The Food Authority has clear and embedded processes for supporting both businesses and Environmental Health Officers within local councils to ensure food safety among NSW food businesses. For example, a food hygiene program called *Scores on Doors*, that made it easy for the public to identify how compliant food businesses are with food safety standards. When asked if a similar program for a healthy food rating could be developed for small food outlets, it was positioned as taking too many resources and not part of the Food Authority's core business:

> *"…someone said, 'Oh, can you also do that as a health food rating?' And it was like, well you've got 40,000 businesses out there and a lot of them are small, so what resources are you going to give them so that they can make those calculations and how resource intensive is that for everyone? Can they do it themselves?" (M017 (FA)*

The Food Authority participant said there was some interest in engaging foodservice outlets via councils and Environmental Health Officers. They felt consideration needed to be given to how Environmental Health Officers could support in the chronic disease prevention space (a newer FSANZ priority) when their expertise sits primarily with food safety:

> *"We do have this engagement with Environmental Health Officers that have contact out there. We'd be open to saying, 'Well, how could we help send the message across?'…we've tried to get up an electronic platform to capture all of the council's inspection data… 'How do you make it simple for a person who's not a specialist in these sorts of areas and to pass on a potential message?'… The relationship that we have with councils is that we do provide them with a lot of support, advice, guidance and training in areas. So, they're quite engaged in the food safety space… we can't force the change [but can help] raise awareness" (Industry, P17)*

Environmental Health Officers from local councils were the initial contact point between foodservice outlets and government. In the case of *Menu Kilojoule Labelling* (more below), they identify if an outlet is compliant with the regulation, then report back to the Food Authority. The Food Authority then follow-up centrally:

> *"So, we do checks of individual businesses and our policy has always been to go back then to the central office and to say, look, these issues are occurring; particularly if you're finding them across different businesses that have different owners. So, the opportunity to get better responses than the head offices can come back and go, 'Okay, actually we can improve the information that we're giving to go out there.' We have the power to affect individuals, but we want to first of all understand, look, is this something to do with what's being communicated out from a central base? And most of the time centrally it can be corrected very quickly" (Industry, P17)*

Given the relationship between the Food Authority and the Environmental Health Officers in local councils around the NSW food system, there is potential to develop a system that supports food system goals for chronic disease prevention in addition to food safety considerations supported by technology, e.g. a monitoring and communication tool like PHIMS (see SIF3C).

There were some (limited) efforts in NSW to work with foodservice outlets to improve that aspect of food intake has examined policy areas such as planning considerations, the provision of consumer information, and programs looking at changing the nutrition status of food offerings in foodservice outlets.

Healthier foods served

At the time of mapping there were no new state-level policies or programs to improve food offerings among foodservice outlets. There was an existing policy called *Menu Kilojoule Labelling* and an existing program called the *Healthier Oils* program with local councils.

Menu Kilojoule Labelling

Menu Kilojoule Labelling was a consumer information policy. It required fast food chains with 20 or more stores in NSW (or 50 nationally) to display the energy content of each menu item. The nutrition information must be displayed on all printed and electronic menus at the premises, ones that are distributed outside the premises, or any printed or online material a customer can order from (Link). Consideration ought to be given here to whether this legislation can be applied to food delivery apps (e.g. Uber eats, Menu log). Individuals and corporations face fines for non-compliance with the Food Standards Code and (Section 106K-106R) of the *Food Act 2003 (NSW)*.

In 2010 the Food Authority produced a *Better Regulation statement* (NSW/FA/CP044/1010) (Link) on the policy options available for nutrition labelling on foodservice outlet menus, strongly supporting the regulatory option (over self-regulation and 'do nothing' options). Menu labelling regulation was introduced just prior to the Liberal O'Farrell government taking office in 2011. It started out as a voluntary endeavour between the Food Authority and industry, but became legislation due to political timing:

> *"That was reasonably well mapped out but didn't take off. And really it was the Premier Kristina Keneally who just went, 'Right, we'll mandate them.'… it wasn't a push from us as an agency, she was being quite heavily engaged with the public health sector… But we certainly had laid down a foundation of what it would look like… to inform, if you did go ahead and mandate it… we really did set up a key reference group that did bring in all the industry players so that they had an opportunity to be consulted and to help shape what the end product would be" (Industry, P17)*

> *"I think it was partly timing, it was the end of the Labor government and Kristina Keneally was keen to get a policy win up. We were best placed because we knew the industry and were to some extent trusted" (Heart Foundation, P22)*

It essentially became national policy as other jurisdictions (with enough foodservice outlets that met the criteria) followed – the fourth area of the COAG Health Council *National Childhood Obesity Prevention Project* mentioned above:

> *"In New South Wales we introduced menu-labelling legislation, which is something that should have happened nationally and didn't, and as a result, it just kind of went through all the*

jurisdictions… [To pass the legislation in NSW, there was] some really strong political will" (Health, P11)

Some participants reflected on the nature of the Australian food regulatory system and the way *Menu Kilojoule Labelling* came into being. It was an example of 'leap frogging' policy similar to that seen in efforts to address tobacco/smoking in a drive for Commonwealth legislation (e.g. banning tobacco advertising and plain packaging legislation). Through the COAG Obesity Working Group, under direction from *HEAL* actions, the Food Authority provided support to other jurisdictions to implement the policy:

"It hasn't been done nationally, it's been done on a jurisdiction-by-jurisdiction base… So, it happened in New South Wales but there's clear feedback from industry that 'we're national bodies here' so the vast majority who had been captured then just rolled it out nationally, that suited their business model. But what we did was if other jurisdictions wanted to put that into law themselves that there were a set of guiding principles, 'If you do it, do it like this'" (Industry, P17)

While it is true that no Commonwealth legislation exists for menu kilojoule labelling it did become nation-wide. Enough states and territories had implemented the policy (with minor variations) that it covered almost all eligible vendors in those jurisdictions (Northern Territory and Tasmania) that did not implement it through the vendors own policies for national consistency.

The Food Authority's position was to ensure a 'level playing field' for NSW businesses that worked across other jurisdictions so that they would not be at a disadvantage compared to businesses in other jurisdictions (for legislation that was in NSW only):

"It's obviously an area that we're very much aware that we need to be behaving as a consistent manner as possible because we have got companies that work across states and territories. And it's fair that their expectation should be that they're getting equal treatment in each" (Industry, P17)

The Food Authority held a close position to the food industry due to their role in food regulation. These relationships and their organisational position within the Industry cluster made them directly accountable to food industry resistance in a paradigm where they were interested in supporting businesses to flourish:

"Industry are very good in coming back with level playing field examples… fast-food chains that were selling roasted chicken who just simply said, 'Well, if you're going to impose this on us, what about the supermarkets that are doing exactly the same thing?'" (Industry, P17)

"[The Food Authority] want small businesses to flourish… I mean, they're focused on all business, really, but I don't think they want to see small business go out of business" (Health, P11)

Menu Kilojoule Labelling was monitored by Environmental Health Officers in local governments, reporting back to the Food Authority who ensured compliance:

"They just come back and report it to us. We don't ask them to go through the nitty-gritty of the compliance. We'll do that check ourselves" (Industry, P17)

Part of the *Menu Kilojoule Labelling* work for the Food Authority included community education and monitoring and evaluation of the policy. Evaluation of *Menu Kilojoule Labelling* (Link 2021) found that over time consumers (n= 178; 218; 202) reduced their mean and median (~500kJ) energy intake via the choices they made after the *Menu Kilojoule Labelling* legislation and *Fast Choices* program were rolled out (Link) (now referred to as *kJ on menus* (Link):

"…there was a reduction in the number of kilojoules being purchased" (Industry, P17)

The *Fast Choices* program was promoted to the public under the 8700kJ banner and promoted messages around food choices aligned to a mandated statement 'The average adult daily energy intake is 8700kJ'. The *Fast Choices* and Nutrition Labelling Reference Group includes stakeholders from the Food Authority, Ministry of Health and industry, and met twice a year.

A key limitation of *Menu Kilojoule Labelling* was that the businesses covered under this regulation, large fast-food chains, contribute to about 30% of 'dining out' experiences in NSW [19]. Although the remaining 70% of foodservice

outlets – small-medium foodservice outlets like restaurants, independent take aways and cafés, and clubs, hotels and motels – also impact on food intake of the population, there was no national or state policy or program targeting them:

> *"…people think about things like fast food outlets but if you think about it really… I don't think the local Thai is necessarily all that much better." (Health, P5)*

Healthier Oils (local government)

A policy/program gap was identified for those remaining foodservice outlets (mostly non-chain fast food/takeaways, restaurants and cafés). The *Healthier Oils* program sought to improve one aspect of the nutritional quality of foods in those remaining smaller food outlets, i.e. to improve the cooking oils used in these venues. It was the only policy or program in NSW that directly targeted improving food quality, although it dd not aim to reduce overall energy of foods sold, and it was developed and managed by a non-government health promotion agency. The Heart Foundation partnered with six local councils and developed tools for engagement with local foodservice outlets and language to pass motions at council meetings to support the reduction of trans- and saturated fat use within their local government area, with local environmental health officers, and information to be distributed to local food outlets.

The delivery method of the program focused on environmental health officers in six local councils as the Heart Foundation did not have an 'on the ground' opportunity. Their previous experiences working with councils in NSW on health promotion, such as smoking bans, informed how they approached a program in this area:

> *"We had to work with the early adopters first because the common pushback was, 'Okay, who's going to pay for the signage? This is just government cost shifting. They're trying to get councils to do more and more public health issues'" (Heart Foundation, P22)*

The case study was developed with Cessnock City Council (Link) who were concerned about being named the heart attack hotspot of NSW:

> *"Their council was concerned by this and they'd heard about the Healthier Oils project. [We undertook] an evaluation of that program which was over a 6 year period… We did an audit of all the available small food outlets to see what type of oils they were using… and about 17 percent of outlets were using Heart Foundation approved healthier oils… after the three years it had moved up to say 47 percent… and then in our last round it's gone up to 67 percent" (Heart Foundation, P22)*

The *Healthier Oils* program was promoted as a way of engaging local councils (without imposing additional costs to them) and environmental health officers (on a 'positive' project), on a program that could improve the local food supply:

> *"It's novel and its seen as one thing the council can do, in a positive light… The feedback from the environmental health officers was [that] they really valued having a conversation with food outlet owners about something that was positive… [and the] cost was met by the… shop owner not the actual council itself" (Heart Foundation, P22)*

In 2013, 17 Councils in NSW were participating in the program in some form (policy and/or programmatic support). Parramatta City Council (Cooking oils used by small to medium independent food outlets, 2014 Link) had a specific form to record the nutrition information panel of the cooking oils used in venues (data from which was then sent to Western Sydney LHD for analysis). It found 69 of the 100 food outlets surveyed were using healthy oils. A key structural change was to get local environmental health officers to record what types of oils were being used in the outlets in their usual reporting mechanisms – some councils had included that as a reporting requirement. Environmental health officers (EHO) held regular food forums with the outlets in their local area, a good setting for disseminating information and offering support as was used with the *Healthier Oils* program. EHO experiences were reported in the Parramatta City Council report: "The EHOs made it known that the paperwork involved in a pilot study was not part of their role… One EHO made the comment 'I don't think we're qualified to give them nutritional advice and I think it might distract the operator from the real purpose of the inspection (food safety)" (p.12, Link). Resistance was reported. Getting EHOs on board was a key consideration to the success of local foodservice outlet programs:

"When I did present the ministerial priorities at a conference of New South Wales environmental health officers, a couple of people came up against that priority… [After a conversation] they kind of saw that they had a bit of a role in that." (Industry, P17)

The potential role for councils and EHOs to work in this space had not been well articulated at the time of this study but presents a potential implementation lever for health promotion. Support, training and funding would all be required before putting EHOs into such a position. Surface conversations had been undertaken about the use of communication systems to support health promotion activities at the local level through EHOs:

"How do you make it simple for a person who's not a specialist in these sort of areas to pass on a potential message? …We are discussing because the Ministry of Health in other areas also ask a lot of things of councils. So, an electronic platform. We've always taken the view that there is the potential, that food is just one module. And talking to local government… they are aware of a whole lot of other areas where it could help. But at the same time… the relationship that we have with councils is that we do provide them with a lot of support, advice, guidance and training in areas. So, they're quite engaged in the food safety space… We haven't discussed it broadly with anyone but again it's … I think if you can make it simple. If they [EHOs] have materials and it's simple things about a five minute conversation…" (Industry, P17)

The Heart Foundation diversified the *Healthier Oils* program into other settings such as large-scale catering organisations (clubs and events catering) and considerations for government procurement (e.g. large government catering contracts)

"Compass Foods… is the largest catering company in Australia [providing meals in settings like mining] fly in fly out, schools, hospitals, stadia, et cetera. The Defense Department saw our presentation by one of our staff at a food conference … and asked Compass to get in contact with us to see if they could change over their Defense contract to ensure that healthier oils were used in their foods. Compass has just done that, but further to that, Compass decided that they should adopt this across their whole catering service" (Heart Foundation, P22)

Planning system considerations

The Healthy Planning Expert Working Group submission to for updates to the *Environment Planning and Assessment Act*, included five recommendations including the access to healthy food (Link). At the time of mapping there were no explicit planning considerations/tools to improve food offerings at foodservice outlets in NSW.

Planning shared a similar position to the Food Authority, in support of free market principles as the primary determinant of local land mix not the planning system who were "reluctant" to be involved (Planning, P8). Their position was to allow "…the free market a certain amount of freedom to decide" (Planning, P8). Planning core business was about the appropriate location of businesses rather than the type of businesses (with some considerations for venues that sell alcohol or sex):

"I am familiar with the idea put forward by some practitioners that the planning system could actively limit the number or location of particular types of food premises in certain locations. But that level of detail is something the planning system tends not to get involved in" (Planning, P8)

While some participants noted there were some levers available to local councils, speaking to the 'social impact' considerations within the recently updated *Environment Planning and Assessment Act*, others felt those could only be applied in a limited set of cases:

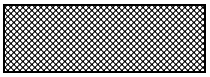
"There are some grounds, but it's something that's applied more in terms of, say a licensed premises… as distinct from a place that sells food… [Councils] might seek to resist [food outlet applications] on the grounds that it's something that's not in character with the area, or something that might have a detrimental impact upon the health of the area" (Planning, P8)

Although some participants argued that local councils had authority to act in this space, in reality the capacity for individual councils to oppose food businesses is significantly lower than the capacity of state governments and the resources behind food industry representatives:

"Locally, obviously, there's work that can be done locally about councils in terms of thinking about their healthy-built environment. You know, you've got examples of councils like Kiama and up in Byron where you won't find a fast-food outlet" (Premier, P6)

"In most cases, the councils are not strong enough… unless they have exceptional leadership, to hold those companies at bay… because [the incentives are] just too strong for all of them" (Heart Foundation, P22)

3c) Food retail

Overall ranking 

Food retail spending accounts for most food and drink sales in Australia [18]. Food retail includes supermarkets, green grocers, farmer's markets, food co-operatives, and specialty food retail outlets and mostly sell foods and snacks to prepare/assemble in the home. In Australia, there are two major supermarkets with approximately 70 percent of the food retail market share [18], Coles and Woolworths, a phenomenon referred to as 'Australia's supermarket duopoly' (Health, P11).

There is some national policy overlay in the food retail space. The *Health Star Rating* applies to, and the *Healthy Food Partnership* reformulation efforts target, foods and beverages sold directly to consumers in food retail (and indirectly in foodservice outlets, see 3b)). Action in the food retail space, especially in supermarkets, was identified as a gap by multiple study participants.

"…no one's ever gone to them and said, 'What can you do to improve the marketing within your store, product positioning, the placement within the store?' A lot of work's being done by Victoria with IGA on a community level" (Health, P11)

Many felt this was an important gap to fill because of the "influence they have on consumer purchase" (Health, P11). There was broad recognition that "most of the food they sell is packaged" (Health, P5), the product category aimed at early childhood was "opening up" (Health, P11), and parents need additional support to recognise what foods are appropriate in these categories as many highly processed foods "present themselves as the healthy option" (Health, P9). Additionally, the ready-to-eat or convenience food market has grown substantially in food retail and several participants noted that supermarkets are driven by a convenience factor to 'make healthy food simpler' (Industry, P17), identifying that their corporate pathways have identified that "healthier convenience food is a growth area" (Health, P5).

Narratives about a 'level-playing field' or a national approach were less pronounced in food retail than elsewhere. Whereas the number of foodservice outlets in NSW was a barrier to improving food environments, see 3b), the supermarket duopoly was identified as a potential lever for action in the NSW food retail space. As one of the two major retailers were based in NSW, the Ministry of Health "talked to" them (Health, P5) and believed the perception of supermarkets as key community stakeholders might be an incentive to encourage food retail improvements:

"'Commitment to communities', I mean, it dives into the philosophy of many of the supermarkets… Regulation is going to be tricky" (Health, P11)

Supermarket narratives about 'commitment to communities' aligns with NSW Government view of citizens as customers. These conversations had stalled by the time this study was being undertaken, Health had no real levers to cause substantive retail changes especially in a non-regulatory environment. One of the reasons for this, was attributed the lack of evidence about what a healthy supermarket looks like, the:

"…five things you need to do that we could go to them with and say, 'Look. These are the five things that will really make a difference. Which one of them can you start with?'" (Health, P11)

Food retail point-of-sale data has been collected as part of calculations for Consumer Price Index by the Australian Bureau of Statistics since 2011 (Link) and was a potential intermediary measure of obesity prevention policy progress identified by Treasury when considering the use of social impact investing for obesity prevention (see SIF3C). The publication of food retail point-of-sale data could be a potentially strong incentive for food retail to participate in improving community-wide food purchases, alongside a suite of community interventions.

Marketing practices

There were no new initiatives through the *HEAL Strategy* timeline that related to in-store stocking and marketing practices or programs to improve food offerings in food retail stores. However, there were two existing policies. *Menu Kilojoule Labelling* has been required on 'ready-to-eat' foods at the supermarket from early 2013. It applies to items such as hot chickens, deli salads, hot deli meals (e.g. lasagne, sausage rolls), selected bakery products (e.g. cheese and bacon rolls, custard tarts, whole cakes), sushi and sashimi (Link). The second was the Remote Indigenous Stores and Takeaways (RIST) program in partnership with the Australian Health Department and South Australia, Western Australia, Northern Territory, and Queensland (Link).

Supermarket catalogues were identified as a key area to influence:

> *"…the catalogue, I mean, Australia, apparently, is one of the big countries, I heard this from Woolworths, where people just devour the product catalogue every week and base their purchases on that, and that catalogue is full of unhealthy foods" (Health, P11)*

The relationship between the frequent appearance of abundant, cheap, ultra-processed foods and the public perception of healthy foods being more expensive had not been explored but warrants consideration.

Improving food offerings

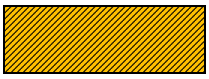
Nil. See In-store marketing practices above.

Planning and food retail

Planning tools in NSW are insufficient to support local governments if they want to encourage or exclude business types based on public health considerations. During the *Inquiry into fresh food pricing* [6] it was noted that the Greater Sydney Commission (GSC) mapped retail across Sydney to support local councils in their local environmental plans (p.43). The GSC has policy responsibility (in partnership with state planning and local governments) for zoning considerations (new proposals and re-zoning) across the Greater Sydney area (Link), however, evidence presented by the GSC stated: "The challenge for the planning system is that we cannot dictate what shops are permissible or what shops should be included within a centre other than through negotiating developments and trying to get and attract an entire range of retailers to an area" (Ms Hill, GSC, p.44) [6].

A recent study across Sydney compared food environments between less advantaged and more advantaged neighbourhoods. It found that most households had access to at least one supermarket or greengrocer, but less advantaged neighbourhoods were less likely to have them within reasonable walking distance, relying more on public or private transport than in advantaged areas. Takeaway and alcohol outlets outnumbered greengrocers/supermarkets 3:1 in about 28% of less advantaged neighbourhoods compared to 20% in more advantaged neighbourhoods, with some communities having access only to takeaway but no supermarket/greengrocer [20].

3d) Local food considerations

Overall ranking 

HEAL SD 1.4 (environments, existing): NSW Department of Planning and Infrastructure to use land use/zoning to retain, and where possible increase, opportunities for agricultural and horticultural uses to keep fresh foods available locally (Partners: Local Government, Department of Premier and Cabinet, Premier's Council for Active Living)
HEAL SD 1.5.4 (environments, existing): Develop, implement and evaluation strategies to improve the availability of healthy foods in Aboriginal communities
HEAL SD 1.6 (environments, existing): NSW Department of Trade and Investment, Regional Infrastructure and Services and NSW Ministry of Health to contribute to NSW initiative on food security research, policy and programs to enhance opportunities for access to fresh and local foods, including among disadvantaged and remote communities}
HEAL SD 3.1.2 (service, existing): Promoting breastfeeding in public policy
HEAL SD 3.3 (service, existing): Local Health Districts and Local Government to implement evidence-based sustained health promotion projects with significant population reach at the local level, consistent with the NSW Healthy Eating

and Active Living Strategy (Partners Ministry of Health, Office of Preventive Health, Non-Government Organisations, Aboriginal Health and Medical Research Council of NSW, Aboriginal Community Controlled Health Services)

PP SD 4.8 (environments, new): Coordinate an enhanced regional intervention focus in South Western Sydney Local Health District. (Department of Premier and Cabinet, NSW Health)

Mechanisms for action in food considerations

While there was a push for physical activity policy in NSW, see 2a), there was no similar sentiment echoed for a NSW food/nutrition policy. In part this was due to the role of the national food regulation system as mentioned above, but there was also a deeper narrative around having neither authority nor resources to act across so many areas (retail, food outlets, advertising):

> *"Our role in the food environment is really to look at what's available to government to help develop and implement strategies that can support government and other organizations to apply principles of healthy eating in what they're doing. We've taken a look at it from the classic perspective, also from a marketing and advertising perspective, so thinking about all those different levers. Our focus at the moment has been on developing and implementing the healthy food and drink in health facilities framework" (Health, P7)*

When asked directly about food environments participants often deflected to talk about healthy built environments, many spoke of the Ministry's work in physical activity environments:

> *"I think that, in terms of the environmental side of thing, you know it's really interesting that people talk about a Western Sydney food desert hotspot, I don't think I believe that, but I think ubiquitously, the environment, the food and physical activity environment, overall is obesogenic, we know that. So, in terms of our work in this space, we're doing a lot of work at the moment around physical activity infrastructure… Food environments, I think that's a really vexed issue. Because people think about things like fast food outlets but if you think about it really…there's a bit more sophistication we need in this part of the debate" (Health, P5)*

Planning

NSW 2021: A plan to make NSW number one had a target to "Protect strategic agricultural land and improve agricultural productivity" (p.11, Link) through the development of *Strategic Land Use Plans* to resolve land use conflicts. However, under the NSW Government directives to grow the economy it states that to deliver on new infrastructure more land needs to be made available for housing and jobs (p.5). This is likely to impact on agricultural land. Additionally, *SEPP (Rural Lands) 2008* (Link) identified the need to protect agricultural land but focused on industry. These policies were interested in food as it related to agricultural productivity, rather than ensuring the protection of a local food supply or ensuing fresh food access. A Planning participant noted that all *Regional Plans*, "in different ways, talk about the need to protect productive agricultural land" (Planning, P8). They also noted that agricultural protection needed to be considered in the context of housing and that it "made sense" for new builds to extend out next to existing neighbourhood to access services (Planning, P8).

Despite the protection and increase of agricultural and horticultural land being an action in the *HEAL Strategy*, other actions took priority, and the Ministry felt other aspects of healthy built environments captured their aims:

> *"The HEAL Strategy's now almost 5 years old, and we probably don't talk about it in terms of agriculture in the same way now. I suppose we've captured that work more broadly in the healthy built environment" (Health, P7)*

Recommendation 10 of the *Inquiry into childhood overweight and obesity* in 2016 (Link) recommended local councils address healthy eating (and active living) through their *Integrated Planning and Reporting* framework, see also 2a). After the *Inquiry*, the 2017 *Healthy Weights Forum* was hosted by the NSW Council of Social Service (Link). The forum included multiple speakers who discussed access to healthy food and the burden of food insecurity in addition to consideration of physical activity environments. These speakers presented a holistic picture of obesity risk and its determinants, but somewhere along the way food system considerations dropped off the agenda.

The Hunter Region Plan was the only *Regional Plan* that referenced healthy food environments (specifically to encourage access to local produce markets), see 2a). Local government *Local Environment Plans* need to

"demonstrate consistency" with Regional and District Plans which "vary from region to region" (Planning, P8). The absence of healthy food/eating from the *Regional Plans,* and the healthy built environment work more generally, was a missed opportunity to embed healthy food considerations into local planning.

(**Note**, policy mapping ended in mid-2019. After this, in late 2019 the Healthy Planning Expert Working Group released *Healthy Food and the Built Environment: NSW Healthy Planning Action Resource No. 3* (Link). It included a small break out box of implementation tips to support local governments to link liveability in *Regional Plans* to their own integrated planning processes).

Food and nutrition security

Ministry participants were hesitant to acknowledge a problem of food security, stating that it was difficult to articulate the problem and therefore its solutions. Food and nutrition security in NSW was framed as a problem that had not been well defined, nor had its solutions:

> *"We've also always struggled with food security and what to do because the problem is not clearly articulated, and the solutions aren't either… it's a bit blurry." (Health, P11)*

Government measures of food insecurity mask the true extent of the problem, however, data from NSW HealthStats on food insecurity reported food insecurity to be as high as 9.9% in some LHDs, well above the state average of 6.9% with many more families experiencing food stress [21]. Food insecurity increases with remoteness and as advantage decreases, and evidence shows it is a growing issue in NSW [22].

The *Inquiry into fresh food pricing* [1] was a minority party led inquiry that found food insecurity was increasing in NSW communities (Chair: Christian Democratic Party; Deputy Chair: The Nationals). It noted many experiences of food security experiences in NSW. For example, within Sydney food baskets were cheaper in lower SES communities but the quality of fruit and vegetables was also significantly lower; fruit and vegetables in particular tend to be more expensive in rural areas than metropolitan areas, which the *Inquiry* report partially attributed to lack of competition. Key recommendations included:

- The Ministry to monitor food pricing, food security and its determinants, and map food deserts
- Department of Primary Industries to "rebalance power relationships in supply chains" (p.31) and intergovernmental mechanisms to enable transparency between growers, wholesalers, and fresh food retailers – whereby opacity had enabled artificially inflated retail prices
- Establish an environmental trust to incentivise producers to minimise food waste and divert to food relief programs (e.g. subsidise transport costs to do so)
- Transport to improve the quality of roads for food transportation
- Planning to embed health and wellbeing into the regional planning system and protect agricultural land
- In both the Greater Sydney area and regionally, appropriate planning partners including local governments undertake steps to ensure appropriate retail planning and "other strategies to improve access to and affordability of fresh food, especially in disadvantaged communities" (p.47) – evidence was presented that rural areas pay more for healthy foods, particularly fruit and vegetables (p.3)
- Increase food subsidy programs, ensure adequate funding for the transportation of donated fresh food, and investigate place-based food hubs

Food insecurity in its most acute form was seen as "more of a FACS thing" (Health, P14) by Health. While FACS funded services that responded to "families not having enough to eat" (Community, P15), they were not involved in discussions around approaches to address the determinants of food security. FACS had funded the *NSW Food Program* (Link), and emergency food relief initiative, since 2013. It had also developed the NSW Food Program Guidelines (Link). FACS provided funds to (statewide organisations) Foodbank and OzHarvest for transport and distribute food to local charities that have undergone a registration process. A Ministry participant recognised that the "data from food banks would suggest that's an issue," that there was good evidence that food vouchers were effective in a "US model" and the "reason we've done very little in food security is that we've really struggled to articulate the problem" (Health, P11). In this context they referred to Australian research that healthy food is more affordable, implying the issue was less about income and more about poor choices:

> *"A healthy diet's cheaper than unhealthy, because people are spending 58 cents in their dollar on unhealthy food… So, to go out there with food vouchers… I'm not sure that's what's needed, and is the NGO space that operate in that area being effective already or are we just giving money to a food bank to do that for us?... What's the long-term, sustainable approach to food security?" (Health, P11)*

While there were no publicly available documents, a study participant noted a position in the Ministry responsible for healthy built environments was "just about to" commission a review of food deserts and swamps:

> *"The question we've never been able to answer is: 'Is there really a problem with food deserts or food swamps in New South Wales, and then were in New South Wales?'… There's no evidence of food deserts here either, so that's why we're doing this review in looking at food swamps and deserts, and the issue around food accessibility with low income" (Health, P11).*

A *HEAL Strategy* action does mention investing in research about food security for disadvantaged and remote communities, but participants were unable to identify any they were supporting.

An independent study in Sydney identified that it was easier to obtain unhealthy food than healthy food in less advantaged areas (Western Sydney) than areas with higher advantage (North Shore) and found associations with these food access patterns and higher prevalence of type II diabetes in Western Sydney [20]. This paper was referenced in the 2018 *Inquiry into fresh food pricing* [1].

Local projects to address food insecurity can include, but are not limited to, building community networks, community kitchens, community supermarkets, grocers or pantries, farmers markets, food co-operatives, mobile food vans, and developing social enterprises. The study policy mapping found no state level support for these types of initiatives. However there were some local projects, for example Sydney LHD had the *YHunger* project (Link) and South Western Sydney LHD health promotion unit had a range of food security projects (Link).

Discussions with participants in the Ministry about projects at the LHD-level such as community food hubs, community supermarkets, having farmers markets, or vegetable gardens were met with "I'm not sure that's going to solve it. That doesn't seem to be very scalable… it just seems very bitsy to me" (Health, P11).

Regional food access

Regional food access was one area of food security that seemed to have a little more traction. A participant noted that the "issue of supply into regional areas" was backed up by data that suggests "that's a problem for some foods" (Health, P11). It was noted that through the *Healthy Food Provision* work, see 4a), the Ministry had come across this issue with supply into regional areas and for that initiative they will be "working with suppliers and distributors" to ensure an appropriate food supply to meet their policy aims (Health, P11). The NSW contract (called *C801*) is the government procurement contract for food, most of which is for inpatients in public hospitals including in regional areas to supply regional hospitals. In terms of considerations for food access for regional areas:

> *"The question is can we tap into that? I think yeah… We're not even sure how we would make that work for… private business, could they tap into that contract? Maybe? Maybe not." (Health, P11)*

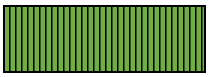
This contract has potential as a lever to improve food accessibility and affordability in a range of remote settings (including early childhood education and care settings) by leveraging off the distributors already transporting food. However low knowledge of contract applicability is a barrier.

The NSW *Healthy Town Challenge* was a competition between selected towns who received an initial $15,000 grant, plus the winning town receives an additional $5,000 for use towards improving environments. Participating towns were required to enrol locals into the *Get Healthy Service*, see 5a), develop and implement policies and initiatives focused on people and place, and partner with local businesses and community organisations. A local food retailer in one participating town tried out initiatives to improve the supply of fresh fish but "it didn't sustain itself, unfortunately" (Heart Foundation, P22). This was a common experience in regional towns and communities in terms of limited opportunities to improve access to affordable, fresh produce. The *Healthy Town Challenge* itself imposed requirements for *Get Healthy Service* enrolments on to participating towns, which was "a bit of an impost" on the limited capacity. A participant noted the focus on the grants should have been to "build community capacity" to tap into what scope of influence they did have and focus on one area at a time (Heart Foundation, P22).

There was small-scale initiative in 2007 that used subsidies to improve fruit and vegetable intake among school aged children in 2007. The program *Fighting Disease with Fruit* was available to First Nations families in a remote area who paid $5 to receive $40 worth of fruit and vegetables (with $35 was subsidised by an Aboriginal Medical Service). The program coincided with a school-intervention to ensure that fruit was served daily and resulted in improved health outcomes [23]. *Eat it to Beat It* was a Cancer Council NSW program in the Hunter region that was shown to increase family consumption of fruit and vegetables [1]. Such initiatives could be used across the board in remote communities.

4. Settings

4a) Government settings

Overall ranking 

HEAL SD 1.5 (environments, existing): NSW Ministry of Health and NSW Department of Education and Communities to improve the availability of healthy food in a range of settings (Partners: Other Government Agencies, Local Government, Official Visitors' Program, Agency for Clinical Innovation, Premier's Council for Active Living, Local Health Districts and Networks, Industry, Aboriginal and Medical Research Council of NSW, Aboriginal Community Controlled Health Services):

HEAL SD 1.5.1 (environments, existing): Introduce healthy food and catering policies in all government agencies and at the local level

HEAL SD 1.5.2 (environments, new): Deliver healthy menus in Sport and Recreation centres across NSW}

HEAL SD 2.4 (programs, existing): NSW Ministry of Health to develop, implement and evaluate healthy workforce programs in public sector agencies with a focus on physical activity, healthy eating and active travel including (Partners: Public Service Commission, Premier's Council for Active Living, All NSW Government agencies, NSW Office of Preventive Health)

HEAL SD 2.4.1 (programs, existing): Healthy workforce policies on improving the health and wellbeing of public sector employees

HEAL SD 3.4 (service, existing): NSW Obesity Senior Officers Group to investigate and leverage additional opportunities within NSW Government agencies, programs and services to provide evidence-based and relevant services and programs to the community to promote healthy eating and active living in metropolitan, regional and rural areas and disadvantaged populations

HEAL SD 4.1.4 (information, existing): Adopting the Australian Dietary Guidelines in all nutrition initiatives and programs

HEAL SD 4.1.5 (information, existing): Adopting the National Physical Activity Recommendations in all physical activity programs

PP SD 4.1 (program, underway): Revise and enhance NSW healthy food and drink policies to increase the availability of healthy choices for staff and visitors in hospitals (NSW Health)

PP SD 4.1 (program, new): Investigate opportunities to increase healthy food and drink provision in key government settings including sport and recreation centres (Office of Sport)

HEAL SD 1.3 (environments, existing): NSW Ministry of Health and NSW Food Authority to contribute to national efforts to assist consumers in making healthier food choices (Partners: Premier's Council for Active Living, Non-Government Organisations, Industry):

HEAL SD 1.3.1 (environments, existing): Improve front-of-pack labelling and support interpretation of label changes with targeted social marketing campaigns

HEAL SD 1.3.2 (environments, existing): Reduce children and young people's exposure to the marketing and advertising of energy-dense and nutrient-poor foods

There were multiple relevant *HEAL Strategy* actions for Healthy Food Provision in government-controlled settings, referred to as *Healthy Food Provision* in the manuscript.

Healthy Food Provision policies in hospital and healthcare facilities

The *Healthy food and drink in NSW health facilities for staff and visitors: Healthy Choices in Health Facilities*, 2017 (Link) uses the *Food and Drink Benchmark* (based on the national Health Star Rating (HSR) (Link)) to encourage the availability of healthier foods and drinks to staff and visitors through all vendors (cafes, cafeterias, kiosks, coffee/food carts, vending machines) at all NSW Health facilities. It denotes food and drinks under Everyday (core foods and HSR 3.5 stars and above, making up 75% of all food/drink offerings) and Occasional foods (discretionary choices and/or under HSR 3.5 stars). Occasional food/drinks are to make up no more than 25% of food/drink offerings, in addition to the removal of all sugary drinks, portion size limits and marketing limitations (not displayed in prominent locations, no value pricing, no promotional activities). The policy is supported by a Toolkit of the same name. The policy choice to align 'Everyday' foods to a HSR of 3.5 stars and above was supported by research presented in the Technical Report: Alignment of NSW Healthy Food Provision Policy with the Health Star Rating System (Link). That research found 79% of

core/Everyday foods were ≥3.5 stars and 14% of discretionary/Occasional foods were scored as ≥ 3.5 stars. NSW have used that research to justify the use of the HSR in their food policy work across the board.

While the policy reads as though it is mandatory, under Roles and Responsibilities is a table that states what the Ministry will do, and what "NSW Health facilities *can*" do (*Healthy Choices in Health Facilities*, p.12) – this distinction highlights that following the protocol is not a requirement, although it is incentivised through the LHDs: "What's different for us in this current iteration is the expectation around compliance and that there are actually mechanisms to ensure that outcome and report on compliance… there's a very strong buy-in from our Local Health Districts and so the Premier's Priority has given us a bit more weight to that." (Health, P5). Complete removal of sugary drinks (defined as "drinks with sugar added during processing excluding milk drinks", *Healthy Choices in Health Facilities*, p.13) from all NSW Health facilities is the only mandated/required element under this policy. Instead the focus has been on the Occasional foods that have the highest impact (i.e. the bigger sellers, the most energy), the "unhealthy food that predominates in those settings, so we've looked at what's sold and said, 'Let's focus on those. Let's not focus on the small stuff.'" (Health, P11).

The policy does not apply to in-patients, foods and drinks brought in from home/other sources or fundraising activities undertaken within NSW Health facilities, however, Health facilities are encouraged to follow the policy for their fundraising activities.

The *NSW Health Retail Framework* seeks to improve the more than 200 retail outlets in Health facilities, providing them with *A Food and Drink Ready Reckoner*, access to the state-wide *Procurement Portal* (NSW Ministry of Health Intranet), and online food and drink product information. Monitoring will be assessed through the *Food and Drink Benchmark* and facility input on the state-wide IT health reporting system, an addition to the existing PHIMS, see 4b), IT system, to be called PHIMS-F.

Health's engagement with hospitals was through several mechanisms. For example, some of the bigger retailers that sit in many hospitals across NSW, some even sit across several states as well as other smaller retailers:

> *"The Ministry is supporting the big ones that operate in multiple hospitals… big at a state-level, but they're operating multiple hospitals… the LHDs are working with the small ones… and there's a lot of change management required there" (Health, P11).*

Additionally, partnering with distributors to align their order lists with the Benchmark. Others view these partnerships more as a business relationship, "…in hospitals themselves, that's through a contractual relationship…. So, health as a business and seeking services 'We want these sorts of services so you can provide them or we'll give your contract away if not', without [the use of] regulation" (Industry, P17). Although not a key element of policy mapping, due to the exclusion of school aged children, the school canteens policy that sits under the same framework and is worth a mention just to acknowledge that health has also engaged food providers in this sector. Licensed canteens are run by private businesses and "they're much easier to look at… because then they're all businesses registered with the Food Authority and you can target them directly and you can even make sure it's a requirement in their contract… that's a tighter arrangement than the majority of canteens, which are [school-community organisation]-run" (Health, P11). The licensed canteens are in some ways are easier to engage than canteens run by the Parents & Citizens Associations(Link) in each school. Instead, at the time of mapping, Health was about to start partnering with distributors into school canteens to ensure the order lists that go out to schools meet their Benchmark: "we're about to start working with the distributors, and we're doing that in canteens as well as health facilities, but canteens are much easier… There's only a few distributors into canteens and we would work with them to make sure that their ordering list matches our food and drink benchmarks" (Health, P11).

Marketing and *Healthy Food Provision*

One of the four areas of *Healthy Choices in Health Facilities* is marketing. Under this focus area it recommends "prominent locations in a food outlet, value pricing, and promotional activities highlight Everyday foods and drinks" (p.9) to promote and increase healthy food/drink availability and that those same activities are not used to highlight Occasional food/drinks to decrease availability of unhealthy food/drinks. This policy is not compulsory (only the removal of all sugary drinks for staff and visitors from NSW hospital and health settings is). When it comes to hospitals and school canteens as potential sites for reducing exposure to unhealthy foods and drinks, a scoping study looking at those settings for evidence of such marketing found "Schools and health facilities aren't advertising [those things]" (Health, P11).

The first *Healthy Food Provision* practice was to remove sugar sweetened drinks from health facilities. The success of this practice was attributed to a major soft drink company owning all the vending machines in NSW health facilities, in addition to being a major supplier into existing food outlets:

"The reason [removing] sugary drinks worked really well in health facilities… was because one of our key suppliers has the portfolio. Those industry players that have been clever enough to buy water companies, juice companies, can manage this change… but the small business… are likely to lose out…" (Health, P11)

At the time of mapping, the remaining practices of the framework were being implemented with hospital and health facilities and school canteens. One of those practices was to restrict the advertising/marketing of 'Occasional' foods in these settings. Scoping work undertaken by the Ministry of Health found that advertising of occasional foods was not a common practice in health settings. Engagement with the food supply chain here includes partnerships and procurement contracts with multi-site retailers/vendors and suppliers (health settings), and in schools working directly with distributors or the licensed canteens (private businesses who are registered with the Food Authority) at the health ministry level. While for the smaller scale or single-site food outlets/kiosks in health settings are supported by LHDs.

The Ministry supported LHDs to implement the program to remove sugar-sweetened beverages locally, building tools like the *Food Finder* database and the monitoring and reporting tools. They are also supporting negotiations across common areas, e.g. vendors or suppliers, and partnering directly with large retailers who supply across multiple facilities, it was noted that "…each piece is very intensive and very resource-intensive" (Health, P7). Within the Ministry there was an expectation that health facilities will comply and there were "…mechanisms to ensure that outcome and report on compliance" (Health, P5).

(**Note**, post-mapping period. Preliminary evaluation of the implementation of *Healthy Food Provision* into NSW's 160 geographically dispersed health settings was positive, with an average of 82% of practices achieved (more than 900 food outlets and 76 retailers) [24].

Healthy food policies in other government settings

The COAG project to reduce children's exposure to unhealthy food focused on five areas including three settings (hospitals/health settings, schools, sport and recreation settings). A participant in Sport was aware of this work:

"There's some work through the COAG Health Council, they're doing some joint work with the sport ministers about healthy food provision in sport, so there is talk" (Industry, P21)

Influenced by national projects to improve food environments for children (through the Council of Australian Governments), there has been some small-scale efforts with sport and recreation centres through the Office of Sport (these include 11 camps across the state).

"The only other one we kind of admit to starting on at the moment is sport and recreation centres, so it's camps for kids, because they're… clearly a child audience, and so the benefit related to the Premier's Priority is really crystal clear" (Health, P11).

While the *Premier's Priority* action states key sporting settings including sport and recreation facilities, when asked about other possible sporting venues, such as publicly owned stadia a participant noted "there's been little appetite, so to speak" (Industry, P21). The sport and recreation camps, however, had a clear link to the Premier's Priority as they have a distinctly child-only audience, and the sport leadership supported it, who saw "that as good marketing, as well as being the right thing to do" (Industry, P21). The Ministry viewed it as an opportunity to develop skills to launch an advisory platform for other settings wanting to do the same:

"…what we could see is there's the potential for us to develop an advisory sort of platform to support other agencies in implementing the right approach in their settings… [or even extended to] provide advice to other non-government organisations or industry" (Health, P7)

A key element of the *Healthy Choices in Health Facilities* framework is to model healthy food/drink provision in a government setting (by applying the food and drink Benchmark) – i.e. the framework has been positioned that it was developed to test a model for expanding to all other government settings, with the authority of leadership "to go into other agencies where adults and children are present… [as there are] not many agencies where only children are present" (Health, P11). Without direct authority, Health has continued to develop the policy as a 'leadership piece':

"Developing the framework was intensive work. Coordinating the implementation of the framework and reporting on the data is really intensive, so I guess I would say that until we have a little bit more under our belt, we need to anchor that piece first, and then we know what does

and doesn't work and we can also then go to other agencies and say, 'This is how it could work in your settings'" (Health, P7).

Some observers noted that Health would face difficulties in disseminating the framework more broadly:

"I know that they would have liked to have seen that go government-wide… but they're keeping it a very low profile, so they don't upset people. They're getting on with implementation. I think they'll have some good findings around the healthy drink approach… I think healthy food policy is going to be a more challenging one" (Heart Foundation, P22)

Health participants identified the two key barriers for implementing a *Healthy Food Provision* across government settings. The first was ideological opposition, or not 'having the hearts and minds', especially around where there was interplay between personal choice and health benefit. In those circumstances those who were opposed wanted health to "articulate that health benefit, really hard to do" (Health, P11). The second was a concern for impact on revenue, particularly when there were other opportunities for people to go and purchase food elsewhere, "so then they're concerned that… they won't be able to rent the places, all of that, so they're legitimate concerns" (Health, P11). Non-health participants noted the difficulties of 'going it alone' and implementing Healthy Food Provision policy without the cover of it being an all-of-government policy. The Ministry felt they had a way to go still before they could get that endorsement from leadership:

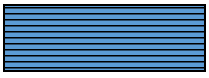
"We need to do some more work, I think, before we're in a position to raise that proposal in government on how that could work." (Health, P7)

Similar to the food provision element, the classification used for the marketing component of the *Healthy Choices in Health Facilities* framework could be directly applied to any government setting that has marketing, e.g. train stations or stadia, see 3a).

Other potential policy levers for applying food/drink promotion policies within government settings include elements of the *NSW Health Sponsorships Policy* (PD2005_415) (Link) have been included in the *Healthy Choices in Health Facilities* framework. The sponsorship policy could be extended to all NSW government settings and to those settings which receive grants from NSW government (i.e. as a condition of the grant).

Another potential policy lever for improving food availability across government (and government-funded) settings could be to expand the number of food retail vendors who can access the NSW food procurement assets, through which the government could use procurement policies to ensure healthier foods were on offer. *ProcurePoint* is an online platform through which all Government procurement occurs (Link). The Food Services section has a whole-of-government contract (number 801, Link) which reduced the number of food suppliers from 22 to 16 suppliers and the contract covers around 5000 products (it is unclear if fresh produce is included in the product lists, so may be problematic if all 5000 products are ultra-processed items). Under Clause 6 of the Public Works and Procurement Regulation 2014 (Link) all government agencies and several other public bodies are able to purchase foods from these food suppliers. These other public bodies include local governments, private hospitals/schools in NSW, public authorities of any other jurisdiction (Commonwealth, state or territory) or their contractors while under commission, and universities. Additionally, incentives could be provided for NSW based food suppliers to meet the criteria established through these contracts through the Small and Medium Enterprises (SME) Procurement Policy (Link).

4b) Early childhood education and care settings

Overall ranking 

HEAL SD 2.1 (programs, existing): NSW Office of Preventive Health and NSW Department of Education and Communities to deliver state-wide programs in early childhood, primary and high school and community settings, including (Partners: Department of Premier and Cabinet, Ministry of Health, NSW Kids and Families, Local Health Districts, Non-Government Organisations, Aboriginal Health and Medical Research Council of NSW, Aboriginal Community Controlled Health Services):

HEAL SD 2.1.3b (programs, existing/new): The Children's Healthy Eating and Physical Activity Program in: b) Early childhood (preschool, long day care, and family day care)

HEAL SD 4.1.4 (information, existing): Adopting the Australian Dietary Guidelines in all nutrition initiatives and programs

HEAL SD 4.1.5 (information, existing): Adopting the National Physical Activity Recommendations in all physical activity programs

PP SD 1.1 (program, underway): Refresh and strengthen physical activity and healthy eating programs in centre-based early childhood services – Munch & Move (NSW Health)

Across both *HEAL* and *Premier's Priority* documents, Early Childhood Education and Care (ECEC) settings (primarily long day care centres) were the key closed setting identified beyond the family for early childhood interventions. Research had demonstrated interventions in ECEC settings showed:

> *"…improvements in the environments in childcare centres creates an environment that supports healthy behaviours" (Health, P19)*

National context

There were two National Partnership Agreements on Universal Access to Early Childhood Education 2016-17 and on the National Quality Agenda 2015-18 (Link) to improve early education across Australian jurisdictions. COAG Education Council led commissioned *Lifting Our Game: Report of the Review to achieve educational excellence in Australian schools through early childhood interventions*, 2017 (Link) which highlighted key areas for improvement in terms of process quality (elements of educational programs in ECEC include quality interactions of organisational, emotional and instructional environment) and structural quality (staff ratios, space, group size, staff type).

Authorised under the *Education and Care Services National Law* (Link), the Australian Children Education and Care Quality Authority (ACECQA) has been the national regulator of the ECEC sector since 2012. ACECQA developed the National Quality Standards (NQS) and the National Quality Framework (NQF), they are responsible for upholding national regulation in partnership with state and territory agencies (who deal directly with the sector). Within the NQS and NQF child health and wellbeing are mentioned but without detail, "The only description we have is that children are afforded a healthy lifestyle, and that healthy eating and physical activity are promoted. Everyone's understanding of that… could differ" (Education, P23). The *Education and Care Services National Regulations* (Link) include some limited and specific nutrition requirements, but there are none for physical activity.

These national ECEC sector changes brought all ECEC services under the jurisdiction of the national government, with each jurisdiction's education department (or communities, in Western Australia) taking responsibility for ensuring ECEC services were meeting the new national requirements. The National Partnership Agreement on Preventive Health (NPAPH) funded state and territory health departments under the national Healthy Children's Initiative from 2008. That funding, half of which went into the NSW *Healthy Children Initiative*, was discontinued early in 2014, with a change of government, although the NSW Government continued to fund it from its own budget.

The *feedAustralia* initiative (Link) is a Commonwealth funded, online menu assessment and advice tool for ECEC services to use. While it was developed in NSW it did not include some of the *Munch & Move* practices (see below under NSW health context) around ensuring sufficient iron intake, "For our LHDs, if the service does their own menu review [with *feedAustralia*], it won't meet the practice. So we have to double handle… from some of the LHDs, which is a few (not many) numbers, the feedback they're getting isn't very positive. Just because it's IT based and cooks don't have access to computers, and they're not computer literate so there's a lot of challenges there" (Health, P10).

NSW Education context

In NSW long day care is by far the largest provider of ECEC services and preschool education in NSW. While historically NSW has not directly funded long day care, with the Commonwealth they have become a funding source through policies to fund preschool programs, and ensuring Universal Access to preschool for children aged 4 years, with additional funding for children aged 3 years under several targeted streams (i.e. parents have Health Care Card, Preschool Disability Support Program, *Starting Strong* for Aboriginal families) (Link).

The NSW Department of Education *5 Year Strategic Plan 2012-2017* (Link) included targets for ECEC:

- Equal access to preschool in 12 months before formal schooling
- All Aboriginal 4yr old children access preschool (the Aboriginal services team manage and ECEC program, *Walking Together* (Link)).
- Increase *Best Start* literacy and numeracy results (at school start)

NSW Department of Education positioned the aims of the NQF changes as cutting red tape, providing greater sector clarity of requirements, and improvements to oversight and support (Link). Education has the role of engaging with ACECQA and the intergovernmental forums for education (i.e. the COAG Education Council, since 2021 called the Education Council). They were a key NSW stakeholder if seeking national consistency in food and physical activity standards in ECEC settings.

The Early Childhood Directorate (the Directorate) was a branch of the NSW Department of Education (Link) responsible for ECEC centre registration and sector regulation in NSW (Link). The Directorate regulates ~5400 services including Long Day Care, Preschool, Mobile service, Family Day Care, home based care, and occasional care. The *Compliance Policy: Early Childhood Education and Care: Quality Assessment and Regulation* states: "Families have an expectation that the Department of Education will actively promote compliance with relevant legislation to ensure the health, safety and welfare of children attending education and care services" (p.4, Link). At the time of mapping, it was estimated that 250,000 NSW children aged 0-5 years attended long day care centres and approximately 50,000 attended family day care.

The Directorate are driven by the importance of preschool education. There is national funding ensuring universal preschool for children aged 4-5 years, and NSW provides additional funding to ensure universal access for children aged 3-4 years. Reviewing their own data, "access for 4-5 year old's to preschool… the first group of students had actually gone through NAPLAN testing so we were able to connect the two… we've identified that they will have a better start if we can fund 3 year old's" (Education, P23). This does leave a bit of a gap in the focus from the Directorate for children in care aged 0-3 years. Their data identified that long day care centres were less likely to be meeting NQS than preschool-specific settings. Several narratives emerged from the Directorate, including prioritisation of educational attainment versus wellbeing and obesity as low priorities, as evidenced by the latter's absence from the strategic plan. Obesity prevention itself is not likely to be a useful narrative when engaging with the ECEC sector. Their priorities focused on preschool (education) funding, disability, and support for First Nations children in ECEC services and sector engagement focused on:

> *"There's a lot about giving children that best start, between nought to five. Giving children that self-motivation to want to eat healthy to want to participate in physical development (Education, P23)*

The Directorate viewed their role as sector engagement and support, but presented conflicting views about their role and ability to influence the sector:

> *"Because they're private operators, we're not directly responsible for what they do at their services. We can only give them the information [about Munch & Move] …*
>
> *…we're in that position to be able to give quite a lot of information where the services will actually do it if we say to them to do it, because we're the regulator. We're in a prime opportunity to reprioritize, make it a key priority" (Education, P23)*

The Directorate Authorised Officers collect information for reporting through their electronic monitoring system – eSAM – which can be collated at the state or national level through ACECQA. In NSW the Directorate use this data to engage with the sector and provide large training sessions if multiple centres need additional support on similar components. The part of the Directorate that engages directly with the sector is composed of six managers, each with around 20 Authorised Officers in their teams. They have a committee with representation from each team that feed up issues being experienced by services, "…then whatever is discussed at that team meeting is shared and we find appropriate resources… we'll hunt something down that will support them" (Education, P23).

Additional programs and supports for the sector and children attending services include:

- The Department of Education supports a range of sector development programs and requirements (Link)
- Ngroo *Walking Together* program (linked to *Start Strong* (Link) initiative, First Nation children to receive 600 hours/ year of preschool (at preschool or long day care)) to help ECEC centres to engage First Nation children
- Community Safety program (Start Strong Community Safety Net, a program being developed/ piloted, to ensure ECE programs in very remote regions of NSW)
- Professional development grants (centre-based and mobile preschools) – closed

The *NSW Education Standards Authority* manages the accreditation process for early childhood teachers, known in the sector as Educators (Link), and there are additional training opportunities for the sector to apply guidelines on nutrition and movement via NSW tertiary settings, e.g. *Healthy Eating and Physical Activity Resource Package for Early Childhood Qualifications* (Link).

NSW Health context

Good for Kids was a community-wide strategy in the Hunter New England area (led by the local LHD), aimed at obesity prevention for children aged 2-12 years and included organisational capacity building in community settings. It did not have a broad environmental focus, instead focusing on key settings (ECEC – specifically the 128 preschools in the region (average age 4 years) and 178 long day care centres (six weeks to six years), primary schools, health services (40 hospitals, 57 community health centres plus approximately 700 GPs) and some community organisations (including 36 NGOs providing home visiting services – provide information on healthy eating and being active) such as junior sports clubs, Aboriginal health and community services. The only food environments consideration given was to food provision within Hunter New England LHD vending machines and food outlets but to no other settings within or beyond government control. The intervention in ECEC settings served as the basis for the *Munch & Move* program.

Munch & Move was the key program for early childhood obesity prevention in NSW, described in HEAL SD2.1.3b and PP SD1.1 above. Commencing in 2008 with Commonwealth funding, it is now solely funded by NSW. The Office of Preventive Health (OPH) centrally managed the state-wide *Munch & Move* program (Link), implemented locally through the dedicated health promotion workforce in each of NSW's 15 Local Health Districts (LHDs). Centre based long-day care was the primary target of the program that provides support at the carer/educator, cook, and management level to improve food offerings, opportunities for being active and minimising screen time, appropriate sleep, curriculum development, and procedural and policy support. Its aims were to support healthy lifestyle behaviours around nutrition, being active, and sleep. The program centres on 'practices' for the centre to attain and had approximately 90% reach at the time of mapping (Health, P19). Data on this progress was documented in the Public Health Information Management System (PHIMS), which allowed for LHDs and those within the Ministry to see activities presented in a dashboard style: "we can actually see the ones that aren't doing so well, and then go to those Local Health Districts and help provide additional support around it" (Health, P5). The OPH provided training to the appropriate staff within the Early Childhood Directorate, and centrally managed much of the training provided through the *Munch & Move* website and eLearning program training.

Program 'practices' were periodically reviewed in an ongoing quality improvement cycle as they are embedded by centres participating in the program.

> *"We used to just ask, 'Do you have a policy?' So it'd just be 'yes' or 'no'. Whereas now it's like, 'Do you have a policy and if yes, does the policy contain these elements?' … [now we're] guess reviewing each policy to make sure it aligns to a set of key strategies that we believe will influence those changes in the service… [e.g.] we've now introduced training for cooks… a three-hour workshop… about the guidelines and how to actually plan the menu and some of the challenges. We have a practice to monitor that as well" (Health, P10).*

The *Munch & Move* practices were reviewed in line with the NQF, and its updates in 2017. The Health Promotion Team in each of the LHDs develop ongoing relationships with the ECEC centres a specific skill set of relationship building that may not be captured in PHIMS. This enabled the LHDs to better engage ECEC settings and provide them support to attain their requirements under the NQF:

> *"We go in with… 'We're here to help you no matter what… we'll help you with adhering to the regulations'…there's so many resources within the program and it's free. It's just like, 'Oh my gosh, you guys give us so much.' So it's always been positive" (Health, P10)*

While there were (limited) national regulations about food/nutrition, there are less supportive structures for physical activity/movement. Despite their being new national movement guidelines for 0-5year old children there are limitations to what NSW Ministry can do at the national level with ACECQA, "there's no actual mechanism other than the lobbying and feedback sort of thing." (Health, P19). ACECQA have better opportunities to "to be able to actually get nationwide coverage of set programs rather than just state-specific" (Education, P23). The Directorate were aware of the significance of the ECEC setting for early childhood, "Children are in care from 7 o'clock in the morning till 6pm, sometimes five days a week. So the majority of their physical activity and healthy eating is coming from services" (Education, P23). There were opportunities for better knowledge exchange between health and education, at the time of mapping the relationship with the Directorate overlapped "through the synergy between the practices and the quality framework. There's not a direct, regular, ongoing relationship there" (Health, P19). The relationship between the OPH and The Directorate around *Munch & Move* and sector engagement was best summarised as unidirectional. The OPH provided an initial training session in 2016, followed by a refresher in 2018 which also included access to the online training modules that are provided to ECEC services. The approximately 120 Authorised

Officers that go into ECEC services can then provide referral information about *Munch & Move*. These Authorised Officers regularly visited services to ensure NQF compliance, entering local data into the national e-SAM data system. This presented a potential lever for establishing sustainable data monitoring around food and movement environments in ECEC settings but requires lobbying with ACECQA to ensure it is a requirement (and therefore funded). The Directorate felt they have the potential to make valuable contributions to the obesity prevention policy space in NSW, but were not participants at HEALSOG meetings:

> *"I think we would have enough research to start informing New South Wales policy… I'm not sure how we'd go with other departments… it almost seems a bit silly that the early childhood component doesn't have a representative [at HEAL SOG meetings] considering the nought to five component is so vital… Just to have a bit of input into what we can do and what we can offer" (Education, P23)*

Training was provided to the six Early Childhood Directorate managers about the *Munch & Move* practices and resources, and access was provided to the online learning modules for them to pass on to the Authorised Officers in their teams. Authorised Officers then engage with services about physical activity "…about implementing fundamental movement, having a look at children's different capabilities, etc, but it's not prescribed in the law. There is actually no regulation that says you must give children exposure to physical activities" (Education, P23).

Caring for Children: Birth to 5 years (Food, Nutrition and Learning Experiences) (Link) is a resource that supports the *Munch & Move* program aims. It was developed for cooks, directors and educators to meet nutritional needs of children 0-5 years in care in 2014. The resource includes serve sizes and number of serves both per day and to provide while in care for infants (6-12month) toddlers (1-2 years) as well as for children aged 2-5 years and intersects with the *Munch & Move* program.

Three areas for sector improvement were identified by relevant participants: meeting the physical activity practices, training to enable ECEC centre staff to upskill their colleagues, and engagement with parents. There was broad recognition from health and education that engagement with parents can be difficult, but was worthwhile:

> *"It's hard for childcare centres, as it is for other health professionals at times, to actually say to a parent… 'You could do something better'" (Health, P19)*

> *"[Establishing a new] working group where we're looking at some policies for families. How they [services] can inject some information to families" (Education, P23)*

Family Day Care and Supported Playgroups

An estimated 50,000 children aged 0-5 years were attending family day care in NSW at the time of mapping (Health, P10). These services had higher attendance of culturally and linguistically diverse children and children with specialised needs such as physical or developmental disability:

> *"We find a lot of non-English speaking families use family day care… you also get children with special needs or higher needs going through family day care because they're once again getting more personal care" (Health, P10).*

Targeting family day care would likely support families experiencing disadvantage. While engagement with long day care had been consistent since 2008, engagement with family day care had been sporadic over the same period. While receiving NPAPH funds, Family Day Care coordinators were trained under a 'train-the-trainer' model, and "additionally provided the Family Day Care Association with some funding to support them to keep training their educators" (Health, P10). This was dropped when the NPAPH funding stopped, but it had renewed interest under the *Premier's Priority*. At the time of mapping *Munch & Move* was in the process of "expanding into family day care" (Health, P19).

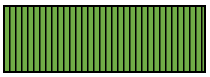
Supported Playgroups were services provided to families in need of additional support through Families and Community Services partners. Resources similar to those within the ECEC sector were developed and distributed, but additional support was not provided (for more on this see Link and Link).

Food supply into regional/remote ECEC settings

The whole of government Food Services procurement contract *Number 801* is with food suppliers into health settings, but non-health and non-public settings such as private hospitals and non-public schools in NSW are permitted to use these suppliers, see 4a). These types of contracts present an opportunity, if extended into ECEC settings, to ensure a stable and healthy food supply into ECEC settings especially in consideration of transportation/distribution issues experienced in rural and remote areas.

5. Services

5a) Preconception, pregnancy and birth

Overall ranking 

HEAL SD 2.2 (programs, existing): NSW Office of Preventive Health to deliver and evaluate the NSW Get Healthy Information and Coaching Service, which provides tailored health coaching for adults with healthy weight, nutrition and/or physical activity risk factors for chronic disease and enhance the service to provide tailored support for (Partners: Ministry of Health, Multicultural Health Communication Service, Non-Government Organisations, Agency for Clinical Innovation, Aboriginal Health and Medical Research Council of NSW, Aboriginal Community Controlled Health Services, Medicare Locals [Primary Health Networks]):
HEAL SD 2.2.1/2.2.2/2.2.3 (programs, existing/new/new): Aboriginal people/ Culturally and linguistically diverse people/ pregnant women
PP SD 2.1 (service, underway): The Get Healthy in Pregnancy Service is being rolled out, commencing with ten hospitals before becoming progressively available state-wide (NSW Health)

Preconception

The main program in NSW for pre-conceptive health is the *Get Healthy Information and Coaching Service* which is not aimed at pre-conception per se, rather it is a telephone-based healthy lifestyle coaching program, led by participant goals with up to 10 sessions with a trained coach over a six month period (Link) – available to any adult residing in NSW. Some collateral for the *Get Healthy in Pregnancy* program (see pregnancy programs below) note that it is possible to enrol into this program while planning a pregnancy. For pre-conception, maternal health is centralised, the Service can "…assist in women who are wanting to become pregnant to achieve a healthy weight," whereas paternal pre-conception health is less well articulated in this narrative: "I mean, if men want to become healthy before they become fathers then they could equally go into the *Get Healthy Service*" (Health, P19). The *Get Healthy Service* is managed by a third-party organisation, overseen by the OPH, who employs coaches to deliver the different modules of the program and reports back to the OPH. As such, it does not report through PHIMS.
A brochure has been developed for those planning a pregnancy includes nutrition advice for consideration about 3-6 months prior to conception (*Thinking of Having a Baby* ((Link)). It does not include information on physical activity, it is unclear how this brochure is distributed to prospective parents, and as approximately 50% of pregnancies in Australia are unplanned it is not clear how such messages would reach those not explicitly seeking out this information.

Pregnancy

In the Australian public health system, pregnancy and birth health care are delivered through either or both primary and tertiary health settings – jurisdictional responsibility is shared between the state and the commonwealth. The Royal Australasian College of Physicians reported the fragmented nature of antenatal care in NSW in their submission to the *Parliamentary Inquiry into Support for New Parents and Babies*. Submissions to the Inquiry noted that antenatal care offered by NSW at public hospitals or midwives' clinics were not equally accessible across the state (Link).

There were service gaps for pregnant mothers to learn about their own health and preparing for parenting and other early infancy considerations, such as breastfeeding, prior to giving birth. Brochure distributed to all clients through the antenatal clinics include:

- *Having a Baby book* (Link) has a section on breastfeeding, recommends daily exercise throughout pregnancy and provides healthy eating information.
- *Breastfeeding your baby* (Link)

The Office of Preventive Health funded the *Get Healthy in Pregnancy* program (Link), a modified program within *Get Healthy Information and Coaching Service*, its purpose was "achieving healthy gestational weight gain" (Health, P19). There was also a program for First Nation pregnant women the *Aboriginal Get Healthy in Pregnancy* program (Link). Participants in either were offered 10 sessions with a health coach over the phone throughout pregnancy and postpartum. The service was delivered by a third party (Healthdirect/ Remedy Healthcare) who provided training to coaches with appropriate qualifications. An evaluation report found positive healthy lifestyle behaviours (Link).

Birth and continuity of care

The *Legislative Assembly Inquiry into New Parents and Babies* in 2018 found service gaps in the provision of health services and continuity of care [6]. There was fragmentation within and between services, e.g., Child & Family Health services are in Community Health settings and organisationally sit separately from the Health Promotion Units within the LHDs; continuity of care was highlighted especially as an area of need for the perinatal period:

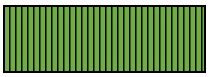
> *"I think there are quite a lot of services early on, but you hit six weeks and you're shattered… Is someone checking in at those later points when the reality hits? And often other things might kick in like postpartum depression or other things" (Community, P15)*

A key finding of the *Inquiry* was that "Co-located health, housing and community services can reduce fragmentation and improve access to services for new parents and babies" (p.5) [6]. It made several recommendations relevant for this study including:

- Recommendation 2: collaboration between Health and FACS for continuity of care
- Recommendation 12: prioritise Baby Friendly Health Initiative (BFHI) accreditation for all public hospitals across the state
- Recommendation 13: the Ministry to support LHDs to increase the number of community health facilities that have BFHI accreditation

Breastfeeding in NSW – Promotion, Protection and Support (Link) was a policy directive distributed to the Ministry, tertiary education institutes, public health system, Public Health Networks, local councils (environmental health officers), NSW ambulance. In addition to providing the framework for implementing the BFHI across the health system, it also makes recommendations for private health settings and other government settings, e.g. under local could environmental health officer jurisdiction. At the time of mapping there were only 10 services with BFHI accreditation.

5b) Family-orientated services

Overall ranking 

There were 15 *HEAL Strategy* actions and two *Premier's Priority* actions for this policy area.

HEAL SD 2.1.1 (programs, new): The Healthy Beginnings telephone-based support service to promote healthy eating and physical activity to parents of children 0-2 years
HEAL SD 2.1.2 (programs, new): Healthy Habits telephone-based support service to promote healthy eating to parents of children 3-5 years
HEAL SD 2.1.3a (programs, new): The Children's Healthy Eating and Physical Activity Program in: a) Supported Playgroups

HEAL SD 3.1 (service, existing): NSW Kids and Families, NSW Ministry of Health, Local Health Districts and Non-Government Organisations to promote initiation and duration of breastfeeding as a way to provide good infant nutrition and reduce the risk of overweight and obesity in childhood, adolescence and early adulthood, including (Partners: Medicare Locals, Local Government, Aboriginal Health and Medical Research Council of NSW, Aboriginal Community Controlled Health Services):
HEAL SD 3.1.1 (service, existing): Implementation of the NSW Ministry of Health Policy Directive PD2011_042 Breastfeeding in NSW: Promotion, Protection and Support
HEAL SD 3.1.3 (service, existing): A specific focus on addressing the special needs of groups at risk of low breastfeeding rates, particularly Aboriginal women

HEAL SD 3.2 (service, existing): NSW Kids and Families, Local Health Districts and Agency for Clinical Innovation to incorporate healthy eating and physical activity into existing services and programs including (Partners: Ministry of Health Office of Preventive Health, Aboriginal Health and Medical Research Council of NSW, Aboriginal Community Controlled Health Services):
HEAL SD 3.2.1 (service, existing): Sustaining NSW Families health home visiting program
HEAL SD 3.2.2 (service, existing): The Healthy Kids Check national screening program for children at four years of age

HEAL SD 3.2.3 (service, existing): The Aboriginal Maternal and Infant Health program and Building Strong Foundations for Aboriginal Children, Families and Communities Strategy
HEAL SD 3.2.4 (service, existing): Universal early childhood health services from birth to four years, including health promotion and screening strategies and use of the Personal Health Record (Blue Book) to monitor children's weight from birth and Body Mass Index from two years of age

HEAL SD 3.4 (service, existing): NSW Obesity Senior Officers Group to investigate and leverage additional opportunities within NSW Government agencies, programs and services to provide evidence-based and relevant services and programs to the community to promote healthy eating and active living in metropolitan, regional and rural areas and disadvantaged populations

HEAL SD 3.5 (service, existing): NSW Ministry of Health and NSW Office for Preventive Health to investigate and leverage additional opportunities within NSW Government agencies, programs and services to provide evidence-based and relevant services and programs to promote healthy eating and active living in Aboriginal communities (Partners: Aboriginal Health and Medical Research Council of NSW, Aboriginal Community Controlled Health Services, Local Health Districts, Agency for Clinical Innovation)

HEAL SD 4.1.4 (information, existing): Adopting the Australian Dietary Guidelines in all nutrition initiatives and programs
HEAL SD 4.1.5 (information, existing): Adopting the National Physical Activity Recommendations in all physical activity programs

PP SD 2.2 (service, new): Test the feasibility of developing a state-wide telephone coaching module for parents of children 2–6 years (NSW Health)
PP SD 2.3 (service, new): Test the feasibility of additional support for parents of children aged 0–2 years using a combination of text messaging and telephone coaching (NSW Health)

Universal child and family health services

Healthy, Safe and Well: A strategic health plan for children, young people and families 2014-2024 (Link) was an overarching policy framework supporting women and babies in the transition across the perinatal period (from conception, to birth, to accessing postnatal services). In the early postnatal period (within the first two weeks) all new parents were offered at least one contact in their home under the *Universal Health Home Visiting* program, which sits under the *SAFE Start Policy* (Link). For an example of the usual practice see *Universal Health Home Visiting SESLHD Procedure* (Link). At or before this visit, the ongoing needs of families are determined in terms of usual care, through universal health check-ups, or referral to other services including *Sustained Home Visiting* offered at five sites at the time of mapping (Link). This method of enrolment is consistent with a non-stigmatising approach (see the next section for more information on this service). The *Parliamentary Inquiry into Support for New Parents and Babies* found that "Universal child and family health services for new parents and babies can be inconsistent and fragmented," to which it makes Recommendation 1 "That NSW Health appoints a coordinator in each local health district to coordinate health related services for new parents and liaise with the Department of Family and Community Services, and non-government organisations" [6].

In June 2018 an announcement was made for the *Parents Package* ($157 million) to increase midwives and child and family health nurses, some of which to be directed to childhood disease research (allocation, $5 million) (Link). This package included 100 more midwives (to bring total to 3020, allocated $9.3 million) and expansion of the universal (single) home visit where parents can opt for a second home visit within the first month, including a partnership with NGO Karitane for the provision of virtual home visits (allocated $4.3million).

The universal home visit connected families to their local *Child and Family Health Services* (Link), a free service run by specially trained Child and Family Health Nurses and of other health professionals. These services offer scheduled assessment to align with developmental milestones from birth to four years of age, guided by the policy directive *Supporting Families Early: Maternal & Child Health Primary Health Care Policy* (PD2010_017) (Link). These checks are noted in the Child Personal Health Record (*Blue Book*) that is distributed at the child's birth. The *Blue Book (Child Personal Health Record)* (IB2013_028: Link) is the personal health record for each child from birth, given to families at the hospital (or first universal home visit). It contains some basic information about child developmental stages, when to come to health checks at the Family and Child Health services, and where to find out more information on a range of parenting topics. It also serves to note down important milestones including charting child weight and height growth. The *Blue Book* acts as a communication tool with families to help identify any issues early and provide

information about where more support can be found. To enhance the utility of the Blue Book, NSW Health and the Child and Family Health Services were "trailing it as an ebook and they want to trial it as an app" (Health, P10)

The *Child and Family Health Services* also offer drop-in clinics to provide support on a range of issues relating to feeding, development, and parenting. The Child and Family Health Nurses receive training to identify and provide referrals to families who need additional support from other services, for example:

> *"…if someone's struggling financially, they'd have to refer them to someone else that would be able to assist them…" (Health, P19)*

The *Breastfeeding in NSW: Promotion, Protection and Support* (Link) policy directive also applies to these settings.

These universal services used to be until a child was 8 years of age but at some point that lowered to children aged about five or six years. Information for parents and caregivers about child and family health issues and services is available online (Link) in addition to a directory of NSW Child and Family Health Nursing Clinics (Link). Other relevant brochures and booklets available to families (usually distributed by Child and Family Health Nurses) include:

- Pre-conception: *Thinking of having a baby - planning a pregnancy and becoming pregnant* (Link)
- Pregnancy: *Having a baby* (Link) includes information on pregnancy and seeking health support throughout pregnancy, birth and beyond
- *Breastfeeding your baby* (Link)
- *Starting Family Food* (Link)
- *Dad knows breast is best* (video) (Link)
- *Safe sleeping for our babies* (Link)

The *Starting Family Food* brochure was

> *"about breastfeeding through to starting solids because we know that a lot of people don't understand how to introduce solids and at what age and everything… and it can be ordered by various agencies. But mainly it's used by child and family health nurses as a communication tool" (Health, P10)*

Additionally, FACS funded a Parent Line to:

> *"…provide that kind of support in terms of information, referral and counselling, which is reasonably being used. But I don't know how many people know about it. I don't know how it's promoted…We need to get that idea out there that asking for help is good. It's showing that you're a really strong, engaged parent. And that you have a right to that assistance like everybody else" (Community, P15)*

Targeted Services

In addition to the *Universal home visiting program*, some families who need additional support are identified at the initial *Universal home visiting program* visit (and thus program enrolment is non-stigmatising) and then supported through the *Sustained home visiting program*. Support under this program can last up to 20 visits up to two years.

Targeted home visiting programs are available for specific populations (rural and remote, Aboriginal, and culturally and linguistically diverse families), in addition to the initial (one-off) universal home visiting program (see 5b.1 for universal programs). These programs happen sporadically across LHDs. *Sustaining NSW Families* is the largest home visiting program led by CFH nurses, to support families in need of additional support (pregnant women are identified for enrolment when they book into a public hospital or when the universal home visit happens) across nine locations in NSW – Central Coast LGA, Lower Hunter/Newcastle LGA, Fairfield/Liverpool, Arncliffe/St George/ Sutherland, Kyogle/Lismore/Richmond Valley/Ballina, Campbelltown/Macarthur, Canterbury, Auburn/Parramatta/Holroyd, Illawarra Shoalhaven (Link). These programs are offered until the child is two years of age: "…over a long period of time and it's for families where vulnerabilities have been identified" (Community, P15). Families who had not already been identified for additional support during the antenatal period can also be enrolled into a sustained home visiting program (through the universal home visiting), which runs until the child is two years old. These types of early intervention services can act as an ongoing link between community and health services:

> *"…with our vulnerable families and our kids, if we want to catch them early, there are only certain points when we have that [opportunity when they engage with services]. The ones we're most*

worried about are the ones that are more isolated. There are only certain points where you're going to catch them… Even though antenatal feels a wee bit left field I feel that if we could catch them then, that's the time… Health are our biggest referrers" (Community, P15)

Future Directions for Social Housing [2], also see 1a), was a joint policy collaboration between FACS, Health, Education, Justice, Planning & Environment, and Industry clusters. It highlighted the need to specifically "Deliver a *Home Visiting for Mothers and Babies* program in social housing areas" (p.18). Funding allocated under *Brighter Futures* extended *Sustaining NSW Families*, the largest home visiting program led by child and family health nurses, although it was only offered at nine sites in 2017. Other sustained home visiting programs were run through NGOs. The NCOSS submission to *Parliamentary Inquiry into Support for New Parents and Babies*, advocates for rolling out this program statewide (Link).

The initial *Healthy Beginnings* trial was embedded into existing *Sustained home visiting* services and supported vulnerable families in some LHDs. It was shown to be effective at reducing obesity prevalence at follow-up compared to usual care under among families enrolled in sustained home visiting service and was thus effective at preventing obesity in early childhood among vulnerable families. At the time of mapping, efforts were underway to scale up the training for Healthy Beginnings across practitioners involved in home visiting services and to embed into usual practice and all program resources are freely available on their website (Link), see next section for more.

Supported Playgroups were a setting available to support vulnerable families including single and young parents, socially and geographically isolated families, Aboriginal families and culturally and linguistically diverse families. They are supported by Playgroup NSW and Families NSW. *Healthy Supported Playgroups* was a trial to use the supported playgroup setting as a potential site for targeted intervention [25] but was discontinued after the initial trial. The resources and materials developed by the Office of Preventive Health during the trial were distributed by LHDs to those NGOs running supported playgroup sessions, but it was not an ongoing program with support for the NGOs running Supported Playgroups:

"I won't say it's a program, we have a set of resources that we developed for Supported Play Groups… and our LHDs at the moment are just distributing them out to the Support Play Group organisations so they've got access to them" (Health, P10)

In NSW there were hundreds of NGOs providing services and programs in the early intervention space. FACS maintained a central spreadsheet that itemises activities:

"…in terms of programs and the actual services they deliver. It would include all the Supported Playgroups. It would include drop-in centres, youth centres, youth workers… counselling, family support. Organisations that would coordinate support for families" (Community, P15)

The *Human Services Outcomes Framework* (Link) identified seven wellbeing outcomes in a cross-agency framework. These outcomes included health, economic, home, safety, social and community, empowerment, education and skills. It aligns with the *Outcomes Budgeting* ethos [see SIF3C]. In parallel to the Human Services Outcomes Framework FACS was interested in supporting NGOs delivery evidenced-informed practice. At the time of mapping *Targeted Early Intervention* funding had just been guaranteed for three years between FACS and their NGO partners, who among other services deliver parenting programs and other types of family support in the early intervention space. FACS reported that they were interested in building and developing resources with the sector,

"…we've realised that a lot of people are doing their own thing. A lot of services are often taking from other parenting programs and adapting it for the parents their working with, or just creating their own… Like I'd love… the sorts of resources services need to be able to build strong program logics, to be able to access evidence and to go on to be able to use the evidence" (Community, P15)

Aboriginal services

The *Aboriginal Early Childhood Service* was available through Early Childhood and Family Health and Aboriginal Medical Services. The *Parliamentary Inquiry on Support for New Parents and Babies* [6] notes under Finding 5: "Aboriginal children face disproportionately greater challenges arising from intergenerational trauma, violence and abuse" (p.38), and "Positive outcomes have been achieved for Aboriginal families by co-locating Aboriginal Maternal and Infant Health Services (AMIHS) with services provided under the Building Strong Foundations program. The services, located at over 40 sites across the state, work closely together and provide a good transition from midwifery to child and family health services" (1.26, p.5). The *Inquiry* recommended FACS increase the funding for these services

across the state to increase service range and emphasise nutrition. See the AbSec submission to the *Inquiry* for additional information (Link).

Some local programs included:

- *Yarnamaru* was a service to support healthy growth and development for Aboriginal children and their families up to 2 years which operates in the Greater Sydney area.
- *Deadly Tots: Love Yarn Sing Read Play* was an app with an associated website that was developed around southeast, inner west and northern Sydney regions, overseen by Families NSW, funded by the Ministry and FACS (Link). Families NSW also hosts the *Resourcing Parents* website for Aboriginal and Torres Strait Islander parents about early childhood and learning events (0-5 years).

A Community participant noted the "really good evidence-based approach" used through the Aboriginal Child and Family Centres whereby local communities "self-identify people who are potentially isolated or at risk" and felt a similar approach could be utilised among culturally diverse communities (Community, P15).

(**Note**, Aboriginal Community Controlled Health Organisations contribute significantly to addressing the determinants of health for First Nations communities in Australia [3], but the NSW organisations were not mapped for this study as they are funded by the Commonwealth Government).

Programs

Program development was typically driven by LHDs with research support provided by universities. Funding changes over the last 10 years have reduced local research capacity (including the number of staff with research skills):

> *"…without external funding there's no capacity for them to develop their research skills because there's just no funding for that. So they only can just do lots of simple process evaluation" (Local Health District, P20)*

Organisational support at the Ministry and at the LHD-level is needed for both the initial investment into research all the way through to translation across the health system

> *"Sometimes the other organisations [LHDs] think 'why are we doing research? We just implement. That's all we need'. That really depends on the vision of the organization whether they see the value of the research" (Local Health District, P20)*

NSW Health took a primarily programmatic approach towards the first 2000 days. The Office of Preventive Health (OPH) was responsible for state-wide programs and due to the *Premier's Priority* obesity prevention was "front and centre for most of our work" (Health, P19). The OPH was overseeing the development of a suite of state-wide obesity prevention programs at the time of mapping.

The first 1000 days

The *Get Healthy Service* is a program available for people of childbearing age, consisting of several telephone support sessions guided by a coach. The *Get Healthy in Pregnancy* program was an additional module aimed at healthy gestational weight gain through the same government funded, third-party provided, service. Also see 5a).

Additionally, there were two key programs under development for families of children aged 0-6years at the time of mapping.

Healthy Beginnings (Link) was a program that developed through a LHD as a health promotion/obesity prevention program, aimed at mothers from third trimester until the child was two years old and embedded in a targeted home visiting service in one LHD. It's journey from research question to program commenced in the early 2000s. It started as a targeted service, delivered in a staged process (to align with child developmental milestones) through existing targeted home visiting services for families identified as needing additional support:

> *"Five years of background work enabled a… good research protocol to take to next step [receiving a Demonstration Grant]. Without this part, the five years of work, it would have had no chance… we've got passionate staff who are in their positions for a long time… obviously you need a stable workforce for that… [but] often there is a lack of a career opportunity… in terms of research, they plateau" (Local Health District, P20)*

The decision was made early to engage the Family and Child Health Nurses as the most appropriate workforce to deliver programs for the first 1000 days. The research undertaken identified that there was a real need for social support for new mums which home visiting services could provide. The key concept of *Healthy Beginnings* was using a staged intervention that corresponded to child developmental milestones. The study had more impact for families with a household income of less than $40,000 but overall:

> *"Home visiting is effective in terms of obesity prevention in young children. Of course, there's another issue regarding the cost involved" (Local Health District, P20)*

Healthy Beginnings was found to be efficacious, but costly. There were **four outcomes** of the *Healthy Beginnings* trial. The **first outcome** was to investigate the integration of the *Healthy Beginnings* program consistently across all targeted home visiting services in the state from the LHD that held the trial to the remaining 14 LHDs across the state. It was identified that "the most critical part" was that support was needed at a "higher level" to garner support across LHDs to integrate *Healthy Beginnings* locally. The absence of higher lever support led to passive dissemination as LHDs have:

> *"…limited capacity to push the various projects to other districts, … [we used] conferences to promote our research [and] hopefully someone sitting there [would] say 'we would like to initiate this in our local district'… but how can we communicate it to a high level and [get their support] to integrate the program. That's the most critical part" (Local Health District, P20)*

The **second outcome** was to develop a more cost-effective delivery model of the *Healthy Beginnings* trial, as a universal program, testing both telephone and SMS support modes (with written materials posted out) against a control group. The *Communicating Healthy Beginnings Advice by Telephone* (CHAT) (Link) used evidence from *Healthy Beginnings* to scale up across four LHDs and provide either telephone or SMS support.

The aim of the scale up was to be low cost, with a broad reach (rather than a targeted service) and maintain early childhood nurses as program facilitators. The CHAT trial was funded through a Translational Research Grants Scheme (TRGS) grant (Link). A requirement of the TRGS was to consider the delivery of the trial program at scale. The program leads in the LHD, and supported by the OPH, were progressing conversations about where the telephone support program could be housed:

> *"We're having an ongoing conversation with the Ministry [to integrate the program] into an existing service like the Get Healthy Service" (Local Health District, P20)*

In addition to the use of the *Get Healthy Service* platform, they wanted to ensure that early childhood nurses were employed to deliver the program, due to their unique training:

> *"We don't want just the regular coaches… We are wanting to recruit early childhood nurses who are trained in early childhood health and referral and detection of depression and other potential problems" (Health, P19)*

At the time of mapping, the program had progressed to the point where preparations were being made to roll this program out state-wide, as a telephone and SMS support service for parents of young children (0-2 years):

> *"It's progressed so far that we actually think that this is one that we will roll out state-wide" (Health, P5)*

> *"We're just starting the state-wide rollout of that in terms of building the platform… [using] a combination of phone support and text messages, plus written materials that are sent out. The evidence seems to suggest that the phone works better with those people that you reach… the phone contact is necessary to establish the relationship, and so that trust and credibility comes in at that point… You can't get rid of it and just have text messages or online" (Health, P19)*

(**Update 2019**, this did not eventuate. Later research showed there was no difference in BMI between study arms, however, behavioural differences were found [26])

Further to this, a **third outcome** was to trial culturally adapted versions of the program, in both Chinese- and Arabic-speaking communities in recognition of a widening health equity gap and insufficiency of providing translated resources only and delivering a program

"…using their own language rather than trying to translate exactly from English" (Local Health District, P20)

The second 1000 days

The **fourth outcome** from the *Healthy Beginnings* trial related to a follow-up study from the original intervention, which found that without sustained intervention "early intervention effects diminish" (Local Health District, P20). The LHD research group sought out a NHMRC Partnership Grant (Commonwealth funding) to test if a continued intervention of CHAT to at least three years could "sustain effects longer term" (Local Health District, P20) and were also investigating the utility of other settings for delivery, including mothers' groups.

In addition to the *Healthy Beginnings* program outcomes, there was a second body of work aimed at parents of children aged 2-6 years also funded by a TRGS. It was recognised that although *Munch & Move*, see 4b), impacted on about 300,000 NSW children before they started school there was still a gap for children aged 2-5 years. A theme around ensuring program visibility and filling gaps emerged from the strategic approaches taken by Health at the planning level. For example, *Healthy Beginnings* would cover 0-2 years, and this translational trial was looking at the 2-6 years range. By extending the age range well past the age of school entrance, to age six, this program could ensure there would be no (perceived) service gap:

"I know why it's six, because we have our treatment program Go4Fun, which is 7 to 13. So they didn't want too big a gap between what was available" (Health, P10)

"We're looking at establishing something that two to six year age group as well, [because] we don't have any particular services that we can refer people to" (Health, P5)

The 2-6 years project investigated scaling up three program delivery modes in partnership with three separate universities, across four LHDs. The three program modes included a telephone coaching style service (like the *Get Healthy Service*), an online module, and rolling seminar style of sessions:

"…And it is likely that it will get to some combination of those things… we're definitely connected to the LHD network and we want the LHDs to be involved because then they know what's going on, they get to test it out. And then it makes scaling up much easier because you've already got working examples of how it's done" (Health, P19)

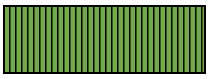
One of the programs was called Time for Healthy Habits, was adapted to six sessions to include physical activity (see protocol, Link)

To support this project, in 2017 the OPH commissioned qualitative research with parents of children aged 2-6 years in 2017. Six focus groups with 4-6 participants were undertaken across three sites in NSW: Parramatta (Sydney metro), Maitland (regional), and Dubbo (regional/rural). There were also 12 in-depth interviews with 'concerned' parents, and two paired in-depth interviews with First Nations parents. Findings: Participants were primarily interested in nutrition focused areas, although they noted the elements relating to movement (e.g. minimising screen time) were also important. They were most supportive of a delivery model of up to six sessions that had flexibility to be tailored to their specific needs, rather than a 'course'. Parents noted many things they struggled with, that were not within their control, including that "unhealthy food tastes good" (p.13) and is marketed in a way that looks appealing and the packaging appeals to children. Major barriers identified included time relating to work hours and the allure of convenient meals and snacks, which interplayed with the influence of extended family members who were relied upon for informal childcare, and the cost of providing healthy foods that may not be eaten (food waste concerns). Additional influences on child intake were the use of unhealthy foods as reward for 'good behaviour' or a treat, managing behaviour (e.g. avoiding tantrums), and unsupportive partners. In terms of language, participants were supportive of the service being referred to as tailored support from a qualified coach to parents with even the slightest concerns around healthy children for eating and everyday activities. Many preferred an online or app-based approach to telephone support [27]:

"A lot of them said 'We don't want to be called. That's not what we want'" (Health, P10)

Such programs may have utility through the established *Get Healthy Service* delivery infrastructure, but at the time of mapping had not progressed further than this stage.

5c) Health promoting workforce

Overall ranking 

HEAL SD 4.1 (information, existing): NSW Ministry of Health to develop an evidence-based, integrated cross-government community education and social marketing strategy to support regulation, programs and services including (Partners: Department of Education and Communities, NSW Food Authority, Local Health Districts, Non-Government Organisations, Premier's Council for Active Living, Multicultural Health Communications Service, Cancer Institute NSW, NSW Kids and Families, Aboriginal Health and Medical Research Council of NSW, Aboriginal Community Controlled Health Services, Office of Preventive Health):
HEAL SD 4.1.1 (information, new): Developing consistent nutrition, physical activity and prevention of overweight and obesity messages
HEAL SD 4.1.2 (information, existing): Communicating these messages through a range of integrated NSW Government communication activities and channels
HEAL SD 4.1.3 (information, new): Increasing the use of social media and new technologies to support healthy behaviours, particularly for young people

NSW has a dedicated health promotion workforce, within the Health Promotion Units in each of the 15 LHDs in the state. The local workforce is responsible for implementing the state-wide programs managed by the Office of Preventive Health, among local projects they develop to meet their community's needs. These units have relationships with other local agencies such as local councils and often participate in community development groups. LHDs are also responsible for family and child health clinics and specialised nurses.

Additional domains that could be added to the suite of programs and services include new modules or extensions to existing programs – for example *Munch & Move* (in ECEC settings, see above) and *Get Healthy at Work* (a free program for all businesses in NSW to encourage a healthy workforce (Link)) could be expanded to include modules to support breastfeeding.

Guidelines

Maternal policies and guidelines cover community health to hospital settings from pregnancy and into early childhood (Link). There was a suite of statewide policies for pregnancy support, including:

- *Clinical Risk Management Program* (PD2009_003) (Link)
- *Management of Early Pregnancy Complications* (PD2012_022) (Link)
- *Management of Hypertensive Disorders of Pregnancy* (PD2011_064) (Link)
- *Towards Normal Birth in NSW* (PD2010_045) (Link) seeks to minimise emergency caesareans, which have similar predictors for the baby to develop obesity (gestational weight gain, gestational diabetes mellitus, size of baby, etc)
- The *Maternal & Child Health Primary Health Care Policy* (PD2010_017) (Link) embeds screening for vulnerable families into routine care at Maternal and Child Health services.

The *Maternal and Newborn Advisory Group* advised on state-wide evidence-based best practice policy development and implementation (Link). LHDs developed local guidelines to screen for high blood pressure, weight gain, hyperglycaemia, such as the *Standard Schedule of visit for low risk women* from Western Sydney LHD (Link) – in line with above and national clinical pregnancy guidelines.

Recognition of the need for continuity of care between pregnancy, birth and post-partum care – across the many health service providers (GPs and other private providers, NSW hospital and community services) – appears in *Healthy, Safe and Well* (2014), the 10-year strategic health plan by NSW Kids and Families, an agency created specifically for mothers, babies and children that no longer existed. An extension of this plan, the *First 2000 Days Framework* (Link) recognised the that the first 2000 days are a critical life stage for establishing emotional, cognitive, physical and social health. It sought to provide a framework for continuity of care through key phases (conception, pregnancy, birth, maternal postnatal care, early infant health (up to six weeks), infancy, toddlerhood and pre-schoolers) and touchpoints with different services (antenatal care, hospitals and birthing centres, home visiting programs, GP visits, Maternal and Child Health services, and ECEC settings) in order to provide children and their families with the most tailored and consistent support to meet their needs.

(**Note**, an implementation strategy was released in 2020 to support LHDs implement the framework, but it was released outside of the mapping timeframe so has not been included in analysis).

Training

Training is available across NSW health workforce (and is mandatory for specialised services e.g. Family and child health nurses) on short interventions and information to connect families to available additional support services (i.e. establishing referral pathways). It is mandatory for specialised services e.g. Family and Child Health Nurses, and extensions of training are made available to GPs and practice nurses across the state (even though they are not technically part of the NSW Government-funded health system. These align with HEAL SD3 (routine service includes advice for healthy eating and active living). Platforms for training include:

- *Health Education and Training Institute* (HETI) is an online training platform for NSW Health staff that keeps records of staff participation/completion of training to maintain accreditation across workplaces, as well as ensuring mandatory training is up to date. An example training course is *45338916 Breastfeeding Promotion, Protection and Support* (Link)
- OPH supports the health promotion workforce with training for practitioners at the LHD-level

Healthy kids: for professionals (Link) provides free training and resources for all health professionals working across NSW to have conversations about child weight with families, and where to refer them to get additional support. It is based on the national weight management guidelines: assess, advise, assist, arrange (a referral). In addition to the resources developed, the *Healthy Kids for Professionals* website is a tool for clinical engagement, providing support for short interventions such as "…guidance on sensitively raising the issue" (Health, P5) and some advice on how to identify:

> *"…a trigger for raising the issue, both when there's no concern or if there is concern, and then some brief advice and referral onto programs" (Health, P7)*

However, there were several barriers to engaging GPs. NSW Health does not have the authority to ensure compliance, there may be push back from parents who have brought their children to the doctor for an unrelated reason, and clinicians may be less motivated if they have nowhere to refer patients for additional support:

> *"Until we have a referral pathway for [children aged 0-5 years], how do we get [GPs] to talk about it?" (Health, P10)*

Health promotion as routine care

Actions under HEAL for this element were aimed at embedding the routine assessment of child weight and height at each interaction with the public health system, and upskilling health professionals for the delivery of short interventions and/or referrals to healthy lifestyle programs.

The Centre for Population Health guideline *Growth Assessment in Children and Weight Status Assessment in Adults (GL2017_021)* included a standardised process to measure height and weight for the purpose of determining weight status, equipment considerations, interpret results and considerations for discussing results with patients for all health professionals. The WHO growth charts were recommended for children under two years and the CDC growth charts were recommended for 2-18 years.

Family and child health services were a key setting for early childhood. A NSW-commissioned rapid review (Link) from the Sax Institute found limited peer-reviewed literature on the effectiveness for universal child and family services (or well-child health/development models). Yet, it also found that these services are broadly available internationally in similar economies, suggesting broad acceptance of their utility. The report noted the utility of such services as sites for the measurement of a range of risk factors and the development of brief interventions that would capitalise on the ongoing nature of follow-up through scheduled check-ups and embed such processes into practice. Brief interventions could be on a range of topics and included breastfeeding, nutrition, sleep, movement, parenting, and family wellbeing. A precedent exists for screening and recording child growth and via existing screening programs for eyesight (StEPS) and hearing (SWISH) at early childhood health services. The issue for the Ministry was they were interested in monitoring population weight status, and there were no mechanisms to share that data centrally or to report if weight/height measures were being taken.

Through *HEAL*, the Ministry had added mandatory weigh/measure assessments and reporting to the LHD service agreements and "through part of the quarterly performance review process, we'll be looking at the data that comes back" (Health, P5). At the time of mapping these applied to hospitals but had not yet been rolled out to community

health settings. Some participants noted that height and weight data collected from children through hospital admissions data would be "biased" (Premier, P6).

Other avenues for standardising weigh and measure practices across the NSW health system included engaging General Practitioners (GPs) and nurse practitioners (outside of the NSW Health system), and allied health to collect population monitoring data. The use of dental clinics had been explored, but were considered unlikely as their core services did not fit with measuring weight and height:

> *"It's more just about working with the workforce and making sure it's appropriate in conjunction with whatever they're doing" (Health, P7)*

The articulation of whether 'weigh and measure' as part of routine care was to provide monitoring data and/or to provide an opportunity for short interventions, or referrals to other services or programs, was not well defined at the time of mapping. A suggested site for population monitoring of child growth, but not intervention, for the early childhood period was through scheduled immunisations:

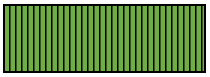
> *"If it's just for monitoring, then through immunisation could be quite easy… [with] 80-90% of the population getting immunised… so why don't you do height and weight at all those points and load that into the system?" (Premier, P6)*

This would require data entry from community health, pharmacies, and GP settings, as children can receive scheduled vaccinations in multiple settings. Within the health system, families tend to see their GPs the most consistently. NSW Health had developed resources and invested in clinical engagement to encourage both assessment and short intervention:

> *"GPs or clinicians are really a trusted source of advice and people do listen to that advice but we've learnt that both ways, that conversation is hard… we're developing resources for AMA and GP New South Wales and so forth, and trying to work with Primary Health Networks to promote these resources" (Health, P7)*

The *Healthy Kids for Professionals* website was hosted by the Heart Foundation, but content responsibility was managed by the Ministry. It contained a weight status calculator (Link), from 2 years of age, and a suite of training modules for health practitioners to deliver short interventions and information on how to refer families onto additional support (where necessary).

5d) Provision of public health information

Overall ranking 

HEAL SD 4.1 (information, existing): NSW Ministry of Health to develop an evidence-based, integrated cross-government community education and social marketing strategy to support regulation, programs and services including (Partners: Department of Education and Communities, NSW Food Authority, Local Health Districts, Non-Government Organisations, Premier's Council for Active Living, Multicultural Health Communications Service, Cancer Institute NSW, NSW Kids and Families, Aboriginal Health and Medical Research Council of NSW, Aboriginal Community Controlled Health Services, Office of Preventive Health):
HEAL SD 4.1.1 (information, new): Developing consistent nutrition, physical activity and prevention of overweight and obesity messages
HEAL SD 4.1.2 (information, existing): Communicating these messages through a range of integrated NSW Government communication activities and channels
HEAL SD 4.1.3 (information, new): Increasing the use of social media and new technologies to support healthy behaviours, particularly for young people

PP SD 3.1 (information, underway): The Make Healthy Normal campaign is being enhanced to have a stronger focus on children and families. Community ambassadors will also promote the campaign messages; including the overall message, 'Small steps can make a big difference' and the key messages, 'Eat healthier snacks', 'Switch off the screen and get active', and 'Make water your drink' (NSW Health)
PP SD 3.2 (information, new): Enhance the 8700 fast food kilojoule labelling tools with increased messaging for families and young people (NSW Health)

PP SD 3.3 (information, new): Undertake formative research for a new campaign focus on young people and development of adolescent engagement and communication approaches (Advocate for Children & Young People, NSW Health)

Public education campaigns and information

The *Make Healthy Normal* campaign was launched in 2015, aimed at adults. The primary assets were a television campaign, a Facebook presence, and a website (Link), these acting as the primary communication tools of the *HEAL Strategy*. The advertising drove traffic to the website. Its primary function was to provide information about state-wide programs available and to encourage enrolment, under a single banner as many programs were run independently of each other. The website brought together the Ministry's "social media channels" into a common approach with:

> *"…common account management… recognising there's an audience out there and there's New South Wales Health, which is broken up into all these myriad ways, which people don't really care about. They just want to get a solution and get communication, that relates to their needs" (Health, P9)*

It was important to Health that there be a central place to manage public messaging, to ensure that communication with the public was consistent across all mediums, and the different partners involved in program delivery (e.g. LHDs, third party providers, non-government organisations):

> *"…it is ultimately making sure that our message is consistent as well… So you're not causing more confusion out there in terms of your messaging" (Health, P14)*

The central position of the campaign was that unhealthy behaviours were 'normal' and the campaign sought to challenge behaviours and attitudes to make healthy behaviours 'normal', to:

> *"…create awareness of overweight and obesity as a social issue, and also to prompt people to take change at a personal level" (Health, P9)*

The *Make Healthy Normal* website linked to other information about how to use the Health Star Rating to make healthier choices (Link) and to the *8700kJ* campaign (Link). The *8700kJ* campaign was aimed at adults to support Menu Kilojoule Labelling, see 3b), and had an app that provided people "their daily kilojoule intake recommendation… look at… kilojoule content of various foods… and giving people the energy equivalent to work that off" (Health, P9). It was noted that the Make Healthy Normal campaign "grew out of the energy balance elements of the *8700kJ* campaign" (Health, P9). The narratives focused on energy balance. The primary campaign asset was a television commercial that used a 'problem and solution approach'. It was mostly used for social media posts and to drive viewers to the associated website. It showed:

> *"…people doing all the things that lead to high levels of overweight and obesity, like drinking soft drink and being sedentary… and then showing positive things people can do, such as walking, drinking water, being more active and reducing their energy intake… And then the main call to action was to go to the Make Healthy Normal website where there was information on food and activity and links to programs… that last part of it hasn't been working as effectively as we would have liked" (Health, P9)*

Health noted they did not feel as though the messaging was as impactful as they had hoped. Reflecting on the campaign's messages, there was some recognition that a campaign focused on 'energy balance' and individual behaviours was not very effective:

> *"I guess part of our logic model is we create awareness, get people to personalise it, and then they take action… What we're finding through that is it's quite hard to identify the right mode to talk to people about their issues. Awareness might be there, but there's a lot of sensitivity about speaking about the issue. Raising the issue, and giving advice, really about what to do… Just going downstream and trying to change people's behaviour, is probably the easiest… to be doing the process but, probably, the least successful in terms of outcome" (Health, P9)*

At the time of data collection an additional element had been developed, the *Make Healthy Normal Together* campaign. It was an extension of the *Make Healthy Normal* campaign, its target audience was families with children

aged 5-12 years and its objectives included reducing the consumption of sugary drinks and screen time and improving parental skills at providing healthy food options. With the shift to *Make Healthy Normal Together* it was acknowledged that messaging focused on 'energy balance' was not appropriate for children, and that messaging should highlight the need for healthy built environments:

> *"We should encourage kids to play sport for enjoyment… encourage kids to enjoy healthy food. Probably the biggest learning was rather than put kids in an unhealthy environment, and give them messages to say, 'Don't do this and don't do that', it would be better to create a healthy environment in the first place. Especially for children" (Health, P9)*

However, the collateral that had been developed at the time of mapping did not address these elements. Some concerns were raised about the limits of government messaging:

> *"There are limits to what our government messaging can do, and our programs can do. Especially when we're up against so many different types of industries and communicating messages around topics of interest, like sugar" (Health, P7)*

Under *HEAL*, there was an opportunity to partner with other agencies to jointly develop public messaging and potentially provide some cover for these concerns. During interviews, participants from the Ministry were asked if they could partner with Transport or Environment to develop a campaign about active transport or having nature-based experiences, also see 2b), but these were not under consideration at the time of the study:

> *"We definitely deal with both of those agencies but in terms of specific campaigns and specific messages for both of those groups… not that I'm aware of… There's definitely a lot of engagement in that space both historical and current. And it's an area that we're really keen to pursue" (Health, P14)*

(**Update post-mapping**, since 2019 the *Make Healthy Normal* website has re-routed to a new website *Healthy Eating Active Living* (Link), which continues to have a section for families but not the same *Make Healthy Normal* or *Make Healthy Normal Together* collateral).

The *Healthy Kids Eat Well Get Active* website was a collaboration between Ministry, Education, Sport and the Heart Foundation. It has a small section dedicated to the early years.

(**Update 2022**, The website no longer exists (www.healthykids.nsw.gov.au), it forwards to the Healthy Eating Active Living website)

Public engagement

Historically in NSW and throughout *HEAL Strategy* communications, genuine engagement with the public was lacking. There were a few exceptions, e.g. the emergence of Community Participation Plans, see 2a), were a positive step. The Advocate for Children and Young People actively engaged 4,000 children and young people (even including children as young as 3-4 years) to help develop their strategic plan:

> *"We got 4,000 young people to feedback about what they think should be in the plan" (Advocate, P18)*

Our Local was an online platform for governments, non-government organisations (funded by an NSW agency), and *Active Kids* providers to promote services and events in NSW for people aged between 0 – 24 years of age. Its purpose was to be a single landing place for families and young people to find out what was on in their area, details to be added by community groups and NGOs who have received funding from the NSW Government, local councils, state or national agencies. It was based on consultation by the Advocate with children all across the state who identified that they did not know how to find out what activities were available in their area, a barrier to being social and active.

> *"One of the things that children and young people said really clearly in the consultations was they wanted to have more activities… It was about, 'Get me outside doing something' and it's really about meeting other young people" (Advocate, P18)*

A senior member of the NSW Government told the Advocate office that they already had:

"'This really great opportunity for young people.' We went and tested it. It took 38 clicks to find it [on the website]" (Advocate, P18)

They felt that this opportunity did not meet the needs of the children that participated in their strategic plan.

Our Local was co-designed by children, young people, and the Advocate for Children and Young People to act as a directory to help them find things to do and support when they need it. The Advocate's office contacted "thousands of organisations… 90% of those who do stuff with children said yes… we've called every council in the state now at least 15 times" (Advocate, P18). Launched in 2018, the website (www.ourlocal.nsw.gov.au) no longer retains functionality. No other study participants were aware of this site, but many commented that websites like this in the past had been problematics because no one commits to updating the content.

Our Local might have been an opening to develop better communication with the public, such as guidance on where to be active or how to find farmers markets, rather than static information provision such as the *Make Healthy Normal* website. However, from early on, there was limited ownership of its development or its ongoing maintenance:

"I was hoping someone said 'what a great idea [name], we'll own it'… No one was doing that, and so it was left for us to birth up… It's surprisingly never been done before" (Advocate, P18)

A study participant felt that it was not surprising that it had not been done before. They noted their own experiences of having a local directory, from both a community and local services perspective, had been notably beneficial. However, central to ensuring it is useful is that it is kept up to date, which requires organisational support, good handover between staff and maintaining ongoing relationships with other services and community organisations. Logging local opportunities relies on good relationships with local government and the NGOs, but it is a:

"…big job to keep updated because it changes every term, particularly in the early years… it's also funding based, so it depends on when they're going to get the funding and things like that… I guess it's definitely not impossible. It would just be resourcing versus benefit. How you'd gather that information keep it up to date, like how time consuming that would be… I guess it's just whether that can be scaled to meet New South Wales's needs because... you'd want to make sure you didn't exclude communities…" (Health, P10)

Those developing *Our Local* were aware of the 'human element' required to support up-to-date content and proposed additional funding for their organisation to support that (among other roles undertaken at the regional level) with local processes to be supported through individual agencies taking some responsibility for updating content also:

"…we know that if this is going to be populated… there's got to be a human element in it for a while… for a website servicing 2.4 million [children and young adults], we're just suggesting that there are eight people in regions" (Advocate, P18)

Even within government there are a wealth of online resources available for the public that are just not accessible:

"The National Parks and Wildlife one kind of broke my heart, because it's such a beautiful resource and people aren't using it… you know I only learned that through the last HEALSOG meeting" (Community, P15)

To avoid the mistakes of the past, where there is a change in government and "then literally there's all these abandoned websites" (Health, P9), there might be utility in a public communications office with a single-source information website for the public to engage with, with funded positions dedicated to keeping the information up to date across government agencies, but also local council and not-for-profit organisations.

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