An Evaluation of the
School Nutrition Projects
in the Northern Territory

Final Report

December 2017

ACKNOWLEDGEMENTS

DISCLAIMER

This report should be read and interpreted with the following considerations. Findings of Stage 1 of this report are based on data supplied by SNP providers from 20 sites across the Northern Territory and available purchasing data. Whilst our sample was geographically representative according to Local Government Regional Council Area, and a range of provider types and community sizes, it cannot be guaranteed that this data reflects all SNPs in the NT.

Contribution of SNPs to daily energy and nutrient requirements was based on supplied purchasing data. Whilst every effort was made to ensure completeness of purchasing data, 5 sites were excluded from these analyses due to insufficient data being available, and we cannot guarantee the completeness of the data supplied from the 15 sites included in the analysis. It is also possible that some purchases were shared across other programs (e.g. an Aged Care service). In addition, we did not have attendance figures for all sites, and therefore for the majority, provider-reported estimates of student attendance across the term were used to calculate provision of energy and nutrients per person. It must be noted that there is a high degree of fluctuation in student numbers from one day to the next.

Adherence to the Northern Territory Department of Education (NT DoE) *Canteen, Nutrition and Healthy Eating Policy* was based on analysis of supplied menus and recipes. This must be interpreted alongside information regarding the use of menus and recipes, for instance not all providers followed their menus/recipes. The NT DoE *Canteen, Nutrition and Healthy Eating Policy* (2013) was current at the time of writing the Stage 1 report. This policy has since been updated to the *School Nutrition and Healthy Eating Policy* (2017). In addition, Public Health Nutritionists were actively working with SNP providers during the evaluation period and many providers had reported making changes to their menus and recipes after the time of finalising Stage 1. Thus, these findings should be taken as a point-in-time evaluation of the SNP, and not necessarily indicative of current or ongoing practice.

Findings of Stage 2 of this report are based on qualitative study of perceptions and perspectives of those stakeholders included in the study. As with any qualitative research, these perspectives provide rich insight in to stakeholders' experience with the SNP from which we have identified areas where improvement could result in more efficient and effective program delivery. The perspectives we have presented may not be the shared view of all stakeholders.

CONTENTS

ACRONYMS

Acronym	Definition
ABS	Australian Bureau of Statistics
AHS	Australian Health Survey
AI	Adequate Intake
AMDR	Acceptable Macronutrient Distribution Range
CDP	Community Development Program
DEEWR	Department of Education, Employment and Workplace Relations
DoE	Department of Education
DoH	Department of Health
EAR	Estimated Average Requirement
EER	Estimated Energy Requirements
GEC	Government Engagement Coordinator
HREC	Human Research Ethics Committee
IAS	Indigenous Advancement Strategy
IEO	Indigenous Engagement Officer
IM	Income Management
MJ	megajoule
NGO	Non-government Organisation
NHMRC	National Health and Medical Research Council
NRVs	Nutrient Reference Values
NT	Northern Territory
NTER	Northern Territory Emergency Response
PHN	Public Health Nutritionist
PM&C	Department of Prime Minister and Cabinet
RSAS	Remote Schools Attendance Strategy
SNP	School Nutrition Projects
UL	Upper Limit
WHO	World Health Organisation

EXECUTIVE SUMMARY

The SNP was introduced in the Northern Territory as part of the Australian Government's 2007 Northern Territory Emergency Response (NTER). The Projects have two key policy goals:

- To contribute to improved school attendance, engagement and learning by providing meals to children enrolled in school from Transition to Year 12
- To provide for employment opportunities for local Aboriginal and Torres Strait Islander people

The SNP is a well-established program in 72 schools across 63 communities, with 42 providers funded by PM&C to deliver the program[1].

The health gap between Indigenous and non-Indigenous Australians is well recognised, with poor nutrition a significant contributing factor. People in remote Indigenous communities face issues around food insecurity, including reduced access to affordable fresh and nutritious food.

There is a need to improve health outcomes in this population, and in particular to start this early in life. Adequate nutrition is essential for normal growth and development in early childhood, and in addition to health impacts going without food can have detrimental impacts on classroom engagement and academic performance.

Overweight and obesity is also escalating among Indigenous children making it even more critical to ensure healthy eating behaviours are supported at an early age.

Menzies School of Health Research was commissioned by PM&C in April 2016 to evaluate aspects of the SNP relating to dietary requirements of students in remote Indigenous schools (Stage 1), and enablers and barriers to program delivery and student's nutrition during school holiday periods (Stage 2).

STAGE 1

Stage 1 involved an analysis of menus and purchasing data from 20 SNP sites throughout 'very remote' NT, for the period of Term 2, 2016. Purchasing data were analysed with reference to the Australian Dietary Guidelines and the NHMRC Nutrient Reference Values for Australia and New Zealand.

In general, purchases were in line with the Australian Dietary Guidelines – Guideline 2: daily consumption of nutritious foods from the "five food groups"[2]. Overall, products from these groups made up 84% of purchases (by weight). Based on estimated attendance and assumed operation of the SNP 5 days per week for the 11 weeks of Term 2, 2016, the Projects would

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[1] Figures as at February 2017

[2] Guideline 2 – Enjoy a wide variety of foods from these 5 food groups every day: vegetables (including different colours, legumes/beans); fruit; grain/cereal foods (mostly wholegrain); lean meats, poultry, fish, eggs & meat alternatives; dairy & dairy alternatives

provide, at the least, 35-45% of student's daily energy requirements. Discretionary food/beverages made up approximately 15% of purchases and contributed nearly a quarter of energy provided. All nutrients were within recommended ranges, except for total fat, saturated fat and sodium, which all exceeded the NRV.

Menus were assessed against the 2013 NT Department of Education *Canteen, Nutrition and Healthy Eating Policy* and associated *Guidelines* categories of Green – Always on the menu, Amber – Select carefully, and Red – Not on the menu*.*

Most sites provided menus (90%) and recipes (80%), however adherence to these varied based on factors such as staff capacity, availability of ingredients, student numbers. Overall, 47% of menu items were Green, 45% were Amber, and 8% were Red. Breakfast had the highest proportion of Green items (55%) and Afternoon Tea had the highest proportion of Red items (18%).

STAGE 2

Stage 2 involved in-depth interviews with parents and caregivers (n=17), and community-based stakeholders (n=63) and stakeholders/policy makers from NT Department of Health, Department of Prime Minister & Cabinet, and NT Department of Education (n=5) in seven communities throughout the NT. Children from three schools gave input via classroom brainstorming sessions facilitated by school staff. SNP Policy documents (Operational Framework and Project Schedules) were reviewed.

Interview transcripts were coded at nodes aligning with interview questions (which were based on evaluation aims) and sub-nodes relating to key themes arising from the data.

Key findings related to 1) Enablers and challenges to service delivery; 2) Children's nutrition during school holiday periods; 3) Value, role & importance of the SNP; 4) Parental contributions; 5) Integration of the SNP into school curricula or wider school/community activities; 6) Unintended consequences of the SNP; and 7) Differences in program delivery between SNP funding streams. These are presented on the following pages.

Overall, the SNP was perceived as a valuable program for children, families and the wider community that reached beyond the objectives of the SNP focus on school attendance and local employment. It was reported to be the main source of food and nutrition for many of those attending school, and it provided equal benefit to all children. Respondents, including parents/ carers had an expectation that SNP meals would be substantial and were not satisfied when they thought that this was not the case. The SNP helped families to provide nutritious and appropriate food for their children during school hours when this may not otherwise have been possible. It was seen to impact upon school attendance and school performance and have a likely impact on health outcomes although this would be difficult to quantify as there is no consistent collection of school-aged health data across communities. The SNP provided employment and capacity-building opportunities for local staff who were seen as role-models in their communities. Local employment was an important component of program acceptability by parents and caregivers. The program modelled healthy eating behaviours. Overall it was highly valued by stakeholders and parents, and its cessation was believed by respondents as

likely to have a detrimental impact on classroom behaviour, academic performance and nutritional status and health of the beneficiaries.

The running of an efficient and well-accepted SNP was dependent on a number of factors. A key factor was the employment, training and support of local staff and understanding of the NT DoE *Policy* and accompanying *Guidelines* by the providers. Effective communication between the provider and community, provider and school, and provider and PM&C and DHS was also key.

The SNP was not without its challenges. A key challenge for providers was ensuring timely parental contributions to cover the cost of meals. Whilst parents/caregivers generally indicated their willingness to participate, (although the program was considered relatively expensive for parents with multiple children), the situation for providers was that contributions were not received for all children in attendance. Reasons for this gap related to the voluntary nature of the program but also to communication and information system inefficiencies both at the local and DHS levels. A further key challenge was understanding of the NT DoE *Canteen, Nutrition and Healthy Eating Policy* and accompanying *Guidelines* by providers in relation to compliance with the DoE Policy. The recent monitoring and continuous improvement program introduced by the Northern Territory Government Public Health Nutritionists to assist with this was viewed very positively by providers but in need of being formalised with Department of Prime Minister and Cabinet to ensure its consistent delivery and sustainability across the Northern Territory.

To address these and other identified challenges we have identified a number of recommendations that relate to program administration, program operations, monitoring and evaluation, community-level considerations and inter-departmental and inter-agency collaboration.

1. SUMMARY OF KEY FINDINGS − STAGE 1

Based on the available purchasing data[3], estimated student numbers[4] for Term 2, 2016, and supplied menus[5] and recipes[6], the following key findings were made:

1.1   The SNP provided approximately 35-45% of a student's daily energy requirements[7].

1.2   In general, purchases were in line with the Australian Dietary Guidelines[8]

- Overall, products from these groups made up 84% of purchases (by weight)
- Approximately one-third of purchases (by weight) were for fruit and vegetables
- The majority of cereal, meat and dairy products purchased were non-discretionary

1.3   Discretionary products made up approximately 15% of purchases and contributed nearly one-quarter of energy.

- Nearly all soups, savoury sauces, condiments (99%), snacks (95%), fish and seafood (90%) products were discretionary
- Approximately 25% of meat and meat products were discretionary

1.5   Total fat, saturated fat and sodium exceeded daily recommendations

- In particular, sodium was six times higher than the AI, and 1.8 times the UL[9]

1.6   Overall, the majority of menu items were Green (47%) or Amber (45%), with minimal Red (8%)

- Three sites (15%) included no Red items on their menus
- Red products were featured most at morning tea (12%; 7 sites) and afternoon tea (18%; 2 sites)

1.7   There was variation across sites in menu format and use

- Most sites provided menus (90%) and recipes (80%)
- Adherence to menus and recipes varies based on factors such as staff capacity, availability of ingredients, and student numbers

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[3] Purchasing data available for 15 of 20 sites; collected retrospectively and may be incomplete or include additional dates
[4] Provider-estimated daily attendance; over 5 days per week for 11 weeks, 1263-1652 students across all 20 sites
[5] Menus supplied by 18 of 20 sites, record of meals by one site and verbal indication of usual meals by one site
[6] Recipes supplied by 15 of 20 sites; varied in detail
[7] Estimated Energy Requirement for young people aged 4-18 years = 8.458MJ per day
[8] Guideline 2 – Enjoy a wide variety of foods from these 5 food groups every day: vegetables (including different colours, legumes/beans); fruit; grain/cereal foods (mostly wholegrain); lean meats, poultry, fish, eggs & meat alternatives; dairy & dairy alternatives
[9] National Health and Medical Research Council (2006). "Nutrient Reference Values for Australia and New Zealand Including Recommended Dietary Intakes". Canberra, National Health and Medical Research Council.

2. SUMMARY OF KEY FINDINGS − STAGE 2

Key findings are presented below under each of the 7 evaluation objectives, as well as the key themes identified throughout the review.

2.1 VALUE, ROLE & IMPORTANCE OF THE SNP

2.1.1 The SNP is a valuable program for children, families and the wider community that reaches beyond the objectives of the SNP focus on school attendance and local employment.

2.1.2 The SNP provided equal benefit to all children.

- At all sites, all children in attendance were provided meals, regardless of whether their parent/caregiver had contributed financially
- Providers felt very strongly about no child missing out

2.1.3 The SNP was considered in many cases to be the main source of food and nutrition for school-aged children in the community.

2.1.4 Respondents had an expectation that SNP meals would be nutritious and substantial.

- Stakeholders considered the program a healthier substitute to previous arrangements, such as the school canteen with variable nutritional quality, purchased food/drinks from outside the school, or going without a meal
- There had been recent improvements in the quality of the meals where needed, often related to the recent activity of the nutritionists in assessing compliance of menus with the DoE Policy

2.1.5 The SNP took pressure off families to provide nutritious and appropriate food for their children during school hours.

2.1.6 The SNP was seen to impact upon school attendance and school performance

- School staff believed that there had been an improvement in attendance in part due to the SNP
- The SNP provided an incentive for children to attend and remain at school
- School staff also felt the SNP positively impacted on classroom behaviour and academic performance

2.1.7 The SNP was likely to have an impact on health outcomes

- Respondents spoke generally about improvements in anaemia, nutritional status, cognitive development, dental, skin and eyes

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- There is no consistent collection of school-aged health data across communities to consider the impact of the program on health outcomes, which is a missed opportunity

2.1.8 Provision of employment and capacity-building opportunities for local staff was an essential aspect of the program

- Local SNP staff were considered to play a valuable role in the community, and were seen as role models
- The presence of local staff within the program was highly regarded by parents and caregivers

2.1.9 The program modelled healthy eating behaviours, structured meal times and responsibility (e.g. washing up after the meal)

2.1.10 Program cessation would have detrimental effects.

- Many stakeholders believed program cessation would have an impact on classroom behaviour, academic performance and nutritional status and health
- Parents, caregivers and other community members would be disappointed if the program were to cease

2.2 SNP WITHIN THE WIDER COMMUNITY CONTEXT

2.2.1 There was some evidence of teachers using the SNP meals to deliver or support aspects of the curricula, however these were solely dependent on the motivation of individual teachers and principals

2.2.2 There is scope to link aspects of the SNP to the school curricula to strengthen food and nutrition education

- This would require a dedicated funding initiative and incentive schemes such as providing support to those schools who perform well with regards to SNP program deliverables
- A partnership approach would be required as it was felt that this should not be the sole responsibility of the DoE
- Case studies, being relevant and contextual to the Northern Territory, were suggested as a useful way to share stories of successfully delivered education programs between schools
- It was thought that current focus needed to be on improving school canteens and the SNP to adequately meet program objectives before expanding in to other areas
- Introducing other components to the program would require a rethink by PM&C of the overarching program objectives.

2.2.3 There was evidence of SNP providers having links with other agencies in the community to help achieve project objectives with the primary focus on improving parental contributions.

- The links with different agencies and the strength of these were community specific
- Where the provider was not the school, positive relationships between the provider and the school were critical to the everyday functioning of the SNP
- There was evidence of providers endeavouring to engage the support of community leaders through school council meetings, meetings with directors of the local Aboriginal corporation responsible for the SNP, and/ or community meetings
- In the two communities that received funding through the Children and Schooling Programme, the RSAS staff through their day-to-day engagement with families sometimes used food provisioning at the school to encourage attendance
- Links with local health personnel were less visible
- Early learning centres were in most cases well connected with the school
- Links with DHS staff on the ground were hit and miss and in need of strengthening with clear definition of roles and responsibilities in relation to parental contributions and communication with parents/carers about the SNP

2.2.4 There was less evidence of the SNP being integrated into wider community activities.

2.2.5 Many programs run in communities provide food to clients and participants, many of which are funded by the Australian government

- The healthiness of the food provided is dependent on the knowledge and the motivation of the provider rather than evidence-based guidelines

2.3 ENABLERS & CHALLENGES TO SERVICE DELIVERY

2.3.1 PROJECT STAFFING

2.3.1.1 The SNP policy priority on recruiting, retaining and building the capacity of local staff, and the requirement of providers to report on this is key to maintaining local employment.

- All providers had, or were seeking, local Indigenous employees and found them to be an asset to the program
- Several sites had long-term local employees who were able to work independently with the support of the local coordinator and SNP provider
- Multiple challenges were identified with regards to local employment, including staff retention, reliability and capacity to provide support
- There was evidence of very successful employment models with long-term and consistent staff
- Building trust between the staff and the provider, building staff confidence, providing deliberate and paced on the job training, trusting local staff with responsibility and having back-up staff in place for emergencies were features of successful employment outcomes

2.3.2 SUPPORTS

2.3.2.1 Access to formal training opportunities was considered essential, but this is often limited.

- In most cases, training appeared to be informal and delivered by supervisors on-site due to the expense and disruption of taking staff into a regional centre to attend training
- Providers do not always have the capacity or necessary expertise to deliver on all aspects of training
- Respondents urged for dedicated government funds for more formalised training opportunities for SNP staff to widen the available skill base in the community
- The previous KPMG evaluation also recognised the need for "a regular program of training and mentoring for SNP employees"

2.3.2.2 Public Health Nutritionists (PHNs) play an integral role in supporting the delivery of the SNP and training of providers and local staff.

- There are no formal agreements or dedicated funding in place for PHNs to provide support to the SNP
- PHNs are limited in the support they can offer due to capacity to travel and manage other priorities within their role
- The NT Department of Health is open to assisting with training and support of SNP staff and PM&C contract managers

2.3.2.3 Providers were seeking more resources from PM&C

- There is currently no standard orientation package provided by PM&C
- Providers would be interested in receiving menu and recipe suggestions, and to possibly have a centralised means of sharing information

2.3.2.4 The understanding of the NT DoE Policy and accompanying Guidelines amongst providers and PM&C contract managers and advisors was variable.

- NT Health PHNs had conducted assessments of the SNP meals in line with the NT DoE *Policy* throughout 2016 in some communities
- Providers found these assessments and associated feedback useful in improving their menu as well as providing evidence of positive change
- PHN feedback is also useful for Principals who have the responsibility for the school to comply with the *Canteen, Nutrition and Healthy Eating Policy*, a task that is further complicated when the school is not the provider
- An agreement between PM&C and DoH to support ongoing menu assessments was called for by the PHNs
- A dedicated qualified position within the Department of PM&C to co-ordinate and support the SNP across the NT could address a number of the challenges discussed

2.3.3 RELATIONSHIPS AND COMMUNICATION

2.3.3.1 Good communication and relationships between the provider, the school and the whole community were seen as crucial elements to successful program delivery.

- Where there were positive relationships between providers, schools and other community-based services the SNP was seen to run well.

2.3.3.2 Parents expressed their desire to have input in to the SNP and receive information about the program including the types of meals their children were receiving.

- Providers were keen to receive feedback from parents, caregivers students and school principals in order to deliver the program in a way that met the needs of these groups
- In some cases, parents and other community members were not comfortable voicing their opinions to the provider
- An appropriate forum for parents to do this was needed where they felt safe to express their views, raise complaints and/or give suggestions

2.3.3.3 Strengthened communication and relationships within PM&C and between PM&C, DoE and DHS was identified as being needed.

- This would help to improve program delivery through ensuring alignment of related activities and working together
- Restructure within PM&C and frequent staff turnover often proved challenging, particularly for DoH staff who at times did not know the appropriate person to contact

2.3.3.4 Clarity on intention of the SNP from PM&C was a considered important for providers and others involved in supporting the program.

- There was uncertainty as to whether the SNP was a feeding program, a school retention program, an employment program or a nutrition and healthy eating program or all of the above
- A strategic approach with a clear program logic showing the pathways of behaviour change and activities needed to achieve the program objectives would help different partners to be clear on their role and contribution

2.3.3.5 Greater communication from PM&C at the community level was seen to be important.

- Respondents expressed the need for feedback, including of the results and actions arising from this evaluation

2.3.4 LOGISTICS

2.3.4.1 Geographical remoteness and context impacted on program delivery.

- Arranging maintenance and support visits was found to be costly
- Quality of fresh produce could be reduced after travelling long distances

2.3.4.2 Seasonal disruptions to the supply route, such as being "cut off" in the wet season, impacted on food deliveries and visiting supports.

- Providers often had alternative plans in place, such as stocking up ahead of time or buying in bulk from the store

2.3.4.3 Daily fluctuations in student numbers were challenging for some providers.

- Unforeseen circumstances such as funerals or ceremonies could see large fluctuations of students either in or out of the community
- Some providers found it challenging to cater for parents and other community members who wished to participate in meals

2.3.4.4 Some providers found it challenging to sourcing healthy food or ingredients to comply with guidelines.

2.3.4.5 Financial resources were often limited.

- Providers noted not a lot of excess in the SNP funding
- Fluctuating parental contributions impacted on available project funds if providers were meeting the gap

2.3.4.6 Available facilities had an impact on program delivery.

- Four of the seven sites visited had facilities on-site at the school, and it was generally seen to be a positive that meals were prepared at the school
- In the three communities that had off-site kitchens, only one provider felt this may be an issue logistically, as it was a physical challenge ensuring timely delivery of meals at an appropriate temperature and compliance with food safety regulations
- Some providers had small, outdated, or shared spaces that were difficult to work from or restricted the amount of food that could be ordered and stored at a time and/or required maintenance and equipment updates

2.3.5 STRUCTURES AND SYSTEMS IN PLACE

2.3.5.1 Structures and systems supported by clearly delineated and communicated roles and responsibilities resulted in streamlined operations.

- Timely communication of daily attendance numbers to those preparing the meals was important for successful day-to-day operation of the program

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- An exemplary-run SNP in one community had full integration of the program within the school; it was supported by the Principal as part of their core business, part of staff and students' daily routine, and school staff stepped in to assist in the event of staff absences

2.3.5.2 Locally customised delivery arrangements, as per the SNP Operational Guidelines, were seen to be important.

- Respondents valued flexibility particularly in the timing and types of meals was important, for example hot food in colder months
- In communities where such arrangements appeared absent, parents and caregivers felt it important to be involved in these decisions

2.3.5.3 From the perspective of PM&C representatives, departmental restructure to regionalisation of positions was seen as a positive change

- Contract managers and advisers were able to have a deeper understanding of the community and could be across a range of programs in the community and to better link with other relevant agencies

2.3.5.4 Investment was needed in establishing more suitable program monitoring systems in relation to compliance with the NT DoE *Canteen, Nutrition and Healthy Eating Policy*

- Monitoring systems and outcomes should be aligned with clear program objectives.
- SNP providers should be encouraged to document and report on what is provided through the program to create some standards
- RSAS programs receive PM&C funding and may also provide food which is not in line with the NT DoE *Canteen, Nutrition and Healthy Eating Policy*; RSAS programs should also have to align with this policy
- Embedding monitoring and evaluation of compliance with the NT DoE *Canteen, Nutrition and Healthy Eating Policy* is needed to ensure consistency in processes across health services and organisations, given that there are number of non-government organisations (NGOs) servicing remote communities in addition to the Top End and Central Australia Health Services

2.3.5.5 DHS representatives felt that the systems currently in place regarding financial contributions were key enablers to program delivery.

- The annualisation of payments over 23 fortnights was considered to reduce the risk of needing to re-engage caregivers, as would likely be the case if payments were broken up according to school term, as well as reducing the amount paid per fortnight
- Being able to ensure contributions via Income Management was also considered important

2.4 PARENTAL CONTRIBUTIONS

2.4.1 CAREGIVERS UNDERSTANDING AND WILLINGNESS TO PARTICIPATE

2.4.1.1 Many of the parents/caregivers understood the parent contributions and were willing to participate

- Many of the parents/caregivers knew of automatic deductions being made via Centrelink for their child/ren to participate in the Program
- The majority said they were happy to participate in the program. In one community several voiced a strong desire to cancel and provide a lunch box for their child/ren instead
- Parents/caregivers thought that everybody paid their contribution and most thought that all parents with children at school should participate

2.4.1.2 In contrast, many of the non-Indigenous stakeholders interviewed were not aware of the parent contribution

- Some stakeholders assumed that the government covered the cost of the entire program

2.4.1.3 Parents' lack of understanding of the payment system seemed to be one of the reasons for cancellation of payments

- Parents/caregivers appeared to not understand that the cost of the meals was spread over the entire school year and at a reduced weekly rate to compensate for payment during holidays

2.4.1.4 There were some barriers or challenges to all parents/caregivers making contributions

- Some parents/caregivers, particularly those responsible for more than one child, found meeting the cost of meals difficult in addition to other financial priorities
- Some families in relatively better financial position to others had not signed on to the program as they did not have any interaction with Centrelink
- Some providers had encountered some resistance in asking parents/caregivers to sign-up to the program
- Some parents were aware that they could cease payments, and did so at times, whereas others did not seem to pay much attention to this

2.4.2 GAP IN PARENTAL CONTRIBUTIONS

2.4.2.1 The voluntary nature of the program was challenging for some providers

- Providers were adamant that all children attending school receive the meal, however this was difficult when not all parents were contributing

- All providers expressed some concern regarding the gap in parental contributions where contributions were not received for all children participating in the program
- Providers felt that their efforts on the ground to convince parents to sign on could be immediately undone on the parent contacting Centrelink where they would then be told that the program was voluntary

2.4.2.2 Without Income Management, ensuring parental contributions would be more challenging

- For clients on Income Management, DHS staff have discretion to ensure priority needs, including food provision for children, are being met
- A DHS representative explained that unless a client is on Income Management, DHS does not have a strong ability to ensure that they are contributing to the program
- For other payment methods, the parent/caregiver must initiate payment

2.4.2.3 The gap in parental contributions appeared to have become an escalating issue, with implications for the provider

- Quality and variety of meals could potentially be compromised by reduced available funds
- Where providers were drawing from other funding streams, there may be less resources to strengthen program delivery and build capacity of the Indigenous staff

2.4.3 STRATEGIES TO ENCOURAGE/MAINTAIN PARENTAL CONTRIBUTIONS

2.4.3.1 There is a need for more efficient and streamlined information systems

- This would enable program staff to extract information in a timely and routine manner and keep on top of parental contributions

2.4.3.2 Changing parent/caregiver circumstances can impact upon payments

- A key reason for non-payments was that payments and parental contributions could inadvertently be cut-off in the DHS system if a parent/caregivers circumstances changed
- It was suggested that if each applicable child were flagged in the DHS system, a trigger for DHS staff could be initiated if a child was not linked with a contribution

2.4.3.3 Improved management of the sign-on/sign-off system could maintain contributions

- Suggestions included deductions in ten-week blocks and/or only charging over the school term, not the holidays, as well as locking in payments for each term at sign-up

2.4.3.4 Active engagement by providers with parent/caregivers was considered important to maintain contributions, but also challenging.

- Often resources were limited to enable providers to achieve the degree of engagement required

2.4.3.5 There is opportunity for greater engagement between DHS staff and parents/caregivers

- DHS staff are likely to have multiple contact with parents/caregivers receiving Centrelink payments and in many cases will be the first contact when a parent first signs on to the program
- This provides opportunity for clear and consistent messaging to clients about the SNP including the purpose of the program, SNP benefits, cost and payment structure, purpose of family allowance and parenting payments, and rules regarding participation and cancellation

2.4.3.6 There is a need for information on the program to be made available in the public domain and specifically for parent/caregivers to access

- SNP-specific materials could be developed and disseminated territory-wide as well as support provided to providers to develop custom materials
- These materials could then be used by providers and Centrelink agents when engaging with parents/caregivers face-to-face

2.4.3.7 Effective communication between all parties on the ground is important

- It is the responsibility of the providers as per the service agreement to engage parents/caregivers in the SNP
- Examples were given of principles working with providers to engage parents/caregivers in the SNP
- There were examples given of the GEC and IEO taking an active role in working with communities to encourage contributions and facilitating interagency communication
- RSAS staff engage with parent/caregivers on a regular basis and are a key vehicle for conveying messaging about the SNP

2.4.3.8 Clearly defined roles and responsibilities at the policy and program administration level is necessary

- Roles and responsibilities for DHS, PM&C and the policy holders of IM could help with streamlining systems and communication and help to engage parent/ caregivers in the program

2.5 UNINTENDED CONSEQUENCES

2.5.1 PARENTAL RESPONSIBILITY

2.5.1.1 A number of stakeholders expressed concern that the SNP was the taking away parent's responsibility in providing for their child/ren's food needs

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- All children receive meals regardless of their parent/caregiver's participation
- An opt-out payment system, mandatory payments, and mandatory payments with heavily reduced meal costs were all given by various stakeholders as possible solutions to ensuring contributions

2.5.1.2 The concern of stakeholders about diminishing parental responsibility was in nearly all cases reconciled when the benefits of the SNP were considered

- Some stakeholders were not aware that parent/caregivers were actually paying for the cost of the meals and that some parents make a deliberate choice to participate as they appreciated the benefits of the program
- Several stakeholders reflected on hearing parent/caregivers express their pride in participating in the SNP and using their "kids money" for this purpose
- Stakeholders did acknowledge the empowering aspects of the program such as the employment of local people and the modelling of healthy eating behaviour and that parent/caregivers still have to provide for their children outside of school hours
- There was acknowledgement of the immediate issue of food insecurity for some families in the community, the easy access to discretionary foods in the wider community food environment and the need to provide an optimal learning environment for all students.

2.5.1.3 There is a need for programs to run alongside the SNP

- It was considered important to equip parent/caregivers with the skills and confidence to make healthy food choices for their children
- Department of PM&C need to articulate the long-term plan for the program and have a plan in place if the program was to transition from school provision of meals to home provisioning
- All stakeholders and indeed most parents recommended that the program continue particularly as routines and systems were now well established and benefits were observable

2.5.2 WASTAGE

2.5.2.1 Stakeholders were concerned about the amount of waste generated through the provision of meals

- Most sites serve meals in disposable plastic containers, which can mean thousands of plastic containers are disposed of each month
- Some sites used re-usable containers, however larger schools don't have the finances, capacity or dishwashing equipment to manage this

2.5.3 CHILDREN STAYING AT SCHOOL

2.5.3.1 Some children may not actually go to class after a meal

- Some stakeholders queried whether some children remained at school after receiving a meal, and felt it may not encourage them to see the value in education or learning
- Further exploration of this is warranted, as in general it was perceived that children did remain at school and had improved participation in learning

2.6 CHILDREN'S NUTRITION DURING SCHOOL HOLIDAY PERIODS

2.6.1 FOOD AVAILABILITY

2.6.1.1 Stakeholders commented about reduced food availability and quality during times that children were not at school.

- Stakeholders observed children to be notably hungrier on the weekends or holidays, but stressed that this was a small group of children rather than the majority
- There was concern about the poorer quality of food that many children would likely receive during the holidays
- Comments about poorer food quality were made in the context of high food prices, limited availability of healthy take-away foods, and easy access for children to the less healthy choices in the community store

2.6.1.2 In contrast to the view of stakeholders, the majority of parents/caregivers expressed no issues in parent/caregivers providing for their family during the holidays.

- Parents/caregivers considered this a time when they provided for their children
- A number of families took their children out bush and accessed traditional food during school holidays
- Some families went hunting or to family to help with food needs
- Some families were likely to find it difficult to provide enough food with so many family members in the household

2.6.1.3 Financial situation over the school holidays was a challenge for some.

- Parent contributions continued during the between term holiday times meaning that there would be reduced money available to spend on food
- Some parents had to cope with even lesser money during holidays because of their employment arrangements. One parent told how she struggled during the holidays as she was employed by the school during the term but did not receive wages or unemployment benefit over the holiday period.

2.6.2 CRIME AND BEHAVIOUR

2.6.2.1 Some stakeholders spoke of criminal activity over holiday periods in what they thought could be related to the perpetrators being hungry.

- Cases cited were referred to as break-ins for food

- Some referred to actual cases, while others referred to anecdotal information
- It must be noted that it cannot be assumed that this hunger is solely due to lack of food, and not underlying factors such as substance misuse; an appropriate investigation of this question would require access to and analysis of police records which was beyond the scope of this review

2.6.3 COMMUNITY SUPPORT

2.6.3.1 A number of different programs were referred to by stakeholders as running during the holidays and providing some food to participants

- Examples included RSAS, Sport & Recreation and Youth Diversion, however these programs often did not provide full meals
- These programs were said to not be adequately funded to provide substantial meals such as those with the SNP

2.6.4 IS THERE A NEED FOR ADDITIONAL FOOD PROVISION?

2.6.4.1 Some respondents raised concerns that some children in some communities, not all, may struggle to get adequate food during the holiday period.

2.6.4.2 The majority of the parent/caregivers felt there was no need for an additional food provision program during the school holidays

- Respondents considered the holiday period to be the time when the parents had responsibility for their child/rens needs

2.6.4.3 Programs such as Sport & Recreation and youth programs, and/or vacation care programs provided an important back-up for children during holidays even though they did not provide full meals.

2.7 DIFFERENCES IN PROGRAM DELIVERY OR OUTCOMES BETWEEN FUNDING STREAMS

2.7.1 There were no specific differences found between the funding streams

- The most evident difference between funding streams was the presence of a RSAS team
- The other differences related to the program outcomes within the Project Schedules, however we did not have access to all seven schedules to verify this
- There are a number of factors which impact on program delivery, which cannot be attributed to funding stream alone

3. RECOMMENDATIONS − STAGE 1

Based on our learnings from conducting Stage 1 of this review, we make the following recommendations:

3.1 ONGOING MONITORING OF PROJECTS

It is recommended that PM&C:

- Develop and implement a plan for routine monitoring and evaluation of the SNP
- Consult with and involve NT Health and Non-Government Organisation Public Health Nutritionists and other relevant stakeholders as to the nature and frequency of monitoring and evaluation
- Require SNP providers to supply contract managers with a current menu or list of meals provided on a regular basis, for example each school term, with interim review against the DoE *Policy* (e.g. flag any Red products and suggest corrective action such as working with PHNs to find suitable alternatives)

3.2 SUPPORTING IMPROVED NUTRITIONAL QUALITY OF MEALS

It is recommended that PM&C:

- Ensure that PM&C Contract Managers and SNP providers are familiar with and have a copy of NT DoH *School Nutrition Projects Nutrition Guidelines*, which have been developed specifically to assist SNP providers to meet the NT DoE *Policy*
- Support efforts being made to source products meeting nutrient criteria
- Continue to encourage collaboration and communication between PHNs, schools, PM&C contract managers and SNP providers

3.3 CONSISTENCY AND TRANSPARENCY

It is recommended that PM&C:

- Ensure that all SNP providers and contract managers are aware of current Policies and Guidelines relating to the SNP, including the Operational Framework, Funding Agreements and the updated NT DoE *School Nutrition and Healthy Eating Policy* (2017)
- Ensure that SNP Operational Guidelines are reviewed regularly and updated to reflect any changes to the Projects and relevant Policy and Funding Agreements

4. RECOMMENDATIONS – STAGE 2

A number of recommendations, based on the analysis of data collected are suggested for the SNP.

4.1 PROGRAM ADMINISTRATION

It is recommended that PM&C:

- Clarify the policy intent of the program and develop and communicate a strategic plan with program logic to support program operations in line with the policy intent
- Establish more efficient and streamlined information systems to
    o enable SNP providers to extract information on parent/carer payments in a timely and routine manner to monitor and manage parental contributions
    o prevent unintentional cancellation of contributions with changes in client circumstances
    o Flag and generate triggers for DHS staff and parents/caregivers if children are no longer linked to a payment
- Reassess the administration of deductions to minimise financial impact on parents during school breaks
- Develop a specific SNP training program for DHS staff to ensure that clear and consistent messaging is appropriately provided to clients (i.e. including program purpose, benefits, cost payment structure, and rules regarding participation and cancellation)
- Develop and disseminate a standard orientation package for providers
- Establish a dedicated position with Dept of PM&C and based in the NT to coordinate and support the operations of the SNP and training of providers and staff
- Reassess meal costs for parents/caregivers with more than one child

If, after implementing these recommendations, no improvements in parental contributions are evident, only then should alternative parent contribution models be explored. It is essential that this be done in close and thorough consultation with communities.

4.2 PROGRAM OPERATIONS

It is recommended that PM&C:

- Dedicate funding and resources to formalised and structured training of local SNP program staff
- Dedicate funding and resources to the training of providers and PM&C contract managers and advisers
- Develop a resource package for providers which includes
    o sample menus with estimated costs
    o recipe ideas
    o a manual on how to access and monitor DHS data on parental contributions
- Offer a means for providers to connect with each other and share success stories

4.3   MONITORING AND EVALUATION

It is recommended that PM&C:

- Establish an agreement with Department of Health for the collection of data to monitor and assess improvements in health and nutrition related indices in association with the SNP
- Give greater attention to the enforcement of the NT DoE *Policy*
- Establish an agreement with NT Health PHNs (and NGO PHNs where applicable) to embed annual menu assessments following a continuous quality improvement approach
- Communicate findings of monitoring and evaluation to the general public (including the positive aspects of the SNP in relation to parents paying for meals, provision of local employment and skill building in healthy eating in the community)

4.4   COMMUNITY LEVEL

It is recommended that PM&C:

- Provide dedicated funds to integrate formalised and structured training in to the CDP to build food and nutrition related skills and knowledge in the wider community
- Include in the list of deliverables for providers to establish appropriate and culturally safe mechanisms at the community level for parents and carers to advise and feedback on the delivery of the SNP
- Develop and disseminate SNP-specific materials territory-wide, and provide funding support to providers to develop customised materials
- Clearly identify and communicate roles and responsibilities specific to the SNP for GECs and IEOs
- Formalise the role of RSAS staff to include provision of information to parents and carers about the SNP to encourage their participation
- Provide training to RSAS staff to enable them to feel confident in taking on this role
- PM&C support providers to develop an annual plan for parent engagement that states the roles of different agencies and includes a process for regular interagency meetings
- Require providers to work together with school principals to ensure SNP meals meet NT DoE Policy
- Establish a dedicated funding initiative to support schools in collaboration with other related agencies, including PHNs, to create opportunities to integrate food and nutrition education in to school and classroom activities

4.5   INTER-DEPARTMENTAL AND INTER-AGENCY COLLABORATION

It is recommended that:

- PM&C work towards a whole-of-government policy approach to food provision so that relevant Australian government programs within communities consistently provide food in line with the NT DoE Policy

- PM&C strengthen links and give clarity on roles and responsibilities within PM&C
- Links be strengthened between PM&C and DHS
- Clearly identify and communicate roles and responsibilities specific to the SNP for DHS staff who visit communities
- PM&C initiate an agreement between PM&C, DoH and DoE that clearly delineates roles and responsibilities of these different agencies at each level in relation to the SNP

5. INTRODUCTION

The School Nutrition Projects (SNP) supports meal services for children from Transition to Year 12 during the school term in a number of remote and very remote Indigenous communities in the Northern Territory (NT). The SNP is funded under the Indigenous Advancement Strategy (IAS) by the Department of the Prime Minister and Cabinet (PM&C).

Menzies School of Health Research was commissioned by PM&C in April 2016 to evaluate aspects of the SNP relating to dietary requirements of students in remote Indigenous schools, and enablers and barriers to program delivery and student's nutrition during school holiday periods. Our evaluation was conducted in two stages throughout 2016-17; our Stage 1 Interim Report was completed in February 2017, and our Stage 2 report in September 2017.

5.1 BACKGROUND

The SNP was introduced in the Northern Territory as part of the Australian Government's 2007 Northern Territory Emergency Response (NTER). The Projects have two key policy goals:

- To contribute to improved school attendance, engagement and learning by providing meals to children enrolled in school from Transition to Year 12
- To provide for employment opportunities for local Aboriginal and Torres Strait Islander people

Initially the SNP was managed by the Department of Education, Employment and Workplace Relations (DEEWR), however following a change of government in 2013 it now falls under the Department of the Prime Minister and Cabinet (PM&C) Indigenous Advancement Strategy (IAS).

The SNP targets school-aged children from Transition to Year 12 (4-18 years) and is required to provide breakfast, morning tea, lunch or afternoon tea, or any combination of these for each day of the school term, with meals adhering to the NT Department of Education *Canteen, Nutrition and Healthy Eating Policy[10]*. Contracted SNP providers may include community-based organisations such as Women's Centres, Aged Care Centres, Schools, Stores, private businesses, non-government organisations and philanthropic organisations[11].

The Australian Government provides funding to cover the operational expenses, and it is expected that parents and carers contribute to cover the cost of the food. Parental contributions for food are voluntary, and can occur through a range of mechanisms, including direct debit, income management[12], Centrepay[13] or deduction from CDP wages[14]. Parents and carers in receipt of income support payments can make contributions through the

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[10] Department of Prime Minister and Cabinet (2016). "School Nutrition Projects Operational Framework".

[11] Department of Prime Minister and Cabinet (2016). "School Nutrition Projects Operational Framework".

[12] IM is designed to ensure that a proportion of an individual's income support payments and family assistance payments are Income Managed to ensure priority needs are met. Priority needs include food, housing, basic personal hygiene needs, basic household items, clothing and footwear, medical needs and school programs.

[13] Centrepay is a free and voluntary bill-paying service available to people receiving income support payments.

[14] Department of Prime Minister and Cabinet (2016). "School Nutrition Projects Operational Framework".

Department of Human Services (DHS) via Income Management or Centrepay[15]. Parents and carers can also contribute by electronic funds transfer through their bank or employer directly to the SNP provider. Parents can ring DHS on a 1800-number to authorise payments and organise deductions. Clients using Centrepay can set up deductions using their myGov account. There are also forms that can be completed and sent back to DHS. DHS also have account managers that visit communities that can assist parents sign on to the program.

Parental contributions paid from a parent or carer's Income Management account are made from the customer's first DHS pay day after school commences for the year, and cease on the customer's last DHS pay day before school finishes in Term 4[16]. Parents and carers who contribute to the project via Centrepay are responsible for advising DHS when deductions should not be made. Parents and carers can review statements via their Income Management and/or Centrepay statements. It is expected that parents will seek to cease their payments (or a period of payment) through DHS if the meals are not required. Redirection of payment to an alternative SNP provider is coordinated by DHS on advice from a parent or carer should a child move between SNP provider communities. Apart from exceptional circumstances, meal funding contributions cannot be reimbursed to parents or carers. Appeal processes and mechanisms are available to customers regarding the administration of their contributions. DHS provides information to SNP providers on the number of children whose payments come through either IM or Centrepay.

While voluntary, parental contributions are an important aspect of maintaining the viability of projects and are strongly encouraged. Providers are responsible for encouraging parents to pay contributions. SNP providers have a bank account for the sole purpose of accounting for and administering SNP funding, and are registered as IM third party organisations for the purpose of receiving IM funding. They can choose to sign up for IM or only Centrepay. PM&C encourage providers to sign up to both to give options to parents and carers. Parental contributions are capped at a maximum rate of $40 (GST exclusive) per child per week and if meal costs exceed five dollars per day per student this should be discussed with the PM&C.

School nutrition providers are funded to manage the school nutrition project, which includes:
- Employing local workers to prepare and serve meals
- Ensuring adequate kitchen facilities and equipment are available
- Ensuring the meals are nutritious, accommodate special dietary requirements and adhere to the NT Department of Education Canteen Nutrition and Healthy Eating Policy, and
- Monitoring and encouraging contributions by parents to cover the cost of meals.

Currently, the Australian Government provides $24.1 million over three years (2015-2018) to 42 providers funded by PM&C to deliver the SNP in 72 schools within 63 communities in the NT[17]. It is estimated that on average more than 5,800 children receive meals each school day through the school nutrition projects (based on average enrolment and attendance figures)[18].

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[15] Department of Prime Minister and Cabinet (2016). "School Nutrition Projects Operational Framework".
[16] Department of Prime Minister and Cabinet (2016). "School Nutrition Projects Operational Framework".
[17] Personal communication, PM&C; figures as at February 2017
[18] Personal communication, PM&C

The school nutrition projects directly contribute to employment of local Indigenous people, and are high employers of Indigenous women[19]. Employment roles within the school nutrition projects include: supervisors, breakfast and lunch coordinators, part-time assistants, administrative assistants, store-persons, volunteers and cleaners. In 2016, school nutrition projects employed approximately 230 people, 73% of whom were local Indigenous people[20].

5.1.1 CHILDHOOD OBESITY AS A NATIONAL PUBLIC HEALTH PRIORITY

Prevention of childhood obesity is a public health priority given the significant impact of obesity on acute and chronic diseases, general health, development and well-being[21]. A Cochrane review published in 2011[10], found strong evidence to support beneficial effects of child obesity prevention programs on BMI, particularly for children aged six to 12 years.

The following policies and strategies were considered to be promising:
- School curriculum that includes healthy eating, physical activity and body image
- Increased sessions for physical activity and the development of fundamental movement skills throughout the school week
- Improvements in nutritional quality of the food supply in schools
- Environments and cultural practices that support children eating healthier foods and being active throughout each day
- Support for teachers and other staff to implement health promotion strategies and activities (eg professional development, capacity building activities)
- Parent support and home activities that encourage children to be more active, eat more nutritious foods and spend less time in screen based activities

These demonstrate the important role that a school nutrition program can have on the current and future health of school-aged children and their families.

5.1.2 CHILD HEALTH INDICATORS IN REMOTE INDIGENOUS COMMUNITIES

The health gap between Indigenous and non-Indigenous Australians is well recognised[22], with poor nutrition a significant contributing factor[23]. People living in remote Indigenous communities have reduced access to services and facilities, including fresh and nutritious food[3], and nearly one-third of those living in remote areas have reported living in a household which ran out of food and could not afford to buy more (compared to 20% in non-remote areas)[24].

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[19] Personal communication, PM&C

[20] Personal communication, PM&C

[21] Waters et a l(2011). "Interventions for preventing obesity in children". Cochrane Database of Systematic Reviews 2011, Issue 12. Art. No.:CD001871. DOI:10.1002/14651858.CD001871.pub3

[22] Australian Institute of Health and Welfare (AIHW) (2014). "Australia's Health 2014: 7.7 Remoteness and the Health of Indigenous Australians". Available from http://www.aihw.gov.au/australias-health/2014/indigenous-health/#t7

[23] Australian Institute of Health and Welfare 2016. "Australian Burden of Disease Study: Impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011". Australian Burden of Disease Study series no. 6. Cat. no. BOD 7. Canberra: AIHW. Available from http://www.aihw.gov.au/publication-detail/?id=60129555173

[24] Australian Bureau of Statistics (ABS) (2015). "Australian Aboriginal and Torres Strait Islander Health Survey: Nutrition Results - Food and Nutrients, 2012-13". Available from http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4727.0.55.005Main+Features12012-13?OpenDocument

In the Northern Territory, approximately 80% of school-aged children reside in remote or very remote areas[25] and are therefore subject to these same inequalities. Both under- and over-nutrition contribute to poor health and wellbeing. For instance, iron deficiency can lead to anaemia and subsequently adverse effects on physical and cognitive development, while an excess consumption of energy dense, nutrient poor foods can lead to obesity and associated chronic diseases.

Overweight/obesity has been identified as an emerging concern in both Indigenous and non-Indigenous children aged 2-17 years, with the NT rate (23.5%) just below that of the national population (25%)[26]. Rising rates of childhood obesity are linked to the observed increase in type 2 diabetes among Indigenous Australian children[27,28]. The most effective time to take action to prevent overweight and obesity is in childhood.

5.1.3 IMPORTANCE OF ADEQUATE NUTRITION FOR CHILD LEARNING AND DEVELOPMENT

Adequate nutrition is essential for normal growth and development, with poor nutrition in early childhood associated with poorer cognitive functioning. Skipping breakfast has been shown to have a negative impact on children's cognitive performance, particularly in those who are nutritionally at risk.[29]

Hunger can be detrimental to attention and interest in the classroom[30]. In Australia, 67% of teachers report that children attend school hungry or without eating breakfast, resulting in difficulty concentrating, lethargy, or behavioural problems in class, all of which impact on student learning[31]. This problem is more prevalent in regional and rural areas[32].

There is an achievement gap between Indigenous and non-Indigenous students, associated with a gap in attendance rates, which widens with increasing remoteness[33]. It is possible that school feeding programs, including breakfast programs, can positively impact academic performance through increased school attendance[34,35].

[25] Australian Bureau of Statistics (ABS) (2011). "Estimates of Aboriginal and Torres Strait Islander Australians, June 2011". Available from: http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3238.0.55.001June%202011?OpenDocument

[26] Northern Territory Department of Health (NT DoH) (2015). "Annual Report 2014-15". Northern Territory Government.

[27] Australian Institute of Health & Welfare (2014). "Type 2 diabetes in Australia's children and young people: a working paper". Canberra, Australia

[28] Maple-Brown, Sinha & Davis (2010). Type 2 diabetes in indigenous Australian children and adolescents. J Paediatr Child Health; 46(9): 487-90.

[29] Kristjansson, B. et al. (7). "School feeding for improving the physical and psychosocial health of disadvantaged students". Cochrane Database of Systematic Reviews 1, Art No: CD004676.

[30] Kristjansson, B. et al. (7). "School feeding for improving the physical and psychosocial health of disadvantaged students". Cochrane Database of Systematic Reviews 1, Art No: CD004676.

[31] Foodbank. (2015). "Hunger in the Classroom". Foodbank Australia Ltd.

[32] Foodbank. (2015). "Hunger in the Classroom". Foodbank Australia Ltd.

[33] O'Keefe, K., Olney, H., & Angus, M. (2012). "Obstacles to Success: Indigenous Students in Primary Schools". Kingston, ACT, Australian Primary Principals Association.

[34] O'Keefe, K., Olney, H., & Angus, M. (2012). "Obstacles to Success: Indigenous Students in Primary Schools". Kingston, ACT, Australian Primary Principals Association.

[35] Hoyland, A., Dye, L., & Lawton, C. L. (2009). "A systematic review of the effect of breakfast on the cognitive performance of children and adolescents". Nutrition Research Reviews, 22: 220-243.

Whilst previous evaluations of the SNP have not shown a definite link between the SNP and student attendance[36,37], it has been suggested that the SNP may, in many cases, be the only source of nutrition for children during the day[38]. Despite anecdotal evidence that the SNP has contributed positively to students' health, wellbeing and learning outcomes[39,40], no further exploration of this has been conducted to date.

This evaluation report will be presented in two chapters, one each for Stages 1 and 2.

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[36] Office of Evaluation and Audit – Indigenous Programs. (2009). "Performance Audit of the School Nutrition Program". Commonwealth of Australia.

[37] "Northern Territory Emergency Response (NTER) Evaluation Report". (2011).

[38] "Northern Territory Emergency Response (NTER) Evaluation Report". (2011).

[39] Office of Evaluation and Audit – Indigenous Programs. (2009). "Performance Audit of the School Nutrition Program". Commonwealth of Australia.

[40] "Northern Territory Emergency Response (NTER) Evaluation Report". (2011).

6. STAGE 1

6.1 EVALUATION AIMS AND SCOPE

The aim of Stage 1 was to assess the extent to which the SNP provides for children's nutritional requirements

Stage 1 of this evaluation involved conducting a comprehensive assessment of the nutritional quality of SNP meals with reference to the NT Department of Education *Canteen, Nutrition and Healthy Eating Policy*, the Australian Dietary Guidelines and National Health and Medical Research Council Nutrient Reference Values (NRVs) for Australia and New Zealand.

SNP Evaluation— Stage 1

AIM

To assess the extent to which the SNP provides for children's nutritional requirements

SITES
n=20
Random representative sample including:

"Very Remote" NT locations
SNP funded by Dept PM&C
SNP in different PM&C regions (Top End, Arnhem Land, Central)
Local Government Regional Council Areas
Different SNP provider type (Shire Council, School, Store)

REQUESTED DATA

Menu plans
Records of meals supplied
Ordering lists
Purchasing data
Information on menu/recipe adherence
Program reach (student numbers)
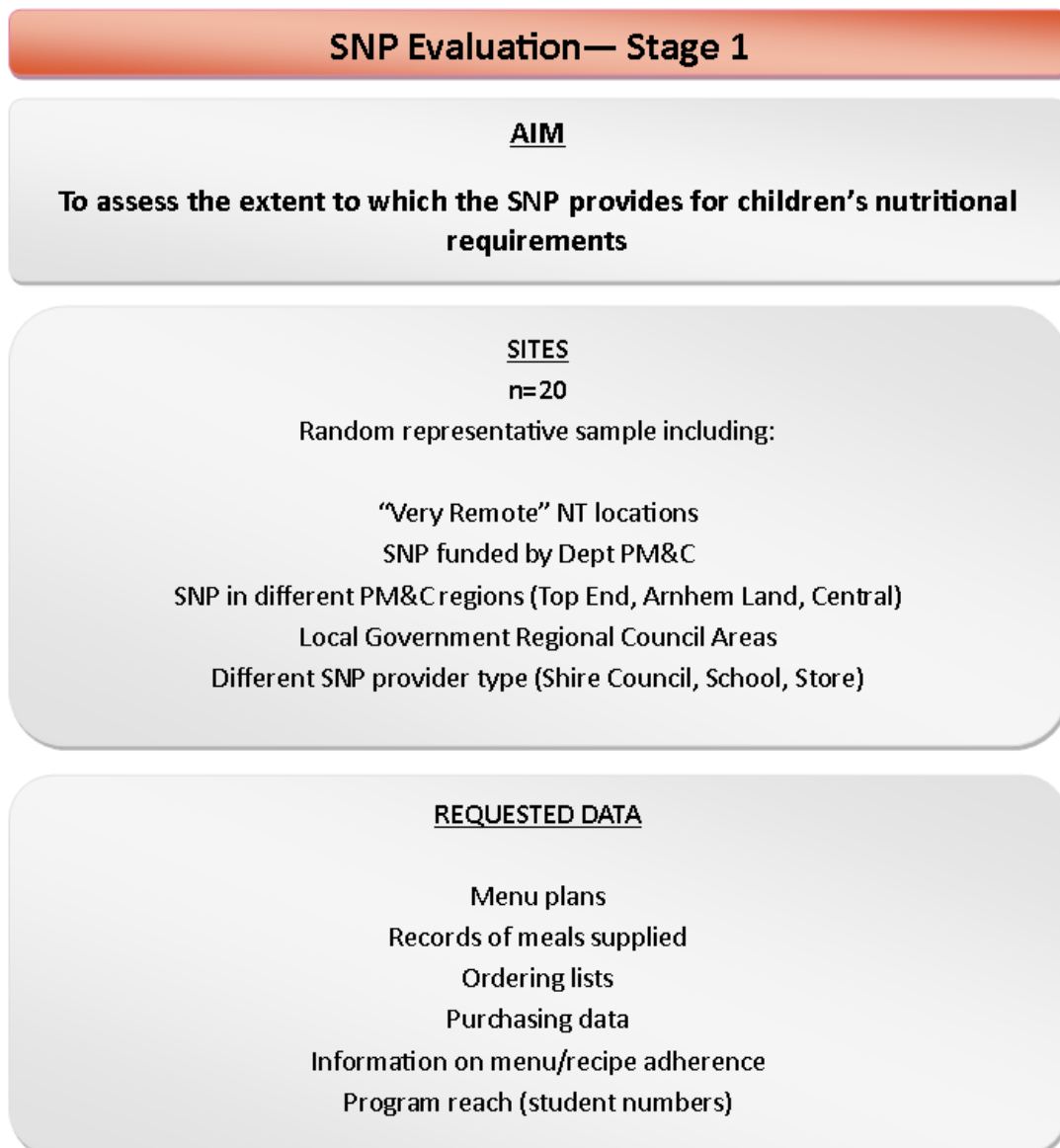
6.2 METHODS

This evaluation used a cross sectional study design to determine the extent to which the SNP provides for children's nutritional requirements.

6.2.1 SETTING

The setting involved remote NT Indigenous communities where there is a School Nutrition Projects in operation.

6.2.2 PARTICIPANTS

The participants included the SNP service providers.

6.2.3 SITE SELECTION

A sample of 20 SNP sites across the NT were randomly selected from a list of SNP sites obtained from a representative of the PM&C (hereafter SNP representative).

Eligibility for inclusion in site selection included that the:
- Location of the SNP be "very remote" according to ABS remoteness classification. Remoteness classification was determined based on ABS data (Statistical Area Level 1 code, State Suburb Name). Where a site's location was not listed in either ABS table, its remoteness was derived based on the remoteness classification of the nearest location (listed in the ABS tables) on a detailed NT map.
- SNP be funded by the Department of PM&C
- Site be willing to participate in both Stage 1 and 2 of the project. Stage 2 of this review of the SNP includes a qualitative component to be conducted in 2017.

Sites were excluded if any of the following applied:
- Location "remote" according to ABS remoteness classification
- SNP delivered by providers that are not currently under contract
- SNP delivered by providers with significant governance/capacity issues

After applying inclusion/exclusion criteria, 20 sites were randomised, stratifying by Local Government Regional Council Area, to ensure representation throughout the Northern Territory. Ten additional sites were randomly selected as reserves should any of the original 20 decline to participate. Sites meeting inclusion/exclusion criteria were confirmed with SNP representatives from Department of PM&C.

6.2.4 RECRUITMENT

SNP Representatives from PM&C initiated contact with the PM&C Regional Managers and SNP Service Provider Contract Managers for each of the 20 sites to inform them of this evaluation. Following this, we made contact with Contract Managers and obtained contact

details for each of the selected SNP providers and school sites. We then made contact with the SNP providers and formally invited them to participate in Stages 1 and 2 of the project. As a requirement of the HREC, participants received a participant information sheet (Appendix I) and were advised that Stage 2 of the project would commence in 2017. Written informed consent was then obtained from the appropriate representative of the SNP provider (Appendix II).

6.2.5 DATA COLLECTION

SNP providers were requested to provide menu plans, recipes, records of meals provided, ordering lists and/or purchasing data used for the SNP. Other information collected from the service providers via email or phone included information on whether and/or how often recipes/menu plans were followed and project reach (i.e. the average number of children receiving the SNP at each site).

A checklist was used to guide data collection (Appendix III). Consent was also obtained from service providers to access their purchasing data from the respective suppliers. All suppliers were contacted via email and/or phone and asked to provide a report of all food and beverage products purchased for Term 2 of the 2016 school year (11 April to 24 June).

A unique identifier was assigned to each SNP site and provider for purposes of confidentiality. All data (e.g., menu plans, recipes) have been stored safely at Menzies School of Health Research.

6.2.6 DATA ENTRY AND ANALYSIS

Data were entered into a purpose-built database (Microsoft Access 2010) and analysed using Stata 14.2 (StataCorp).

FOOD AND BEVERAGE PURCHASES

Food and beverage purchase data were used to assess the nutritional quality of SNP meals with reference to the Australian Dietary Guidelines [41] and National Health and Medical Research Council (NHMRC) Nutrient Reference Values (NRVs) for Australia and New Zealand[42]. Purchase data included product code, product description and quantity purchased. These data were received in a number of different formats (including pdf, text file, Excel spreadsheet and written email). Unit weights/volumes were determined for each product with assistance from the suppliers. Food and beverage products were matched to a food identification code from the Australian Food and Nutrient survey specific database (AUSNUT 2011-13)[43]. Each food identification code links to a food group and nutrient data. The database contains nutrient data for over 50 nutrients for each food identification code, which

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[41] National Health and Medical Research Council (2013). "Australian Dietary Guidelines". Canberra, National Health and Medical Research Council.

[42] National Health and Medical Research Council (2006). "Nutrient Reference Values for Australia and New Zealand Including Recommended Dietary Intakes". Canberra, National Health and Medical Research Council.

[43] Food Standards Australia New Zealand (2014). "AUSNUT 2011-13 – Australian Food Composition Database". Canberra, FSANZ

is based on laboratory analysis data, manufacturer data (i.e. label information such as the nutrition information panel) and derived data from international composition databases. Nutrient data is derived for multiple products from a food group. Using this system means that multiple brands or products, for instance all brands of regular fat strawberry yoghurt, are included within the same food identification code. We used product descriptions to inform the assigning of food identification codes. Further product information was sourced from manufacturer websites where required (e.g. salt or fat content, proportion of fruit and nuts). For fresh meats, where fat content was not evident, the product was assumed lean or to have minimal fat. Where an exact product match could not be made (i.e. where there is no food identification code for a specific product), the closest match was used. For example, there is no food identification code for "sweet soy sauce", therefore the code for "soy sauce" was used.

Unit weights/volumes were multiplied by the quantity purchased to give a total weight/volume purchased for each food and beverage product. Volume measures were converted to a weight (g) by multiplying the unit volume by the specific gravity. Product weights were adjusted to reflect the edible portion by multiplying the unit weight by the edible portion. Foods and beverages were linked to nutrient data from AUSNUT 2011-13[44] and categorised by food groups according to the Australian Health Survey Food and Supplement Classification system[45]. Foods and beverages were also classified as discretionary food/ beverages using the Australian Bureau of Statistics Classification system for discretionary foods[46,47]. All products purchased were also assigned a food category according to NT Department of Education *Canteen, Nutrition and Healthy Eating Policy* as detailed below in the menu analysis section, in order to determine the proportion of products ordered within each food category and assist with menu item classification.

The Australian Dietary Guidelines describe discretionary foods as being: "foods and drinks not necessary to provide the nutrients the body needs, but that may add variety. However, many of these are high in saturated fats, sugars, salt and/or alcohol, and are therefore described as energy dense. They can be included sometimes in small amounts by those who are physically active, but are not a necessary part of the diet"[48]. Examples of discretionary choices include: "most sweet biscuits, cakes, desserts and pastries; processed meats and sausages; ice-cream and other ice confections; confectionary and chocolate; savoury pastries and pies; commercial burgers; commercially fried foods; potato chips, crisps and other fatty and/or salty snack foods; cream, butter and spreads which are high in saturated fats; sugar sweetened soft drinks and cordials, sports and energy drinks and alcoholic drinks". More information on the criteria used by ABS for the discretionary food classification can be found in the Australian Health Survey: User's Guide, 2011-13[18].

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[44] Food Standards Australia New Zealand (2014). "AUSNUT 2011-13 – Australian Food Composition Database. Canberra, FSANZ"

[45] Food Standards Australia New Zealand (2014). "AUSNUT 2011-13 food and dietary supplement classification system. AUSNUT2011-13 – Australian Food Composition Database". Canberra, FSANZ

[46] Australian Bureau of Statistics. "4363.0.55.001 – Australian Health Survey: User's Guide, 2011-13". Available from http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4363.0.55.001Chapter65062011-13. Canberra, ABS

[47] Food Standards Australia and New Zealand. "Application of discretionary foods flag". Available from http://www.foodstandards.gov.au/science/monitoringnutrients/australianhealthsurveyandaustraliandietaryguidelines/application ofdiscretionary/Pages/default.aspx. Canberra, FSANZ

[48] Australian Bureau of Statistics. "4364.0.55.007 – Australian Health Survey: Nutrition First Results – Foods and Nutrients, 2011-12". Available from http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.007~2011-12~Main%20Features~Discretionary%20foods~700. Canberra, ABS

Nutrient densities (amount of each nutrient per megajoule (MJ) of energy) were calculated by dividing the total nutrient contents of all foods and beverages purchased by the total energy. The ratio of nutrient per MJ of energy purchased is useful as it provides an assessment on diet quality against recommendations without requiring per capita estimates. Macronutrients (i.e. protein, carbohydrates (including added sugars and free sugars), total fat, saturated fat and fibre) were converted from grams into energy using the Atwater system (protein 16.736kj/g, carbohydrate 16.736kj/g, fat 37.656kj/g, fibre 8.368kj/g).

Energy, micronutrient and essential fatty acid intake recommendations were derived from the current Australian dietary recommendations (2006 Nutrient Reference Values (NRVs)[49]. Nutrient requirements differ across the life-span, by gender and during pregnancy and lactation, therefore the Australian Nutrient Reference Values are provided as recommendations for 20 sub-groups (categorised by age, gender and pregnancy/lactation status). The average amount of each nutrient required to meet the recommendation per person was calculated and weighted according to the proportion of the population in each of the relevant age and gender subgroups (population weighted recommendation). As the beneficiaries of the School Nutrition Projects can age from 4 to 18 years of age, we accounted for extra energy needs during lactation and pregnancy for the 14- to 18-year age group. The number of Indigenous Australian individuals who live in very remote Australia within each age and gender subgroup was calculated from 2010 census data retrieved using Australian Bureau of Statistics table builder[50]. To determine the proportion of women likely to be pregnant or breastfeeding at one time, 2010 birth data from very remote Australia[51] was cross referenced to the total population in the relevant age groups in very remote Australia.

Estimated energy requirements (EER) at a physical activity level of 1.8 (moderate) for age and gender groups 4 to 13 and of 1.6 (light) for age and gender groups 14 to 18 were used. Minimum values for micronutrient and essential fatty acid intake were derived from estimated average requirement (EAR) and Adequate Intake (AI), while the upper limits (ULs) were used for the maximum values (where available). The EAR is the level at which half the population's needs are met, and is accepted as the value to use at the population level[52]. AI is provided when EAR cannot be calculated, and is the level assumed to be adequate in apparently healthy people based on observed or experimentally-measured intakes. The UL is the highest level of intake likely to cause no adverse health effects. Where the AI or EAR is provided as a range in the NRVs, the mid-point was used.

Population-weighted NRVs were calculated by multiplying the recommendation for each age/gender group by the calculated sample size in that age/gender group, summing these values and dividing by the total sample size. Population-weighted NRVs were then divided by the population weighted estimated energy requirement to give the nutrient requirement per MJ of energy purchased. For macronutrient intake recommendations, acceptable macronutrient

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[49] National Health and Medical Research Council (2006). "Nutrient Reference Values for Australia and New Zealand Including Recommended Dietary Intakes". Canberra, National Health and Medical Research Council.

[50] Australian Bureau of Statistics (2014). "Census 2011 Table Builder: Age in Single Years (AGEP), Sex (SEXP) and Indigenous Status (INGP) by Indigenous Geography (UR), Counting: Persons, Place of Usual Residence". Canberra.

[51] Australian Bureau of Statistics (2013). "Table 5.1 Births, Summary, Remoteness Areas–2001 to 2012 3301.0 - Births, Australia, 2012 Births, Australia, 2012)". Canberra, ABS.

[52] Australian Bureau of Statistics. "4363.0.55.001 – Australian Health Survey: User's Guide, 2011-13". Available from http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4363.0.55.001Chapter65062011-13. Canberra, ABS

distribution ranges (AMDRs) were drawn from the Australian NRVs. There was no recommendation available for total sugar intake; the World Health Organisation (WHO) provides recommendations regarding 'free sugar' (those added during food processing, as well as sugars naturally present in honey, syrups and fruit juices, and excludes intrinsic sugar present in a whole food such as milk, wholegrains or intact fruit or vegetables)[53].

Descriptive statistics were used to determine:

- Total energy provided and proportion of food purchases being provided by discretionary foods
- Contribution of different AHS Food Groups to total food and beverage weight and energy purchased and the variation in Food Group distribution to purchases across communities
- Main food types contributing to key nutrients
- Availability of nutrients purchased compared to nutrient recommendations and the variation across communities in the contribution of the macronutrients to energy
- Proportion of products ordered within each of the Red, Amber and Green food categories

Daily per capita energy availability was calculated by dividing the total energy content of all foods and drinks purchased over the study period by the reported number of students attending the School Nutrition Projects in each community.

MENU ANALYSIS

Menu data were used to assess adherence to the NT Department of Education *Canteen, Nutrition and Healthy Eating Policy*[54]. The accompanying *Canteen, Nutrition and Healthy Eating Guidelines* utilise the food categories from the National Healthy School Canteens Guidelines (Green – Always on the menu, Amber – Select carefully, and Red – Not on the menu) to outline the types of foods which can/cannot be provided in schools[55].

Menu data were received in a number of different formats and level of detail (including tables, spreadsheets, written lists, email and verbal). Menu items and meal components were given a recipe name or description based on detail provided and were assigned food categories according to the NT DoE *Canteen, Nutrition and Healthy Eating Guidelines*. Where required, product information was sourced from manufacturer or distributer websites to assess against nutrient criteria tables from the NT DoE *Canteen, Nutrition and Healthy Eating Guidelines* and School Nutrition Projects Nutrition Guidelines[56], in order to assign products to Amber (meets nutrient criteria) or Red (does not meet nutrient criteria).

For recipes and multi-component menu items such sandwiches, curries, stews and other homemade dishes, rules were developed to determine the food category (Table 1). Order

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[53] World Health Organization (2015). "Sugars Intake for Adults and Children". Guideline. Geneva, Switzerland, WHO.
[54] NT Department of Education (2013). "Canteen, Nutrition and Healthy Eating Policy and Guidelines". Available from https://education.nt.gov.au/education/policies/canteen-nutrition-and-healthy-eating
[55] Australian Government Department of Health (2014). "National Healthy School Canteens: Guidelines for healthy foods and drinks supplied in school canteens". Commonwealth of Australia.
[56] NT Department of Health (2016). "School Nutrition Projects Nutrition Guidelines".

lists were used to determine potential ingredients used in recipes/dishes and their food category.

Data on menu and recipe use and adherence was entered into Microsoft Excel and analysed qualitatively for common themes.

Descriptive statistics were used to determine:
- Proportion of unique menu items in each of the Red, Amber and Green food categories
- Proportion of unique menu items in each of the Red, Amber and Green food categories by meal type and by community

Table 1: Rules used to assign recipes and multi-component meals to food categories

Menu Item	Rule	Examples*
Sandwiches	Homemade sandwich with Red ingredient = AMBER	Ham, mayonnaise, butter, commercial patties
	Homemade sandwich with lean protein AND no Red ingredient = GREEN	Cheese and tomato; Egg and lettuce; Chicken and cheese/salad; Baked beans and cheese
Hot dishes	Homemade dish with lean meat and vegetables AND no Red ingredient =GREEN	Stew/stir-fry/curry with vegetables and rice/pasta Chops/fish/roast meat with salad or vegetables Meatballs/rissoles/patties with salad or vegetables Lasagne/other mince dishes Meat and vegetable soups
	Homemade dish with lean protein AND no Red ingredient = GREEN	Scrambled eggs
	Homemade dish with vegetables/salad but containing Red ingredient = AMBER	Dishes containing simmer sauces, butter, cream, coconut milk, processed meats
	Dishes where major protein component is Red and contains negligible Green ingredients = RED	Commercial lasagne, meatballs, chicken wings or drumsticks; Hot dogs/Sausage sizzle
Cold dishes	Homemade dish with no Red ingredient = GREEN	Pasta salad; Garden salad

* Examples refer to specific ingredients or products from providers' order lists which have been assessed against nutrient criteria and assigned the appropriate food category.

6.3 RESULTS

Consent was obtained from providers of 20 SNP sites. Of the original sample, 18 of the 20 selected SNP sites consented to participate. One site was replaced due to non-consent, and one site was replaced due to the SNP no longer running at that site. Table 2 summarises details for each of the participating SNPs.

Four of the SNP sites were in the Roper Gulf regional council, four in the Central Desert regional council, three in the Barkly regional council, three in the East Arnhem regional council, two in the MacDonnell regional council, two in the Victoria Daly regional council and one in each of the West Daly and West Arnhem regional council areas. All sites were located within one of the three PM&C regions in the NT.

There were 16 service providers in total delivering the SNP to the 20 participating communities. The majority of providers (62.5%; n=10) were schools, school councils, school management councils or community education centres. Three were regional councils, two were store corporations and one was an Aboriginal corporation. There were two providers that serviced three SNP sites each.

Student numbers varied considerably between sites based on community size and within sites due to varying attendance each day. According to provider estimates, students receiving the SNP ranged from as low as 16 students per day up to 300 students per day.

Table 2. Details of SNP sites participating in the evaluation

Site ID	Regional Council Area	PMC region	Provider Type	Reported student numbers participating in SNP per day	Additional food services mentioned
1	Barkly^	Central Australia	Regional Council	50-60	Aged Care
2	Barkly^	Central Australia	Regional Council	27-28	Aged Care
3	MacDonnell^	Central Australia	Regional Council	30-89	
4	Roper Gulf	Top End and Tiwi Islands Region	School	60 (average)	
5	Central Desert	Central Australia	Regional Council	68 (max.)	Aged Care; Childcare
6	Central Desert	Central Australia	Regional Council	18 (max.)	
7	Central Desert	Central Australia	Regional Council	50 (max.)	
8	West Daly^	Top End and Tiwi Islands Region	Community store	24	
9	East Arnhem^	Arnhem Land and Groote Eylandt	Community Education Centre	110-130	Families as First Teachers program
10	Victoria Daly	Top End and Tiwi Islands Region	School	80 (average)	Families as First Teachers program
11	Central Desert	Top End and Tiwi Islands Region	School Council	80-140	
12	West Arnhem	Arnhem Land and Groote Eylandt	School	300 (approx.)	
13	East Arnhem	Arnhem Land and Groote Eylandt	School Council	80-120	
14	Roper Gulf	Top End and Tiwi Islands Region	School Council	200-250	
15	Victoria Daly	Top End and Tiwi Islands Region	Community Store	16-25	
16	Roper Gulf	Top End and Tiwi Islands Region	School Council	60-120	
17	MacDonnell	Central Australia	Community Store	not reported	
18	Roper Gulf	Top End and Tiwi Islands Region	Regional Council	21 (average)	Aged Care
19	Barkly	Central Australia	School Management Council	50-120	
20	East Arnhem	Arnhem Land and Groote Eylandt	Community Education Centre	180-280	

^Excluded from purchase data analysis due to insufficient data

6.3.1 FOOD & BEVERAGES PURCHASED

Service providers in total purchased foods and beverages from 24 different suppliers. Half of the Service providers purchased from three suppliers (grocery, fruit and vegetable and meat wholesalers), six purchased from the community store or nearby supermarket only and two purchased from four suppliers (this included 3 wholesalers for grocery, fruit and vegetables, meat, and a supermarket).

Food and beverage purchasing data for Term 2 2016 was obtained from 19 suppliers in total for 15 of the 20 school sites (Appendix IV). Four of these sites were in the Central Desert region, four were in the Roper Gulf region, two were in the Victoria Daly region, two were in the East Arnhem region, and one each in the MacDonnell, Barkley and West Arnhem regions.

TOTAL ENERGY PROVIDED

In total 267, 031MJ of energy were provided through all food and beverage purchases for all sites combined. The estimated energy requirement weighted for young people aged 4-18 years (including a factor for pregnancy and lactation) is 8.458MJ per person per day. Based on the data provided, if the SNP operated 5 days per week for the 11 weeks of the term, it would provide approximately 35% to 45% of a student's energy requirement (assuming daily participation of 1263 (min) to 1652 (max) students). 1263 and 1652 are the minimum and maximum number of students respectively reported to attend the SNP in the communities for which we had purchasing data.

FOOD GROUPS

Of the total weight of food and beverages purchased, food contributed 90.5% and beverages 9.5%. Of the total energy provided from food and beverage purchases, food contributed 96.8% and beverages 3.2%. Discretionary food and beverages made up 12.2% and 2.5% respectively of total purchases in grams and 22.4% and 1.6% respectively of energy provided.

Figure 1 shows the breakdown of purchases by AHS Food Groups. By weight, fruit made up the majority of purchases (21.5%), followed by cereal and cereal products (20.0%), milk and milk products (15.1%), vegetables, legumes and pulses (12.9%), and then meat and meat products (11.6%). Beverages contributed 9.5% to the total weight of purchases. Eggs and egg products contributed 2.7%, soups, savoury sauces and condiments contributed 2.5% and snacks and sugar and confectionery contributed 2.1%.

Figure 1 also shows the contribution of discretionary foods and beverages for each of the AHS Food Groups. Nearly all soups, savoury sauces and condiments (98.8%), snacks (94.7%), fish and seafood (89.7%) were discretionary choices. 28.9% of fats and oil products, 26.5% of meats and meat products, 26.0% of beverages, 13.1% of cereal and cereal products and 5.3% of milk and milk products were discretionary choices.
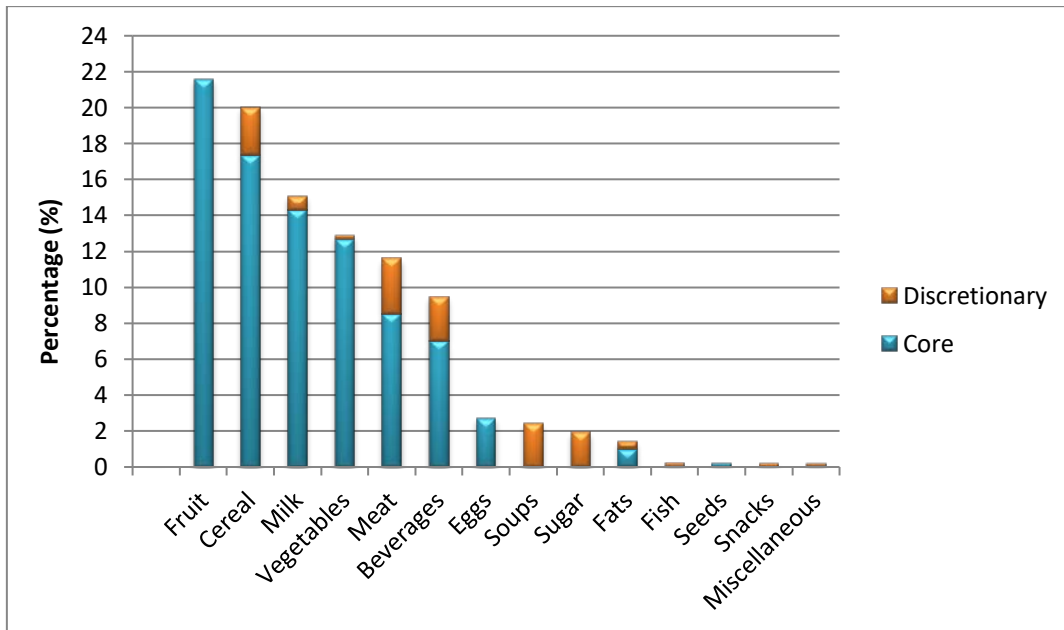
Figure 1. Contribution of AHS Food Groups to total weight of food and beverages purchased and proportion of each AHS Food Group made up of discretionary products

Table 3 provides information on the types of food and beverages contributing to each of the AHS food groups and their contribution to total weight purchased, energy and other nutrients. For beverages, by weight, fruit juice was the main beverage purchased. By weight, wholemeal bread, followed by white bread, savoury pasta/ noodles and sauce dishes, rice, wheat based breakfast cereals, pasta/ noodles and savoury pastry products were the main cereal and cereal products purchased. Monounsaturated margarine spread and monounsaturated and polyunsaturated oils were the main fats and oils purchased. Nearly all of the fish and fish products were crumbed or battered. Beef followed by chicken and then sausages/frankfurts, processed meats (bacon, ham and deli meats) and beef patties were the main meats and meat products purchased. Milk followed by cheese and flavoured yoghurt and then dairy desserts and flavoured milk were the main milk and milk products purchased.

Cereal and cereal products (37.3%), followed by milk and milk products (15.2%), meat and meat products (13.1%) and fruit (8.5%) provided the most energy. Snacks, sugar and confectionery, dairy desserts and muesli bars with added coatings or confectionery contributed 4.9% to total energy. The biggest contributors to sodium were cereal and cereal products (37.3%) mainly due to bread (17.8%); meat and meat products (21.0%) mainly due to ham (5.7%), sausages/ frankfurts (4.2%), beef patties (4.0%) and bacon (2.6%); Soups, savoury sauces and condiments mainly due to gravy mixes (4.7%) and savoury sauces (7.1%); miscellaneous foods (10.8%) mainly due to stock cubes and seasoning (7.0%) and salt (3.5%); and milk and milk products (10.4%) mainly due to cheese (5.6%). Sugar and confectionery (31.8%) contributed most to free sugars mainly due to sugar (white, raw and icing) (18.1%), ice confections, sugar based desserts and muesli bars (8.9%) and honey (4.0%).

Table 3. Percent contribution of AHS Main Food Groups and Sub-Groups to total weight and major nutrients and sodium for all communities combined

| Food Group	Total grams	Energy	Protein	CHO	Sugar	Added Sugars	Free Sugars	Fat	Saturated Fat	Fibre	Sodium
Beverages	**9.5**	**3.2**	**1.4**	**5.5**	**12.4**	**11.0**	**28.7**	**1.1**	**1.7**	**3.5**	**0.5**
Fruit juices, commercially prepared	5.6	1.4	0.3	2.7	6.5	0.0	16.0	0.0	0.0	1.4	0.1
Fruit drinks (ready to drink or made from concentrate)	1.1	0.3	0.0	0.6	1.4	3.7	3.5	0.0	0.0	0.0	0.0
Cordial concentrate	0.1	0.1	0.0	0.1	0.4	1.1	0.9	0.0	0.0	0.0	0.0
Cordial concentrate, intense sweetened	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Soft drinks, non-cola	0.5	0.1	0.0	0.3	0.7	2.3	1.7	0.0	0.0	0.0	0.0
Soft drinks, cola, intense sweetened	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Purchased packaged water, fortified (including mineral water)	1.1	0.0	0.0	0.1	0.2	0.5	0.4	0.0	0.0	0.0	0.0
Unfortified dry beverage flavourings	0.9	1.4	1.1	1.7	3.3	3.3	6.2	1.1	1.7	2.1	0.2
Cereals and cereal products	**20.2**	**37.3**	**29.1**	**53.7**	**13.7**	**25.4**	**19.0**	**17.3**	**15.7**	**43.7**	**31.2**
Cereal flours and starches, fortified	0.0	0.1	0.1	0.2	0.0	0.0	0.0	0.0	0.0	0.1	0.1
Savoury pastry products, pies, rolls and envelopes	1.1	1.8	1.5	1.6	0.4	0.7	0.6	2.3	2.8	1.3	2.3
Sandwiches and filled rolls, saturated fat <=5 g/100 g	0.2	0.4	0.4	0.3	0.1	0.0	0.0	0.4	0.2	0.3	0.4
Grains (other than rice) and grain fractions	0.1	0.2	0.2	0.3	0.0	0.0	0.0	0.2	0.1	0.5	0.0
Rice and rice grain fractions	1.6	3.8	1.5	7.2	0.0	0.0	0.0	0.1	0.1	1.6	0.0
Cereal flours and starches	0.7	1.7	1.0	3.0	0.0	0.0	0.0	0.1	0.0	1.2	1.9
Breads, and bread rolls, white, not stated as to fortification	3.4	6.3	4.9	9.8	2.0	0.0	0.0	1.7	0.7	9.3	7.3
Breads, and bread rolls, mixed grain, mandatorily fortified	0.7	1.2	1.2	1.5	0.2	0.0	0.0	0.7	0.2	2.2	1.4
Breads, and bread rolls, wholemeal and brown, additional voluntary fortification	4.6	7.1	7.6	10.0	1.8	0.0	0.0	1.9	0.8	13.8	9.1
English-style muffins; Flat breads	0.3	0.6	0.5	0.8	0.1	0.1	0.1	0.2	0.1	0.5	0.8
Sweet breads, buns and scrolls, uniced, unfilled	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.1	0.0
Fried bread products and garlic breads	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.1	0.1	0.0	0.1
Pasta and noodles, wheat based, other than instant noodles	1.1	2.6	2.1	4.4	0.0	0.0	0.0	0.3	0.1	1.7	0.0
Instant noodles and noodle products, wheat based	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pasta and noodles, not wheat based	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Breakfast cereal, rice based, fortified	0.2	0.5	0.3	1.0	0.2	0.5	0.4	0.0	0.0	0.3	0.6
Breakfast cereal, wheat based, fortified, sugars <=20 g/100g	1.1	2.5	1.9	3.9	0.5	0.5	0.5	0.4	0.1	5.8	0.6
Breakfast cereal, mixed grain, fortified, sugars >20 g/100g	0.4	1.0	1.4	1.5	1.7	5.3	4.0	0.2	0.1	0.5	1.1
Breakfast cereal, mixed grain, with fruit and/or nuts, fortified	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.1	0.0
Sweet biscuits, plain or flavoured including short bread varieties	0.3	0.8	0.2	1.0	1.0	3.3	2.5	0.9	1.2	0.3	0.4
Sweet biscuits, cream-filled	0.2	0.6	0.1	0.7	0.8	2.6	1.9	0.8	1.3	0.1	0.3
Sweet biscuits, chocolate-coated, chocolate or cream filled	0.2	0.6	0.2	0.7	1.0	3.0	2.2	0.8	1.1	0.1	0.2
Savoury biscuits, wheat based, plain, energy <=1800 kJ per 100 g	0.1	0.2	0.1	0.2	0.0	0.0	0.0	0.1	0.1	0.1	0.2
Savoury biscuits, wheat based, plain, energy >1800 kJ per 100 g	0.2	0.7	0.2	0.8	0.2	0.5	0.4	0.9	1.0	0.3	0.6
Savoury biscuits, rice based (includes rice cakes)	0.0	0.1	0.0	0.2	0.0	0.1	0.1	0.1	0.0	0.1	0.2
Cakes and cake mixes, other types	0.3	0.6	0.2	0.9	1.4	4.4	3.3	0.7	0.8	0.2	0.5
Muffins, cake type, and muffin mixes	0.3	0.7	0.3	0.9	1.1	3.2	2.4	0.9	0.6	0.3	0.5
Slices, biscuit and cake-type	0.0	0.1	0.0	0.1	0.2	0.5	0.4	0.1	0.1	0.0	0.0
Pastry, plain/unfilled, all types	0.2	0.5	0.2	0.5	0.1	0.2	0.1	0.7	1.0	0.4	0.4
Savoury pasta/noodle and sauce dishes, saturated fat <=5 g/100 g	2.1	1.8	1.9	1.5	0.8	0.3	0.2	2.1	2.7	2.0	2.4
Savoury rice-based dishes, saturated fat <=5 g/100 g	0.6	0.7	0.9	0.7	0.1	0.0	0.0	0.5	0.3	0.5	0.4
Other savoury grain dishes	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Pancakes, crepes and dishes	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Eggs & egg Products	**2.7**	**2.3**	**5.0**	**0.0**	**0.1**	**0.0**	**0.0**	**4.2**	**2.8**	**0.0**	**1.7**
Eggs, chicken	2.7	2.3	5.0	0.0	0.1	0.0	0.0	4.2	2.8	0.0	1.7
Fats & Oils	**1.4**	**6.7**	**0.1**	**0.0**	**0.0**	**0.0**	**0.0**	**20.7**	**12.4**	**0.0**	**2.3**
Butter	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.4	0.6	0.0	0.0
Dairy blend, regular, fat content >= 65g/100g	0.2	0.8	0.0	0.0	0.0	0.0	0.0	2.6	2.7	0.0	0.3
Dairy blend, reduced fat, fat content <65 g/100g	0.1	0.3	0.0	0.0	0.0	0.0	0.0	0.8	0.8	0.0	0.1
Monounsaturated margarine spreads, fat content >=65 g/100g	0.5	2.2	0.0	0.0	0.0	0.0	0.0	6.7	3.7	0.0	1.2
Cooking margarine	0.1	0.7	0.0	0.0	0.0	0.0	0.0	2.0	2.2	0.0	0.7
Unspecified margarine spread	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.1	0.0	0.0
Polyunsaturated oils	0.2	1.3	0.0	0.0	0.0	0.0	0.0	4.0	1.1	0.0	0.0
Monounsaturated oils	0.2	1.3	0.0	0.0	0.0	0.0	0.0	4.2	1.2	0.0	0.0
Fish & Seafood	**0.2**	**0.3**	**0.6**	**0.1**	**0.0**	**0.0**	**0.0**	**0.4**	**0.3**	**0.0**	**0.2**
Packed fin fish	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Fin fish, battered or crumbed	0.2	0.3	0.5	0.1	0.0	0.0	0.0	0.4	0.3	0.0	0.2
Fruit	**21.5**	**8.5**	**2.8**	**14.7**	**31.8**	**0.6**	**1.2**	**1.6**	**0.4**	**25.1**	**0.2**
Other dried fruit including mixed dried fruit	0.0	0.1	0.0	0.2	0.4	0.0	0.0	0.0	0.1	0.1	0.0
Apples	5.8	2.1	0.3	4.1	9.5	0.0	0.0	0.1	0.0	6.6	0.0
Pears	0.5	0.2	0.0	0.4	0.7	0.0	0.0	0.0	0.0	0.9	0.0
Berry fruit	0.2	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.2	0.0
Oranges	7.4	2.1	1.1	3.4	8.5	0.0	0.0	0.1	0.0	9.4	0.1
Other citrus fruit	1.1	0.3	0.1	0.5	1.1	0.0	0.0	0.0	0.0	0.7	0.0
Stone fruit	0.2	0.1	0.0	0.1	0.3	0.0	0.2	0.0	0.0	0.2	0.0
Bananas	3.3	2.0	0.7	3.7	6.0	0.0	0.0	0.2	0.0	3.9	0.0
Pineapples	0.1	0.0	0.0	0.1	0.2	0.0	0.0	0.0	0.0	0.1	0.0
Tropical and subtropical fruit, commercially sterile	0.1	0.0	0.0	0.1	0.2	0.2	0.1	0.0	0.0	0.1	0.0
Other fruit	2.0	0.4	0.2	0.8	1.9	0.0	0.0	0.1	0.0	1.2	0.1
Mixtures of two or more groups of fruit, commercially sterile	0.4	0.1	0.0	0.2	0.5	0.0	0.5	0.0	0.0	0.3	0.0
Dried fruit and nut mixes	0.4	0.9	0.4	1.2	2.6	0.4	0.3	1.0	0.3	1.4	0.0

Table 3 cont. Percent contribution of AHS Main Food Groups and Sub-Groups to total weight and major nutrients and sodium for all communities combined

Food Group	Total grams	Energy	Protein	CHO	Sugar	Added Sugars	Free Sugars	Fat	Saturated Fat	Fibre	Sodium
Meat & Meat Products	**11.6**	**13.1**	**35.8**	**1.4**	**0.7**	**1.1**	**0.9**	**17.7**	**16.9**	**3.1**	**21.0**
Poultry dishes, with gravy, sauce or vegetables	0.2	0.3	0.5	0.1	0.1	0.0	0.0	0.7	0.5	0.0	0.2
Beef	3.8	3.6	13.5	0.0	0.0	0.0	0.0	3.5	3.7	0.0	1.0
Lamb and mutton	0.2	0.2	0.7	0.0	0.0	0.0	0.0	0.2	0.2	0.0	0.1
Pork	0.4	0.4	1.4	0.0	0.0	0.0	0.0	0.4	0.4	0.0	0.3
Kangaroo	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Chicken	2.2	2.0	6.9	0.1	0.1	0.2	0.2	2.1	1.5	0.0	1.8
Sausage, saturated fat content >5 g/100g	1.1	1.8	1.9	0.2	0.0	0.0	0.0	4.0	4.4	1.1	3.0
Frankfurts and saveloys, saturated fat content >5 g/100g	0.4	0.6	0.8	0.1	0.0	0.0	0.0	1.4	1.3	0.3	1.2
Sausages, frankfurts and saveloys, saturated fat content <=5 g/100g	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1
Bacon	0.4	0.5	1.3	0.0	0.0	0.1	0.1	0.9	0.8	0.0	2.6
Ham	1.0	0.8	2.6	0.1	0.1	0.3	0.2	0.8	0.7	0.9	5.7
Processed delicatessen meat, poultry	0.1	0.1	0.3	0.0	0.0	0.0	0.0	0.2	0.2	0.0	0.6
Processed meat, commercially sterile (includes canned meats)	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.1
Beef dishes with gravy, sauce or vegetables	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.1
Beef, crumbed, battered, meatloaf or patty type with cereal and/or vegetables	1.3	2.0	4.5	0.6	0.3	0.5	0.4	2.5	2.6	0.4	4.0
Poultry dishes, with gravy, sauce or vegetables, added pasta, noodles or rice	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Poultry crumbed, battered, meatloaf or patty type with cereal and/or vegetables	0.3	0.5	1.0	0.2	0.0	0.0	0.0	0.6	0.4	0.1	0.2
Milk & Milk products	**15.1**	**15.2**	**17.7**	**7.9**	**19.0**	**12.6**	**9.3**	**25.6**	**41.5**	**0.1**	**10.4**
Milk, cow, fluid, regular whole, full fat	7.5	3.4	3.8	2.6	6.4	0.0	0.0	4.7	7.5	0.0	1.1
Milk, cow, fluid, reduced fat, <2 g/100g	0.1	0.1	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Milk, powder, cow, dry	0.9	3.0	3.7	2.0	5.0	0.0	0.0	4.4	7.1	0.0	1.2
Yoghurt, natural, regular fat and high fat (>4 g/100g fat)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.0
Yoghurt, flavoured or added fruit, full fat	1.2	0.7	0.8	0.8	1.9	3.8	2.8	0.7	1.1	0.0	0.3
Yoghurt, flavoured or added fruit, reduced fat	0.6	0.3	0.4	0.5	1.2	1.7	1.2	0.1	0.2	0.0	0.1
Yoghurt, flavoured or added fruit, low fat or skim, sugar sweetened	0.1	0.1	0.1	0.1	0.2	0.3	0.2	0.0	0.0	0.0	0.0
Cream, regular and increased fat	0.3	0.6	0.1	0.0	0.1	0.0	0.0	1.7	2.8	0.0	0.0
Cream, sour	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.3	0.5	0.0	0.0
Cheese, hard cheese ripened styles	1.9	5.0	6.8	0.1	0.1	0.0	0.0	11.2	18.4	0.0	5.6
Cheese, hard cheese ripened styles, reduced fat	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Cheese, camembert, brie and other surface ripened cheeses	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Cheese, processed	0.2	0.4	0.6	0.0	0.0	0.0	0.0	0.9	1.4	0.0	1.1
Cheese, processed, reduced fat	0.1	0.1	0.2	0.0	0.0	0.0	0.0	0.2	0.3	0.0	0.3
Ice cream, individual bar, stick and cone varieties	0.2	0.3	0.1	0.3	0.7	1.7	1.3	0.4	0.6	0.0	0.0
Frozen yoghurts, all types	0.2	0.2	0.1	0.3	0.7	1.7	1.3	0.1	0.2	0.0	0.1
Custard, fat content <4 g/100 g	0.9	0.6	0.4	0.7	1.5	1.7	1.3	0.5	0.8	0.0	0.2
Dairy desserts, smooth or gelatin-based dairy desserts	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.0	0.0	0.0	0.0
Milk, coffee/chocolate flavoured and milk-based drinks, full fat	0.2	0.1	0.1	0.1	0.2	0.2	0.2	0.1	0.2	0.0	0.0
Milk, other flavoured and milk-based drinks, reduced fat	0.7	0.3	0.3	0.3	0.9	1.3	1.0	0.2	0.3	0.0	0.1
Miscellaneous	**0.2**	**0.2**	**0.2**	**0.1**	**0.1**	**0.1**	**0.1**	**0.2**	**0.2**	**0.2**	**10.8**
Yeast extracts	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.3
Salt	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.5
Herbs(dried) and spices	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0
Stock cubes and seasonings	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.0	7.0
Chemical raising agents and cooking ingredients	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Seeds	**0.2**	**0.4**	**0.1**	**0.1**	**0.2**	**0.2**	**0.2**	**1.0**	**1.8**	**0.3**	**0.1**
Peanut products	0.0	0.1	0.1	0.1	0.1	0.2	0.1	0.3	0.1	0.1	0.1
Coconut and coconut products	0.2	0.3	0.1	0.0	0.1	0.0	0.0	0.8	1.7	0.2	0.0
Snacks	**0.2**	**0.6**	**0.5**	**0.3**	**0.1**	**0.1**	**0.1**	**0.9**	**1.3**	**0.3**	**0.7**
Cornchips, popcorn & other snacks	0.2	0.6	0.5	0.3	0.1	0.1	0.1	0.9	1.3	0.3	0.7
Soups, Sauces & Condiments	**2.5**	**3.3**	**0.8**	**2.7**	**4.0**	**10.6**	**8.0**	**5.7**	**2.6**	**1.8**	**14.9**
Dry savoury sauces and casserole bases and dry mixes	0.0	0.1	0.0	0.1	0.1	0.0	0.0	0.1	0.1	0.1	0.2
Dry soup mix	0.1	0.1	0.1	0.2	0.1	0.2	0.1	0.0	0.0	0.1	1.3
Dry gravy mixes	0.2	0.4	0.2	0.6	0.0	0.0	0.0	0.2	0.2	0.0	4.7
Savoury sauces, not tomato based, commercial	0.4	0.3	0.1	0.7	1.4	4.3	3.3	0.1	0.0	0.1	4.3
Savoury sauces, tomato based, commercial	0.9	0.4	0.2	0.6	1.3	3.3	2.4	0.2	0.1	1.0	2.0
Savoury sauces, commercial, simmer style	0.4	0.3	0.1	0.3	0.6	1.6	1.1	0.4	0.6	0.3	0.8
Savoury pastes	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.2
Pickles, chutneys and relishes	0.1	0.0	0.0	0.0	0.1	0.2	0.1	0.1	0.0	0.1	0.5
Mayonnaise and cream-style dressings	0.4	1.6	0.0	0.2	0.3	1.1	0.8	4.6	1.5	0.0	0.9
Vinegar	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Sugar & Confectionery	**1.9**	**4.3**	**0.9**	**7.4**	**13.3**	**37.1**	**31.8**	**2.2**	**1.7**	**2.7**	**0.5**
Sugar	0.5	1.3	0.0	3.0	7.4	24.6	18.1	0.0	0.0	0.0	0.0
Honey and sugar syrups	0.1	0.3	0.0	0.7	1.6	0.4	4.0	0.0	0.0	0.0	0.0
Jams and conserves, sugar sweetened	0.0	0.1	0.0	0.1	0.3	1.0	0.7	0.0	0.0	0.0	0.0
Sugar-based desserts	0.0	0.0	0.0	0.0	0.1	0.4	0.3	0.0	0.0	0.0	0.0
Water ice confection, gelato, sorbet	0.4	0.2	0.0	0.4	1.0	3.3	2.4	0.0	0.0	0.0	0.0
Nut and seed based confectionery	0.2	0.5	0.2	0.5	0.9	2.7	2.0	0.8	0.5	0.4	0.1
Muesli and cereal style bars, with fruit & nuts or added coatings or confectionery	0.7	1.8	0.7	2.6	2.0	4.9	4.2	1.4	1.2	2.3	0.3
Vegetables, Legumes, pulses & vegetable dishes	**12.9**	**4.8**	**4.7**	**6.0**	**4.8**	**1.1**	**0.8**	**1.4**	**0.6**	**19.1**	**5.5**
Vegetables and sauce	0.1	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.3	0.3
Potatoes, potato products & potato mixed dishes	2.2	1.6	1.0	2.4	0.2	0.0	0.0	0.6	0.4	2.7	0.7
Cabbage and similar brassica vegetables	0.1	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.2	0.0
Broccoli, broccolini and cauliflower	0.5	0.1	0.2	0.0	0.1	0.0	0.0	0.0	0.0	0.7	0.1
Carrots	0.6	0.1	0.1	0.2	0.4	0.0	0.0	0.0	0.0	1.1	0.2
Other root vegetables	0.3	0.1	0.1	0.2	0.2	0.0	0.0	0.0	0.0	0.4	0.0
Leaf & stalk vegetables	0.6	0.1	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.5	0.1
Herbs, fresh	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0
Peas, beans & sprouts	0.3	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.5	0.0
Tomato & tomato products	2.1	0.3	0.3	0.4	1.0	0.0	0.0	0.0	0.0	1.6	0.9
Pumpkin, squash and zucchini	0.5	0.1	0.1	0.1	0.3	0.0	0.0	0.0	0.0	0.4	0.0
Mushrooms	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Sweetcorn	0.6	0.4	0.3	0.5	0.3	0.0	0.0	0.1	0.0	1.0	0.1
Other vegetables	0.4	0.1	0.1	0.1	0.2	0.0	0.0	0.1	0.1	0.4	0.0
Onion, leek and garlic	0.9	0.2	0.3	0.3	0.5	0.0	0.0	0.1	0.0	1.5	0.0
Mixtures of two or more vegetables	1.9	0.5	0.7	0.6	0.8	0.0	0.0	0.1	0.0	3.3	0.5
Legume and pulse products	1.7	1.0	1.3	1.0	0.5	1.0	0.8	0.1	0.0	4.3	2.6

Beverages contributed 28.7% to free sugars mainly due to fruit juice (28.7%), fortified beverage powders (such as milo) (6.2%) and fruit drinks (3.5%). Soups, sauces and condiments contributed 8.0% to free sugars mainly due to savoury sauces (6.8%) and milk and milk products contributed 9.3% mainly due to dairy desserts (such as frozen yoghurts, ice-creams, custards) and flavoured milks (5.2%). Milk and milk products (25.6%) (mainly due to cheese and milk) contributed the most to total fat and to saturated fat (41.5%). Fats and oils contributed 20.7% to total fats and 12.4% to unsaturated fats. Meat and meat products contributed 17.7% and 16.9% to total fat and unsaturated fat respectively, mainly due to sausages/ frankfurts (5.5% and 5.6% respectively) and other discretionary meat and meat product choices.

Figure 2 shows that there was variation across the communities in the contribution of the different AHS Food Groups to the total weight of food and beverages purchased (adjusted for edible portion and specific gravity). The large variation in the contribution of beverages to total weight purchases is due to a high volume of fruit juice purchased by one site (i.e. 49% of total weight purchases). This site provides lunch only. The data suggest that students receive a 250ml fruit juice daily. This contrasts with a site where beverages contributed 0.7% to total food and beverage purchases as per the wholesale purchasing data that we received.
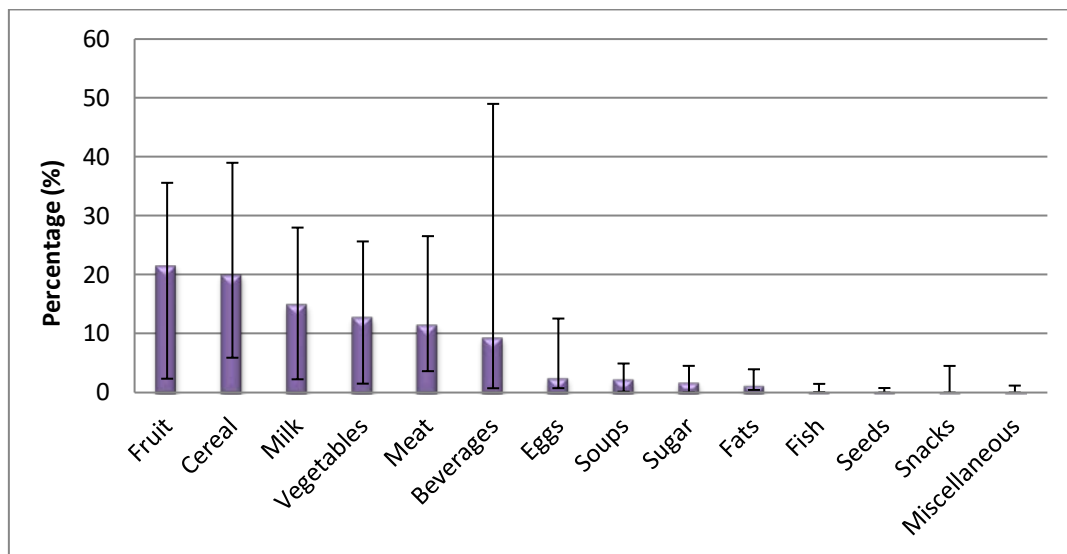
Figure 2. Percent contribution of the AHS Food Groups to total gram weight purchases of food and beverages with the minimum and maximum across the communities shown with the bars for each AHS Food Group

NUTRIENTS

Table 4 shows the contribution of protein (17.9%), carbohydrate (46.2%), total sugars (18.8%), fat (32.3%) and saturated fat (13.1%) to energy provided and shows a comparison to that recommended by the National Health and Medical Council to reduce chronic disease risk while still ensuring adequate micronutrient status. The protein contribution to energy was within the recommended range as was carbohydrate although on the lower level. Fat and saturated fat were above the recommended levels. Added sugars contributed 5.7% of the energy provided

and free sugars contributed 7.7%. The recommendation for free sugars is <10% of energy respectively[57].

Table 5 also shows the amount of nutrients provided per 1000kj (MJ) compared to the population weighted requirement for each of the nutrients per MJ. All nutrients met the required levels per 1000kj of energy except for sodium. Sodium was in excess at 6.0 times the AI and 1.5 times the upper limit.

Table 4. **Percent of macronutrient to total energy for all communities combined and nutrient per 1 MJ of total energy purchased for all communities combined**

	% of energy	Recommended	Recommendation Source
Macronutrients			
Protein (%)	17.9	15.0-25.0	AMDR
Fat (%)	32.3[†]	20-30	AMDR
Saturated (%)	13.1[†]	<10.0[≠]	AMDR
Carbohydrate (%)	46.2	45-65	AMDR
Total sugars (%)	18.8		
Added sugars (%)	5.7		
Free sugars (%)	7.7[†]	< 10.0% (<5% conditional)	*
Nutrient per MJ			
Linoleic (g)	1.1	>0.99	AI
Alpha-linoleic (g)	0.2	>0.2	AI
Fibre (g)	3.3	>2.4	EAR
Vitamins			
Vitamin A (µg)	88.0	>45.3 -<181.3	EAR
Thiamin (mg)	0.3	>0.08	EAR
Riboflavin (mg)	0.2	>0.08	EAR
Niacin (mg)	4.5	>0.95	EAR
Folate (µg)	92.5	>26	EAR
Vitamin B6 (mg)	0.1	>0.09	EAR
Vitamin B12 (µg)	0.6	>0.16	EAR
Vitamin C (mg)	16.2	>3.22	EAR
Vitamin E (mg)	1.0	>0.87	EAR
Minerals			
Calcium (mg)	108.2	>86.63	EAR
Iodine (µg)	20.2	>9.16	EAR
Iron (mg)	1.9	>0.67	EAR
Magnesium (mg)	34.5	>21.15	EAR
Phosphorus (mg)	176.8	>87.07	EAR
Potassium (mg)	320.6	>305.79	AI
Selenium (µg)	10.2	>4.25	EAR
Sodium (mg)	373.0[†]	62-203	AI-UL
Zinc (mg)	1.3	>0.71	EAR

[†] Exceeds NRV; AMDR – Acceptable Macronutrient Distribution Ratio; EAR – Estimated Average Requirement; EER – Estimated Energy Requirement; NRV – Nutrient Reference Value. NRVs drawn from Australian values, except *drawn from WHO, and population weighted using census data. [≠]Saturated fat and trans fats together should be no more than 10% of energy

[57] World Health Organization (2015). "Sugars Intake for Adults and Children. Guideline". Geneva, Switzerland, WHO.

Figure 3 shows that there was variation across the communities in the proportion of energy provided by different macronutrients. Total sugars and free sugars were particularly high in the same community where beverages dominated the food and beverage purchases.
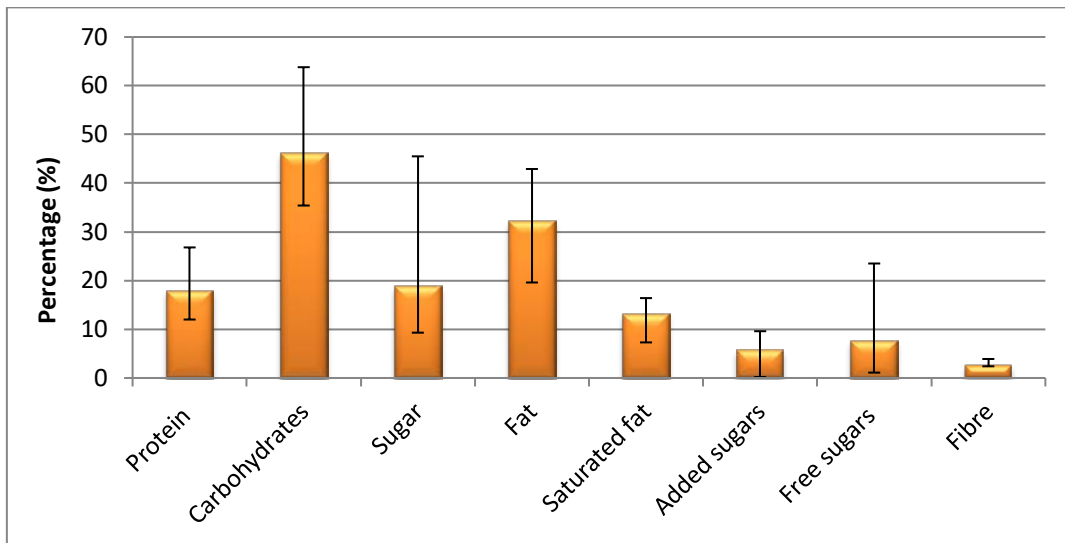
Figure 3. Proportion of energy provided by the major nutrients with bars showing the variation across communities for each nutrient

Figure 4 shows the proportion of unique food products compared to products purchased in each of the Red, Amber and Green food categories and the variation across the communities. When considering the unique products overall (i.e. removing duplicate entries), approximately half were Green foods and beverages, 30% were Amber and 20% were Red. However, when considering all products purchased (i.e. including duplicate entries), the proportion was lower for Red (16%) and Amber (24%) products and higher for Green (60%) products.
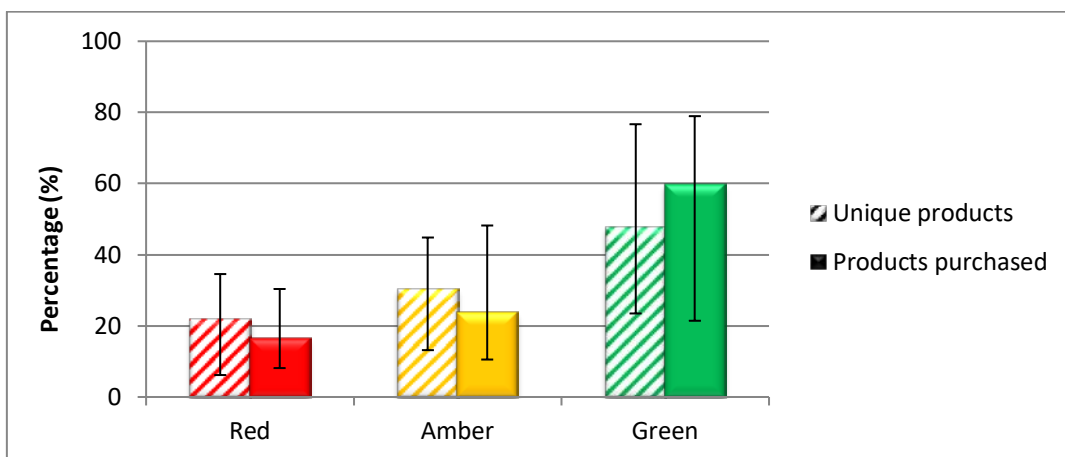

Figure 4. Proportion of unique food products purchased within each food category

6.3.2 MEALS PROVIDED

All SNPs provided a lunch meal. Eighty-five percent provided breakfast, 85% provided morning tea and 30% provided afternoon tea.

The majority (55%; n=11) of SNPs supplied 3 meals per day (breakfast, lunch and either morning/afternoon tea). Four sites (three of which were delivered by the same provider) supplied four meals per day, two supplied breakfast and lunch, and two supplied lunch and either morning/afternoon tea (Figure 5).
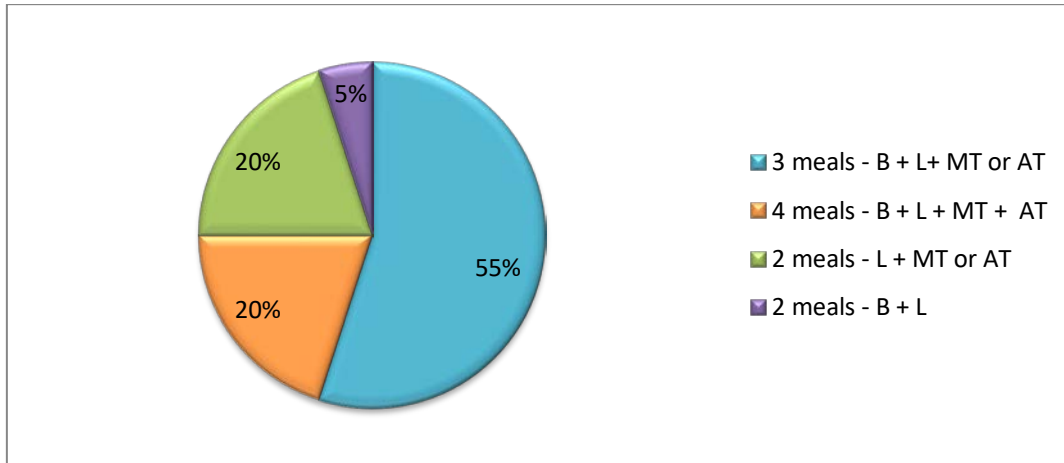
Figure 5. Meal types provided by SNP sites

Written menus were made available by service providers for 18 of the 20 participating sites. One site provided a record of meals supplied where no menu was available, and another site had no menu data or record of meals available, but provided a verbal indication of usual foods served. Menu cycle length was variable, with five sites providing the same or similar menu week-to-week. Four sites had a new menu each week (although some meals may be repeated), four sites followed a 4-week menu cycle, three a fortnightly cycle, and two a three-week cycle.

Comments on menu use were given by all 18 providers who supplied menus: at nine sites, the menu was always followed, and at seven it was followed most of the time with adjustments made on the day where required due to staff absence, fluctuation in student numbers, special events, school trips/excursions, stock availability, or kitchen equipment issues. For the two sites reported to never follow the menu, staff decided day-to-day what to prepare. Over the long term, menus could be revised according to seasonality (e.g. providing cold meat and salads in warmer weather), children's input, need for variety, or menu review by provider or nutritionist.

Recipes were supplied for 16 of the 20 sites, including one of the sites which did not have a menu. Recipes varied in detail, from a basic list of components used in each meal, to full recipes with quantities and methods. Ten sites supplied copies of their own recipes and six used recipes from The Fred Hollows Foundation Kukumbat Gudwan Daga cookbook[58].

Recipes were reported to always be used at eight of the 16 sites for which recipes were supplied and another three sites used recipes nearly all of the time. Recipes were rarely or never used for five of the 16 sites; one site used formulas for meal development, while for others the meals were prepared based on stock availability or the cook's

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[58] The Fred Hollows Foundation (2009). "Kukumbat Gudwan Daga: 'Really Cooking Good Food'". Northern Territory, Australia. The Fred Hollows Foundation.

memory/taste/experience. Adherence to recipes varied across sites which supplied them, with only two of the 16 sites stating they rarely modified recipes. Reasons for recipe modification included availability of ingredients, variation in student numbers, improvements to the nutritional quality (e.g. reducing sugar, adding extra vegetables or flavourings such as garlic or herbs to meals).

For the four sites where recipes were not supplied, two reported to use recipes where there was one available or when new items were added to the menu. The remaining two sites rarely or never used recipes, with staff using whatever stock is on hand and/or preparing meals by taste or from memory.

When considering menu items for all sites combined, 47% of food and beverages on the menu were Green, 45% were Amber and 8% were Red (Figure 6). It is important to note that menu items across sites were similar in description, for example a chicken curry with vegetables and rice compared to a chicken and vegetable stew with pasta. When collapsing these similar items into one unique identification code, the proportion of Red items for all sites combined was similar (9%), while Green items were less (38%) and Amber greater (53%).
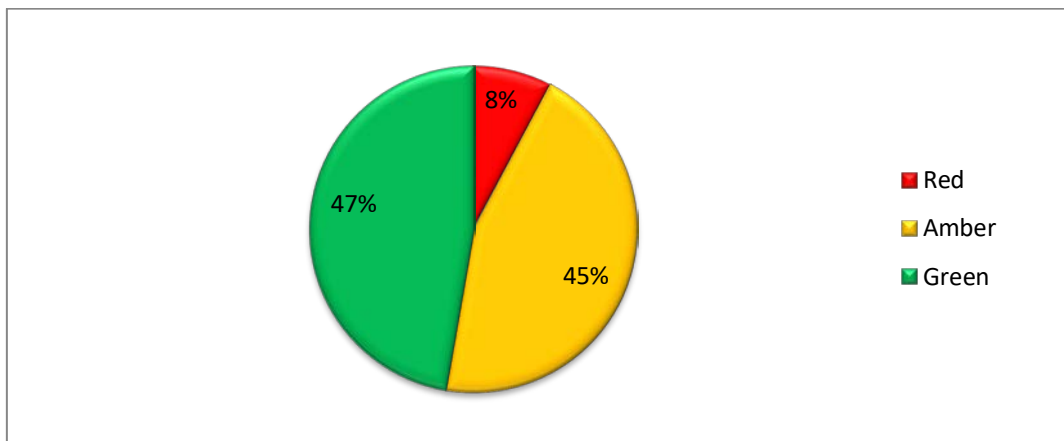
Figure 6. Proportion of unique menu items in each food category

By meal type, 55% of breakfast foods and drinks on the menu were Green, 37% were Amber and 8% were Red. For morning tea, 44% of the food and drinks on the menu were Green, 45% were Amber and 11% were Red. For lunch, 47% of food and drinks were Green, 48% were Amber and 5% were Red and lastly for afternoon tea, 27% were Green, 55% were Amber and 18% were Red (Figure 7).

There was variation in the use of Green, Amber and Red products across the 20 sites as shown in Table 5. Three sites (15%) included no Red products on their menu plans. Six sites (30%) included Red products in the breakfast meal, including bacon, sausages, butter and croissants. Red foods were included in the morning tea meal at 35% of sites (n=7). These Red foods included jelly, savoury biscuits, sweet biscuits and commercial muffins. Half of the sites (n=10) included Red foods in the lunch meal, which included hot dogs, sausages, processed meat products and commercial savoury dishes. Two sites included Red foods in the afternoon tea meal. These Red foods included savoury biscuits, party sausage rolls, chicken wingettes and jelly.
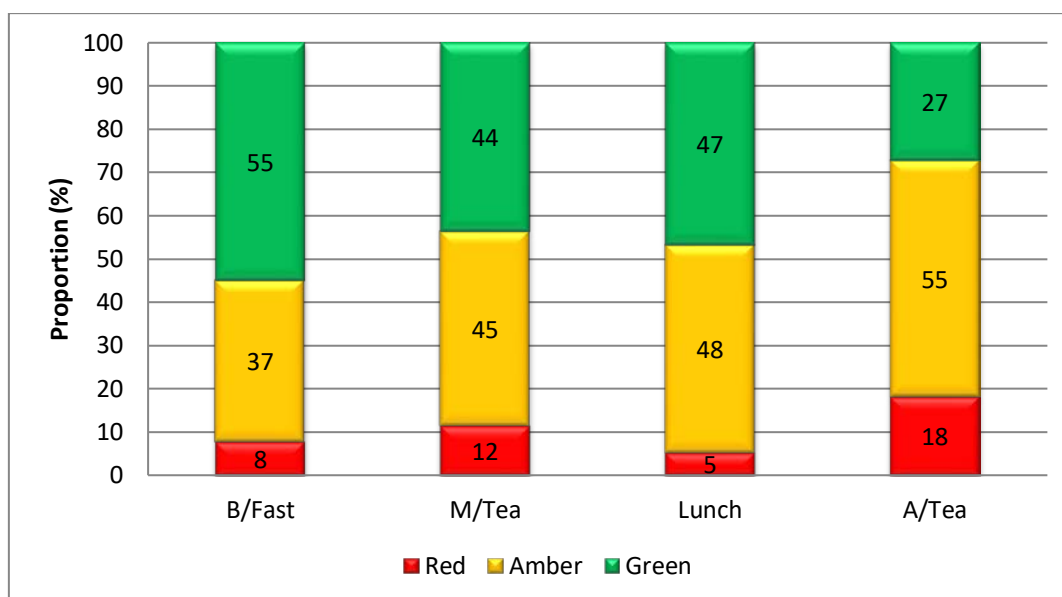
Figure 7. Proportion of unique menu items in each food category by meal type

Table 5. Number and proportion of unique menu items by community and meal type

Community ID	Unique menu items (n)	BF items (n)	BF % Green (%Red)	MT items (n)	MT % Green (%Red)	Lunch items (n)	Lunch % Green (%Red)	AT items (n)	AT % Green (%Red)
1	20	-	-	7	14 (14)	13	62 (0)	-	-
2	5	3	100	1	100	1	100	-	-
3	22	-	-	1	100	21	62 (5)	-	-
4	23	10	70 (0)	7	43 (0)	6	50 (17)	-	-
5	20	5	60 (0)	1	100	9	78 (0)	5	20 (0)
6	22	5	60 (0)	1	100	13	77 (0)	3	0 (33)
7	19	5	80 (0)	5	0 (40)	8	75 (0)	1	100
8	13	4	25 (0)	1	100	7	0 (14)	1	100
9	20	8	50 (0)	5	60 (20)	7	86 (0)	-	-
10	32	9	44 (0)	-	-	22	36 (9)	1	100
11	30	9	44 (11)	2	50 (0)	19	26 (5)	-	-
12	26	9	56 (22)	7	57 (14)	10	40 (0)	-	-
13	34	9	44 (22)	-	-	14	29 (7)	11	18 (27)
14	12	-	-	8	38 (13)	4	50 (0)	-	-
15	15	-	-	2	50 (0)	13	69 (0)	-	-
16	26	9	56 (22)	2	50 (0)	15	20 (7)	-	-
17	23	6	50 (0)	7	29 (29)	10	40 (10)	-	-
18	14	5	40 (0)	-	-	9	33 (11)	-	-
19	28	8	50 (13)	9	22 (0)	11	55 (0)	-	-
20	36	11	64 (9)	12	67 (8)	13	23 (15)	-	-
All communities combined	**440**	**115**	**55 (8)**	**78**	**44 (12)**	**225**	**47 (5)**	**22**	**27 (18)**

BF – Breakfast; MT – Morning Tea; AT – Afternoon Tea

6.4 DISCUSSION

This report provides a comprehensive assessment of the nutritional quality of SNP meals with reference to the NT Department of Education *Canteen, Nutrition and Healthy Eating Policy*, the Australian Dietary Guidelines and National Health and Medical Research Council Nutrient Reference Values (NRVs) for Australia and New Zealand.

The SNP targets school-aged children from Transition to Year 12 (4-18 years) and is required to provide at least one of: breakfast, morning tea, lunch or afternoon tea for each day of the school term, with meals adhering to the NT Department of Education *Canteen, Nutrition and Healthy Eating Policy*[59].

Of the twenty communities that participated in this review, all School Nutrition Projects provided a lunch meal. Breakfast and morning tea meals were more commonly provided than afternoon tea meals. The breakdown of food groups contributing to purchases both in grams and energy, suggests alignment with the Australian Dietary Guidelines in the meal choices of service providers. The purchasing data and menu data indicate an emphasis by service providers in incorporating fruit and vegetables in the School Nutrition Projects meals as approximately one-third of purchases (in grams) were for fruit and vegetables combined. While the majority of purchases were of healthy food products, discretionary foods and beverages made up approximately 15% of purchases. These food and beverages contributed nearly one-quarter of the energy provided. There was variation across the communities in the proportion of discretionary foods and beverages purchased. For example, beverages contributed nearly half of the total purchases for one SNP, whereas for another SNP beverages contributed less than 1% of purchases. Despite differences across communities an overall assessment of dietary quality of the food and beverages provided can assist in setting guidelines at the program level.

Overall, all major nutrients were within the recommendations except for total fat and saturated fat which were above the recommendation. Free sugars were within the WHO guideline of contributing less than 10% of total energy but slightly above the WHO conditional recommendation to further reduce intake of free sugars to below 5% of total energy intake[60]. All micronutrients assessed met the recommendation except for sodium which exceeded the recommendation.

This observed nutrient profile contrasts with what we have previously reported for the whole of population in remote Indigenous communities[61]. Using purchasing data from all food providers and retailers in three remote Indigenous communities, we reported in 2013 that while total fat and saturated fat were in the recommended range, total sugars contributed 33.4% of available energy (nearly double that reported here for the School Nutrition Projects), mainly due to table sugar per se and soft drinks. Other differences were that insufficiencies were

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[59] NT Department of Education (2013). "Canteen, Nutrition and Healthy Eating Policy and Guidelines". Available from https://education.nt.gov.au/education/policies/canteen-nutrition-and-healthy-eating
[60] World Health Organization (2015). "Sugars Intake for Adults and Children. Guideline". Geneva, Switzerland, WHO.
[61] Brimblecombe, J.K., Ferguson, M.M., Liberato, S.C. et al. (2013). "Characteristics of the community-level diet of Aboriginal people in remote northern Australia". *Med J Aust* 198(7) 380-384.

reported for a number of micronutrients for the whole of population in 2013 including calcium, magnesium, potassium and fibre indicating a diet limited in fruit, vegetables, wholegrain cereals, nuts and seeds, whereas no nutrients appeared to be insufficient in the School Nutrition Projects purchasing data. Similarly to that reported here for the School Nutrition Projects, the amount of sodium available was also in excess for the whole of population.

In considering what improvements could be made to the overall dietary quality of the School Nutrition Projects it is useful to consider the key foods contributing to different nutrients. The key foods contributing to total fat and saturated fat were milk and cheese. These dairy products are also key sources of calcium an important nutrient particularly for young people who are undergoing growth and development. It is important to note that the nutrient profile reported here is not based on a complete daily diet but one where breakfast and lunch dominate. As milk is a main component of the breakfast meals provided through SNPs the energy provided by saturated fat may be higher than if the complete daily diet was assessed. This however should not preclude consideration of how best to minimise availability of discretionary foods to ensure an optimal program that fully aligns with the Australian Dietary Guidelines and achieves nutrient recommendations. 27% of meat and meat products were discretionary foods compared to 5% of milk and milk products. Minimising the discretionary foods such as sausages/ frankfurts is important in maintaining saturated fat levels within the recommendation. These discretionary meat products also contribute to the excessive level of sodium reported.

Although the availability of free sugars was within the WHO recommendation, minimising the availability through the SNP of fruit juices and fruit drinks which contributed 32.2% of free sugars would help to achieve the conditional recommendation of WHO. As we have previously reported, achieving sodium recommendations for populations is challenging as sodium is ubiquitous in the food supply [62]. Bread, for example, even though it contains a small percentage of salt, because of the volume consumed it contributed nearly 18% of the sodium available. Again, minimising the discretionary foods in the meat and meat product group such as use of sausages and frankfurts and minimising use of savoury sauces, gravy mixes and stock cubes and seasonings would help to reduce the sodium provided. Sourcing lower salt alternatives could also be an option however this may be challenging for service providers as few reduced salt options are available on the market and may not be available through their suppliers.

It is important to note that caution must be applied in the interpretation of these findings due to limitations in the purchasing data provided. Our assessment of purchasing data has been made on 15 of the School Nutrition Projects based on the data provided by suppliers. As these were retrospective data we relied on suppliers to extract purchase data specific to each site from their accounting systems or to photocopy or scan order invoices where electronic data were not available. We followed up with suppliers where we had concerns of missing data or to clarify data discrepancies. Whilst we endeavoured to obtain all purchasing data from all named suppliers for the entire term 2 of 2016, we cannot guarantee that we obtained complete data for all purchases made within this time period or that all data received was for term 2 only. Ensuring complete data would have only been possible through regular communication

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[62] Brimblecombe, J.K., Ferguson, M.M., Liberato, S.C. et al. (2013). "Characteristics of the community-level diet of Aboriginal people in remote northern Australia". *Med J Aust* 198(7) 380-384.

with each of the service providers over a term period to ensure that all purchases were captured. This would have been burdensome to the service providers and may still have not guaranteed the capture of all purchases.

Service providers were requested to provide all menu and recipe data for the term 2 period of 2016 to assess the quality of the SNP meals in reference to the NT Department of Education *Canteen, Nutrition and Healthy Eating Policy.* Throughout the collection of menu and recipe data it was frequently highlighted by providers that the delivery of the SNP, including menu and recipe use, was highly dependent on a number of factors such as staff experience and attendance, daily student attendance (which can fluctuate considerably from day to day) and availability of stock (which can depend on seasonal and logistical factors). As there is no formal requirement within the School Nutrition Projects Operational Framework[63] of service providers to utilise menus, our assessment aimed to provide insight in to how service providers are being guided by their menus.

We found large variation across sites in menu use and format. All except two sites followed a menu all or most of the time. Despite the variation across sites in menu format and use, Red foods appeared on menus infrequently overall. We also found that whether a site indicated that they used a menu did not seem to predict the appearance of Red items on the menu or Red items purchased, nor the discrepancy between the two. Similarly, there was no pattern of those using recipes less often purchasing more Red foods.

When comparing the proportion of items purchased in each food category to that of the menus, there were some inconsistencies, predominantly in snack foods and sugar sweetened beverages appearing in the purchasing data but not listed on the menu. For example, for one community, fruit juice did not appear on the menu and yet fruit juice provided a large proportion of energy for this community.

Despite these inconsistencies, only a small proportion of foods on both the menus (<10%) and in the purchasing data (16%) were Red which aligns with findings from the nutrient analyses that, overall, providers are supplying mostly healthy options. Overall there were few differences between the purchasing and menu data in the proportion of Green products. On the other hand, there were less Red products included in the menus compared to the purchasing data and more Amber products included in the menus.

The reason for the lower appearance of Red items on the menus compared to that for the purchasing data may relate in part to the rules we used in assigning a colour to the menu items. Mixed dishes were rated Amber if they contained lean meat and vegetables in addition to a Red ingredient. When looking at recipes and referring to order lists to determine products purchased, many sites incorporated Red ingredients into meals. Most common were those used in wet dishes such as coconut milk, cream, and commercial simmer/pasta sauces. It should be noted we assigned food categories primarily according to the NT DoE *Canteen, Nutrition and Healthy Eating Guidelines*, with Table 3 from the School Nutrition Projects Nutrition Guidelines to assist the classification of breakfast cereals, pasta and simmer sauces, soups, dips, mayonnaise and dressings for which no nutrient criteria exist in the NT DoE *Canteen, Nutrition and Healthy Eating Guidelines*. Based on this, none of the commercial

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[63] Department of Prime Minister and Cabinet (2016). "School Nutrition Projects Operational Framework".

simmer sauces met the nutrient criteria set out in the School Nutrition Projects Nutrition Guidelines, in particular that sodium should be below 300mg/100g.

For providers who rely on snack products, commercial meals and commercial meal components (such as savoury simmer sauces), it may be challenging and time consuming to source nutrient information to compare to nutrient criteria tables or to find suitable alternatives. Indeed at times we found it challenging to determine the food category particularly for mixed dishes for which there was no definitive criteria, for example "unprocessed lean [meat] (e.g. homemade stews, casseroles and curries)" are listed as Green, however it is not clear whether the addition of Red ingredients change the classification. Although there is provision to assess hot food items (which includes stew, casseroles and curries) against nutrient criteria (Table 1 School Nutrition Projects Nutrition Guidelines), this would be very difficult for providers to assess without complex dietary analysis software.

As at December 2017, the Department of Education has released a revised Policy, now entitled the *School Nutrition and Healthy Eating Policy*. On the DoE website, there is a range of resources which may help to address these challenges and assist providers to comply with the Policy, including a Recipe Checklist outlining characteristics of healthy recipes and ingredients to avoid, and "Ground rules for assessing mixed meals or foods without a nutrition information panel". The NT Department of Health is also in the process of revising their *School Nutrition Projects Nutrition Guidelines* based on the updated Policy.

In summary, the School and Nutrition Projects provides an important part of the daily diet of students. In our review of purchasing and menu data we found that the majority of food and beverages provided overall were healthy and fruit and vegetables dominated. A proportion of food and beverages purchased however were discretionary, according to the Australian Dietary Guidelines. Minimising the inclusion of these would help achieve total saturated fat and sodium recommendations and reduce free sugars closer to the WHO conditional recommendation.

7. STAGE 2

7.1 EVALUATION AIMS AND SCOPE

The aims of Stage 2 were to explore key factors enabling or impeding effective delivery of the SNP and stakeholders' views on students' nutrition during school holiday periods.

Additional aims incorporated into Stage 2 were to identify:
- The value, role and importance of the SNP
- Strategies to encourage/maintain parental contributions
- Examples of where the SNP is integrated into the school's curriculum, provides the basis for additional activity or is integrated into a community's food security agenda
- Unintended consequences of the SNP
- Any differences in outcomes and project operations between Children & Schooling and Safety & Wellbeing funding streams

Stage 2 of this evaluation involved conducting in-depth interviews with community-based stakeholders, parents/caregivers, and key personnel involved in Territory-wide SNP management, policy development/implementation and evaluation.

SNP Evaluation— Stage 2

AIMS
To explore:
- Key factors enabling or impeding effective delivery of the SNP
- Stakeholders' views on students' nutrition during school holidays when SNP is not provided

SECONDARY AIMS
To explore:
- The value, role, importance of SNP
- Strategies to encourage/maintain parental contributions
- Unintended consequences of SNP
- Examples of integration into school curriculum or community food security agenda, or basis for additional activity
- Difference in outcomes and project operations between Children & Schooling Program and Safety & Wellbeing funding streams

SITES
n=7
Children & Schooling funded (n=4)
Safety & Wellbeing funded (n=3)
SNP in different PM&C regions (Top End, Arnhem Land, Central)
Different SNP provider type (Shire Council, School, Store)
Low performing / high performing SNP (proportion RED foods)

INTERIVEW PARTICIPANTS

Parents/caregivers
Primary/Secondary school-aged children
School principal/teachers
SNP provider/staff
Government Engagement Officers
Public Health Nutritionists

Shire Services staff
Clinic staff
PM&C contract managers
Top End Health Services representatives
Department of Education representatives
Department of Human services representatives

7.2 METHODS

This evaluation used qualitative methods, namely interviews and group discussion, to determine factors perceived to influence program delivery and quality as per the project aims.

7.2.1 SETTING

The setting involved remote NT Indigenous communities where there is a SNP in operation.

7.2.2 PARTICIPANTS

Participants included parents and caregivers, community-based stakeholders, and stakeholders/policy makers from NT Department of Health, Department of Prime Minister & Cabinet, and NT Department of Education. We intended to include children, however due to difficulties obtaining parent/caregiver consent, we did not conduct interviews with persons under 18 years; instead, where possible, school staff facilitated brainstorming sessions within the classroom.

7.2.3 SITE SELECTION

From the 20 SNP sites included in Stage 1, eight sites were selected to participate in Stage 2.

To ensure representation of a range of variables the following criteria were applied, listed in order of priority:

- A minimum of three sites funded by the Children and Schooling stream AND a minimum of three sites funded by the Safety and Wellbeing stream
- A minimum of two sites in each PM&C region (Top End, Central Australia and Arnhem Land)
- A range of provider types (including schools, stores, regional councils, Aboriginal corporations)
- Higher and lower performing SNPs (according to proportion of Red ingredients determined in Stage 1)
- At least one site previously noted to have governance issues AND at least one site previously noted to have no governance issues

Accessibility of communities was also factored into site selection following application of the above criteria.

7.2.4 RECRUITMENT

During Stage 1, providers had been made aware of Stage 2 and were asked to consent to being contacted at a later stage. The providers of all eight selected sites had previously consented and thus were contacted to inform them of the commencement of Stage 2 and confirm their willingness to participate. PM&C Regional Managers and SNP Service Provider Contract Managers were also informed. Community-based PM&C Government Engagement Coordinators (GEC) and Indigenous Engagement Officers (IEO) were contacted to ensure the

appropriateness of a community visit. Once providers had indicated willingness to participate, other community-based stakeholders were contacted to inform them of the evaluation and our intention to visit the community.

Prior to commencement of fieldwork, approval was obtained from the Human Research Ethics Committee of the Northern Territory Department of Health and Menzies School of Health Research (HREC 16-2723), the Central Australian Human Research Ethics Committee (CA 17-2780) and the NT Department of Education Research Advisory Committee.

Once in the community, we approached those who we had previously contacted, and scheduled times to conduct interviews. Snowball sampling was used to identify other potential participants. As a requirement of the HREC, all participants received a participant information sheet (Appendix I). Written informed consent was obtained from each participant (Appendix II).

7.2.5 DATA COLLECTION

Interviews were conducted face-to-face by one or two researchers, using a semi-structured interview guide (Appendix III). Interviews were audio-recorded where the participant provided consent, otherwise handwritten notes were taken.

A unique identifier was assigned to each participant for purposes of confidentiality. Audio files were securely sent to a professional transcriber and deleted from the recording device. Transcripts were checked for accuracy against the audio file. All data (audio recordings and transcripts) have been stored safely at Menzies School of Health Research.

Brainstorming sessions with students were conducted by school staff, were possible, addressing three key questions: "How does the SNP help/What do you like about it?", "How could it be better?", and "What would happen if it stopped?" Staff provided responses via photographs or a written summary of responses.

Project schedules were obtained from PM&C for four of the providers.

7.2.6 DATA ENTRY AND ANALYSIS

Transcripts and classroom feedback were uploaded into NVivo Pro 11 (QRS International), and content coded at nodes based around interview questions. Sub-nodes were created according to themes within each node.

7.3 RESULTS & DISCUSSION

Seven of the eight scheduled community trips were conducted. Due to unforeseen circumstances one community could not be visited, and was unable to be rescheduled to be conducted within the evaluation timeframe due to the mid-year school holiday period. SNP sites received either Safety & Wellbeing funding (n=3) or Children & Schooling Funding (n=4).

SNP sites represented Top End (n=3), Central Australia (n=2) and Arnhem Land (n=2) PM&C regions, and each site was in a different Council Region. Provider types included schools (n=3), community stores (n=2), a regional council (n=1) and an Aboriginal corporation (n=1).

Eighty-five interviews or group discussions were conducted with 133 participants as summarised in Table 6. Half of the participants (n=66) were Indigenous community members. Student feedback was obtained from three sites. Nine hundred and fifty-five A4 pages of transcripts (in size 12 Times New Roman font) were coded and 536 A4 pages of coded information was reviewed and analysed.

Table 6: Evaluation Participants

Participant Type	Roles	Interviews (n)	Participants (n)
Caregivers			
Caregivers	Parents, grandparents, carers	17	26
Stakeholders			
Providers	School principals, teachers, Assistant Teachers, store managers, cooks, administration staff	24	32
Health Service	Clinic managers, nurses, child health nurses, Aboriginal health workers, public health nutritionists, family support workers, health board directors	14	14
School based programs	Remote Schools Attendance Team, FaFT staff	7	20
Shire Services	Sport and Recreation, Creché, Aged Care, Youth Services	9	15
Schools (non-provider)	School principals, teachers	6	8
Department of PM&C	Contract Managers, Advisers, Government Engagement Coordinators	3	8
Policy Makers			
Department of Human Services		1	3
Department of Education		1	3
Department of PM&C		1	2
NT Department of Health		2	2
Total		**85**	**133**

7.3.0 SNP PROJECT SCHEDULES

The SNP Projects are funded through two different funding streams, Children and Schooling and Safety and Wellbeing, with each stream's outcomes listed below.

Children and Schooling:
- Getting children into school
- Improving education outcomes including Year 12 attainment
- Improving youth transition to vocational and higher education and work
- Supporting families to give children a good start in life through improved early childhood development, care, education and school readiness

Safety and Wellbeing:
- Ensuring the ordinary law of the land applies in Indigenous communities
- Ensuring Indigenous people enjoy similar levels of physical, emotional and social wellbeing enjoyed by other Australians

SNP providers under both funding streams also agree to deliver the project so as not to impact adversely on school attendance.

We obtained Project Schedules for four providers for the period 01 July 2015 to 30 June 2018. Two of these providers were funded through the Safety and Wellbeing stream and two through Children and Schooling. Table 7 shows the specifics stated in each of the project schedules with regards to amount funded, maximum cost of meals, partners, and key performance indicators. Based on the funding amounts and contract periods stated in the project schedule for each of the four sites, the average amount funded for operational costs was $443 per school per school day. Maximum meal costs ranged from $25 - $40 per child per week with a range of $5 - $8 per day. Breakfast and lunch were to be provided in all schools. Both morning tea and afternoon tea were to be provided for community B, but only one of these was required by the other three providers. Local partners across all providers included DHS and Community Development Program (CDP)[64]. The providers funded through the Children and Schooling stream were to also engage with the RSAS. Health as a key partner was stated for one provider (Community C). Key performance indicators M1 and M2 were stated for all providers. The only notable difference in key performance indicators between the two funding streams was with regards to making appropriate connections with other agencies (CS18) which was only stated for communities' C and D who received Children and Schooling funding. All four providers as per their Project Schedule agreed on the deliverables as shown in Box 1, except for the Community C provider where the deliverables marked with an asterix were not included. Instead this provider agreed that outcome targets will be achieved by developing and implementing positive and nutritious strategies, such as hot breakfasts or extra food.

These targets included:
- an overall increase in student numbers of 5% through the project and working with other attendance strategies to address broader attendance barriers
- Decreasing the proportion of late arrivals within attending students

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[64] From 2015, the RJCP program was reformed as the Community Development Program (CDP)

Table 7: Specifics of Project Schedules by Provider

Community	Funding Type	SNP funding for period 1 July 2015 – 30 June 2018	Provider type	Amount that should not exceed per week per child (per day)	Meals Provided	Partners to engage with	KPI
Community A	Safety and Wellbeing	$1,976,592 for 6 SNPs	Local government council	Not stated	Breakfast, MT, Lunch	Local school, RSAS[*], DHS, RJCP provider	M1, M2, CS3, CS16
Community B	Safety and Wellbeing	$261,782.40	Aboriginal corporation	$25 ($5)	Breakfast, MT, Lunch, AT	DHS, RJCP provider	M1, M2, SW1a, SW1b
Community C	Children and Schooling	$369,672	School council	$40 ($5)	Breakfast, Lunch, AT	Health, RJCP RSAS, DHS Other relevant local organisations	M1, M2, CS3, CS7, CS18
Community D	Children and Schooling	$288,750	Community store Aboriginal Corporation	$40 ($8)	Breakfast, Lunch, MT and/or AT	School, RSAS DHS, RJCP provider	M1, M2, CS2[>], CS5, CS17, CS18

* There is no RSAS program in Community A

M1- Number and proportion of Indigenous people employed in delivery of the Project

M2 – Extent of compliance with Project agreement terms and conditions

CS2 – Proportion of activities/ funded places filled against baseline/ agreed target standard

CS3 – Involvement of Indigenous people in the funded activity through volunteering, committees or boards

CS5 – Participation of Indigenous parents engaging in their child's education

CS7 – Attendance rates of Indigenous students, who are selected for the project or activity

CS16 – Services are delivered by appropriately skilled and competent staff

CS17 – Feedback and other validation (might cover peers, networks, users, related services, community members etc)

CS18 – Appropriate connections are made with Indigenous community and relevant local services to facilitate engagement and involvement in funded activities

SW1a – Number of selected cohort who participated in the activity of interest

SW1b – Assessment conducted of low participation if the agreed target is not met

Box 1

> ## Project Schedule Deliverables
>
> - All meals are to be delivered in line with the applicable territory government guidelines on food preparation and service and the NT government education department 'Policy on Canteen, Nutrition and Health'
> - *that the cost of delivering school nutrition meals per child should not exceed the agreed parental contributions
> - Local Indigenous people to be actively encouraged to take up employment and offered relevant training
> - *Attempt to engage students not attending school and their families, as well as liaising with other stakeholders to improve coordination of attendance improvement measures
> - *To work with school staff responsible for school attendance and student engagement and the RSAS team where the latter team exists, to develop strategies to ensure students eating meals transition from the dining area to the care of school staff for school assembly or into classrooms
> - to manage the administration of parental contributions to maximise the percentage of parents making financial contribution to the direct cost of food
> - *take an active approach to engaging with parents to pay parental contributions
> - *communicate to the Department when parental contributions reduce to an unsustainable level
> - *only use parental contributions for the purchases of the food used in meals
> - to keep records of the number of students that the Project services on a daily basis, parental contributions received and employment records of staff

7.3.1 VALUE, ROLE AND IMPORTANCE OF THE SNP

Nearly all participants considered the SNP to be a valuable program for children, families and the wider community. Although the stated objectives of the SNP focus on school attendance and local employment, the benefits were considered to reach beyond these (see Box, listed in no particular order).

Many participants felt it would be detrimental if the program was to cease, at least in the short-term, with a number of parents/caregivers stating they would feel "sad" or "angry". Stakeholders anticipated there would be a decline in school attendance and performance, as well as increased hunger and subsequent impacts on nutritional status and overall health.

> **Positive Impacts of the School Nutrition Projects**
>
> All children receiving appropriate food
> Taking pressure of families and community
> School Attendance and Performance
> Health and Behavioural Outcomes
> Integrating with and supporting curricula
> Providing employment and capacity building opportunities
> Reinforcing social and life skills

7.3.1.1 ALL CHILDREN RECEIVING APPROPRIATE FOOD

For most respondents, both stakeholders and caregivers, the fact that all children have access to substantial and appropriate meals at school was felt to be the greatest positive impact of the program.

There was an expectation across participant groups, including those not directly involved with the SNP, that the Projects would have a focus on diet and nutrition, with input from a dietitian, to ensure "that children get well-balanced healthy meals that provide them with the essential nutrition daily requirements" (#06, Health Service Staff).

Several respondents speculated that in some cases the school meals may be a child's main source of food and nutrition, particularly where multiple meals were provided during the day, and thus the program has a responsibility to supply wholesome and healthy food. From our Stage 1 findings, based on the available purchasing data obtained from 20 SNP sites, those sites were providing 35-45% of children's daily energy requirements through the SNP[65].

In some sites, participants reflected on changes to food provided in schools over time; previously they had seen canteen items or SNP meals provided that were unhealthy or poor

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[65] This percentage range is a crude estimation based on provider estimates of student numbers (Stage 1 Interim Report, Table 2) and the available purchasing data. We cannot guarantee the completeness of purchasing data obtained.

quality. One provider stated that "the local ladies who work in the canteen hated the program with the sausage rolls and pies…they didn't like the fact that the kids at school weren't being fed nutritious stuff" (#64, School Staff Member, Provider Organisation). However, in all communities visited where there had previously been issues, positive changes were reported to have been made to healthier and more substantial meals as a result of new systems and/or staff. Even in the approximate 12 months between data collection phases for Stage 1 and Stage 2, some providers reported changes in their menus from predominantly pre-packaged discretionary items to more wholesome cooked meals.

All providers reported having worked with dietitians/nutritionists on their menus, possibly increasing caregivers' confidence in the SNP, "knowing that something nutritionally supervised by the dietitian is being presented to them too. So they not only know someone else is doing it but it's being done really well" (#64, School Staff Member, Provider Organisation).

In addition to supplying healthy food, it was considered important that the program catered toward children's needs in terms of food preferences and variety. This was evident across most sites, where respondents would name quite a range of meals that were provided to and liked by the children, including a rotation of familiar dishes, hot meals, sandwiches, fruits and breakfast items. One school staff member (#79) reflected on "how much variety is the key to…keeping children eating. If they had the same thing all the time, they're more likely to…leave half of it". From the student brainstorming sessions, the key thing they liked about the SNP was having both breakfast and lunch which included a variety of cereals and hot lunches.

Equality was considered important, particularly by providers; despite the challenges with the gap in parental contributions (discussed below), providers were adamant that all children continue to receive nutritious meals:

> *…the bottom line is that we feed the children. So regardless of if parents are contributing or not…The children – they need to be fed a nutritious meal.*
> − #01, Provider Organisation Representative

Several participants made the point that all children receive the same and no-one misses out, regardless of their situation outside of school.

> *Everybody's on the same level of the playing field, sort of. Nobody's got more than anybody else. Here there are the 'haves' and 'have nots', so everybody gets the same stuff*
> − #03, School Staff Members

7.3.1.2 SUPPORT FOR FAMILIES AND COMMUNITY

Caregivers, providers and other stakeholders felt that the SNP takes pressure of families who might otherwise find it difficult to ensure their children receive a meal during the day due to food insecurity and/or family obligations. Parents and caregivers spoke about lack of food in the house, overcrowding and financial difficulties, and some working parents appreciated that they didn't have to "rush around" in the mornings to prepare or buy food for the day, get

children to school and also attend their place of employment. One community member expressed that:

> *It's kind of like a relief for us and a lot of the parents as well, having this in place. A lot of that worry goes out the door. And that's one less drama that we have to keep worrying about.*
> − #24, Indigenous School Staff Member, Provider Organisation

Although such programs can place pressure on schools, the program was considered by DoE representatives (#85) as one of many social supports within communities.

7.3.1.3 SCHOOL ATTENDANCE AND PERFORMANCE

The most recent review of the SNP reported no significant increases in school attendance at the whole of system level as a result of the program, however did indicate that approximately half (46.5%, n=20) of principals surveyed felt that school attendance had improved.[66] Our evaluation did not explore attendance data, however a number of caregivers and stakeholders interviewed felt that the SNP did impact upon school attendance, in particular school-based staff who felt they had seen increase in children coming to and staying at school. In one community where the school was the provider, a staff member (#31) explained that looking at overall attendance rates may not show an increase, but looking at those children who are attending school more regularly may give a better indication of improvement. This was echoed by staff at another site:

> *I know [SNP] has brought more kids to the school…it has brought our numbers up within that couple of years that we have been running the program, and it's that consistency also, with the students that are coming. And we have seen a big bump up in numbers from the beginning of term to the end of term, considering the previous years.*
> – #24, Indigenous School Staff Member, Provider Organisation

Respondents felt that the SNP encourages caregivers to send their children to school, where "having the kids coming to school, getting fed and getting educated is like a whole package for parents and it's sort of like your kids are actually going to miss out if they don't come to school" (#64, School Staff Member, Provider Organisation).

Students from one site said that the SNP "gives motivation to come to school", and felt that without the program they would "be hungry and run home". Many respondents agreed that the program is an incentive for children to go to and remain at school.

> *Well, they're healthy and they're learning. They're healthy and they're learning and they come back. They don't run away any more. They come back and they stay because they know that the food is here.*
> – #21, Indigenous School Staff Member, Provider Organisation

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[66] KPMG (2011). "Evaluation of the School Nutrition Program".

Improved school attendance was also seen to have a flow-on effect in terms of children's learning and academic performance, as one school staff member (#31) stated, "it means that all the kids that are going inside have got something to eat. They're happy, settled, ready to learn kind of thing". Several caregivers and school staff agreed with this, as did students at three sites who felt that without the program, they would be hungry, tired, and "it would be harder to learn".

In addition to the immediate effects of being able to concentrate better in class, some community members made the link between the SNP, learning, and the future. A group of parents (#34) stated that "Kids want to learn, learn more, like when they grow up they're going to be strong, and they're going to get jobs – working when we get old". A grandmother (#77) reflected on the importance of the program to her, "It's important for me, to have kids go to school and have them eating healthy food, so maybe they can go to Darwin and can come back and help the old people".

7.3.1.4 HEALTH AND BEHAVIOURAL OUTCOMES

Respondents could only speculate that there would a link between the SNP and health outcomes, in the absence of data; participants with a health background mentioned anaemia, undernutrition, skin, teeth, eyes, immunity and cognitive development. Overall, many respondents cited "health" as a benefit of the program.

Some stakeholders, particularly those that had been in community for some time, felt they had noticed an improvement in children's health and wellbeing:

> *I've been doing remote work for probably seventeen years now. And I speak to the dentists when they're visiting. I speak to the doctors when they're visiting. The dentists have said that there's been an improvement in the kids' teeth. There's improvement with eyes. There's improvements in a lot of different areas.*
> – #48, Provider Organisation Representative

> *Yeah. Oh, yeah. Yeah. They tend to be a bit more alert and attentive when it comes down, and as well as being [able] to last the day as well. You know? In the past we've got kids come in and just – lights out for the whole day and half the time we have to take them home. 'Cause also they were coming late so missing out on breaky and stuff like that. So yeah, like I said, overall wellbeing, physical appearance as well – big change. I've been at the school for nine years now. I've seen the kids come through the loop and I've noticed the change in physical appearance as well as their overall wellbeing.*
> – #24, Indigenous School Staff Member, Provider Organisation

Several respondents linked the SNP to behaviour in the community, not just within the classroom, with one participant observing that "the kids are very well behaved in this community. I think if they're running around hungry, they wouldn't be as well behaved" (#01, Provider Organisation Representative).

7.3.1.5 INTEGRATING WITH AND SUPPORTING CURRICULA

Four schools gave specific examples of how the SNP related to their curriculum, including a nutrition component within the health curriculum, a Mindfulness Program which encourages students to be mindful of what they are eating, and in one school using students' menu preferences to discuss the healthiness of food and encourage informed food choices:

> *Now that we have the SRC – School's Council – Students' Representative Council – sometimes they decide to have what kind of food. Just a little bit of – "I would like to see …" whatever it might be – pizza or something like that. And then we talk about, why pizza and you know, what's in it. We look at the food – what's in it. Then they decide. For example, like the Poppers – the Poppers. They want a Popper. I said, "Well, Popper is good but it can be you know …" You can start to go that way. "It's got a lot of sugar. Look at the sugar." And all that sort of thing. And then they decide.*
> *– #21, Indigenous School Staff Member, Provider Organisation*

One PM&C representative (#83) felt that the SNP and school curriculum should link, and that the program would be much stronger as a result. Several respondents agreed that there was potential for this integration to occur, particularly through nutrition education around a balanced diet, and how that impacts upon health and development. School gardens and cooking lessons were also mentioned as possible ways to incorporate the SNP into schooling.

Department of Education representatives (#85) felt that whilst there could be potential for integration and linkage within the school, this is highly dependent on time, financial resources and capacity and the individual teacher's inclination to pursue those links (teachers being owners of the curriculum). It was felt that clarity was needed when talking about integration, as it would likely not be consistent integration "that a school and students could do all day, every day". It was pointed out that classroom activities require planning and programming, and even incidental teaching rather than planned programs, for example where lunchbox contents are separated into Red, Amber and Green, would be dependent on the teachers' capacity.

When asked whether funding may help, it was thought that "If there was a funding stream attached to a project of some kind like that, then schools would be more likely to pursue it, rather than them have the idea, try to initiate it and then somehow try to fund it. If it was funding first, then that might help". It was also felt that PM&C could play a role in communicating to DoE which schools are performing well (as identified through routine service provider reporting to PM&C), where DoE could then work with PM&C to support those schools. Case studies, being relevant and contextual to the Northern Territory, were suggested as a useful way to share stories of successfully delivered education programs between schools.

However, it was highlighted that it should not be "solely the responsibility of the Department of Education, because it's not a Department of Education program. And often we've got very little control, so we don't get to choose who the service providers are". It was also felt that there is room for improvement with canteens and service providers that should be addressed first.

Finally, clarity around the purpose of the SNP was considered necessary: "It depends on what the Prime Minister and Cabinet's perspective of what the program is. It was once called "the feeding program". That's very very different to… feeding is just feeding. That's just dump the food, you chew it, go play. So there is a difference between that and integrating learning, lots of different learning around it, but I don't know if their perspective has changed, whether it's a feeding program or whether it's a nutrition healthy eating program" (#85, DoE Representatives).

7.3.1.6 PROVIDING EMPLOYMENT AND CAPACITY BUILDING OPPORTUNITIES

Involvement of local Indigenous people, whether it be through employment or engagement with the program, was seen to be an incredibly important aspect of the SNP. SNP providers recognised local employment as one of their obligations within their service delivery agreements, and all sites had employed, or were seeking, at least one local Indigenous person to work on the program.

Community members were proud and happy to see local people working on the program, seeing them as role models for the community who are also gaining valuable experience to take home.

> *Another positive though is that there is the canteen manager and the Yolngu canteen staff. The Yolngu staff take pride in their job, it's a popular job and valued by the community – people want to work in the canteen. This is a positive, community people are learning. It offers this opportunity and quite a few staff have gone through the program and take this learning with them home.*
>
> *– #19, School Staff Member, Provider Organisation*

Some also saw indirect opportunities for employment, for instance when mothers bring their children to school they may have the option of employment with the school as a teacher's assistant.

Some respondents also saw the long-term opportunities; it was felt that involving senior students in the program whilst still at school could provide important skills leading to employment after school.

> *…we do all that basic stuff where they read recipes and they measure ingredients, in terms of when they leave school, if they then choose to be part of a Nutrition Program, they've got the basics.*
>
> *– #42, School Staff Member*

7.3.1.7 REINFORCING SOCIAL AND LIFE SKILLS

Several participants felt that the SNP played a role in encouraging positive mealtime behaviours by introducing principles of routine, structure and etiquette such as sitting down at a table to eat, eating quietly and calmly, and cleaning up. Schools varied in their processes;

some preferred that children ate in the classroom, where they could sit quietly and learn and not be walking/running around while eating. Others had lunches within the school grounds and only provided the snacks in the classroom. Children were encouraged to put their rubbish in the bins, and in schools that served meals in re-useable containers systems were in place where children would place dishes in a tub, or wash up their own once finished. In one community where the school was the provider, a staff member (#64) felt that being exposed to a "Western" style of eating at school could prepare children for situations away from community, such as boarding school or eating in restaurants.

Learning what is healthy was considered by students and stakeholders to be another benefit of the program. Two schools, which were also providers, had examples of students preparing fruits, including traditional produce (#21) and "squeezing their own juice, which is good for their fine motor skills as well, and they all love that" (#70). Benefits of learning about and exposure to healthy and unhealthy food was seen to have immediate and longer-term benefits:

> *…they're not given anything that is unhealthy. They like the yoghurts – you know, with the screw top. And there are a number of things they like. So it teaches them by example what is healthy; and by inference, what is not.*
>
> – #52, School Staff Member

> *I can see long-term benefits too because I think if the children weren't exposed to all these different types of healthy foods, they wouldn't necessarily go out and you know create similar meals when they get older. I think it's educational for them.*
>
> – #74, PM&C Representatives

The social element of the program was also seen to be beneficial. Caregivers were pleased that their children were able to enjoy sitting down and talking with their friends while enjoying a meal together, and some schools welcomed families' presence during mealtimes, where "mothers come in and they bring their kids, and their grandchildren. They all eat together" (#32, Indigenous School Staff Member, Provider Organisation).

7.3.1.8 CONSEQUENCES OF PROGRAM CESSATION

Several stakeholders, while recognising the immediate importance of the SNP, felt that other programs were required to run alongside given the uncertainty of the longevity of community-based programs.

> *If the program was taken away tomorrow – our attendance would drop dramatically and we would have kids on the risk list of poor nutrition. I'm flagging that it's a bandaid, rather than a long term solution…The SNP needs to continue at this time, but other programs should be happening at the same time.*
>
> – #19, School Staff Member, Provider Organisation

> *So at this stage, I think it's pretty important but as well as most things, educating the community about nutrition and the importance of it to the kids*

– but also probably more importantly, to families and parents to get a better understanding and you know. But until that happens and until it's like at a reasonable state that the community are doing that, I don't think you could pull it from the schools.

– #22, Sport & Recreation Staff

SUMMARY

- The SNP is a valuable program for children, families and the wider community that reaches beyond the objectives of the SNP focus on school attendance and local employment
- The SNP provided equal benefit to all children.
- The SNP was considered in many cases to be the main source of food and nutrition for school-aged children in the community
- Respondents had an expectation that SNP meals would be nutritious and substantial
- The SNP took pressure off families to provide nutritious and appropriate food for their children during school hours
- The SNP was seen to impact upon school attendance and school performance
- The SNP was likely to have an impact on health outcomes
- Provision of employment and capacity-building opportunities for local staff was an essential aspect of the program
- The program modelled healthy eating behaviours, structured meal times and responsibility (e.g. washing up after the meal)
- Program cessation would have detrimental effects

7.3.2 SNP WITHIN THE WIDER COMMUNITY CONTEXT

Participants did not speak about the SNP without mentioning the wider community context and the impact and role of food security, store pricing, education, and other service providers. These topics are explored further below.

> **SNP Within the Wider Community Context**
>
> Food Security
> Health & Nutrition literacy
> Tradition & Culture
> Links with other services & policies

7.3.2.1 FOOD SECURITY

According to the World Food Summit definition:

> *"Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life"*[67].

In 2010, at a Good Food Systems meeting in Darwin, food security was explained as:

> *"Food security for us is when the food of our ancestors is protected and always there for us and our children. It is when we can easily access and afford the right non-traditional food for a collective health and active life. When we are food secure we can provide, share and fulfil our responsibilities, we can choose good food knowing how to make choices and how to prepare and use it*[68].*"*

Stakeholders referred to the school nutrition program operating within a broader context of food insecurity and saw the need for such a program until these broader issues could be addressed. Although it was not within the scope of this review to investigate the issue of food security and its determinants, a number of interviewees offered insights into the food insecurity issue and why children were vulnerable to hunger and lack of good nutrition because of this.

> *There are so many pressures on families that make it hard for some families to provide for their children and make sure they have enough food.*

> *The vulnerability levels are different here to other places (e.g overseas countries that have school meal programs). Don't see in all homes here that people have the capacity to meet outside of school food needs of children –*

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[67] FAO (1996). "Rome Declaration on World Food Security and World Food Summit Plan of Action". World Food Summit 13-17 November 1996. Rome.
[68] The Good Food Systems Project (2010). https://www.menzies.edu.au/icms_docs/252289_Information_sheet_1.pdf

> *some families don't have equipment to cook, there's gambling and substance misuse*
> – #19, School Staff Member, Provider Organisation

In some communities, stakeholders referred to hunger manifesting from food insecurity as an issue for some children and/or young people. It must be noted that some comments about children being hungry may have been made in reference to the normal food seeking behaviour that young people with big appetites display within any setting. This was difficult to tease out. When prompted further, where real hunger (in association with going without food) was thought to be an issue, this was said to be among a small group of children/youth in a community. In one community, even though the children were considered to be "well fed at school", there was a group of kids that were observed "roaming around at night still looking for food". In another community, a number of non-Aboriginal stakeholders told of children coming "door knocking" asking for food. It was beyond the scope of this review to determine if these children were genuinely hungry or not.

A youth services provider (#65) in one community explained his perspective that when a child's basic need of being fed is not met that this generates a lot of anxiety within the child and provides no energy to do everyday things such as participating in school or sport. This stakeholder reasoned that this was why some children roamed the streets or broke into homes. He told of his own experience where he had been broken in to several times and had only Twisties and frozen bread stolen.

It is important to note, that each community is unique in the issues they experience and how they deal with these. In one of the smaller communities, children going hungry did not seem to be an issue as the community was described as being a "tight knit" community. The SNP provider commented that:

> *…the community is pretty good in that if there's an awareness that there is an issue with a family, and a child is going hungry…I'm confident that senior community members will do something about it*".
> – #01, Provider Organisation Representative

Perspectives within communities sometimes differed on food provision at home. In one community, an early learning centre representative believed that students were coming to school to eat because there wasn't a lot of food at home for them. In this same community however, some of the parents interviewed and the community Aboriginal family support officer, spoke of the hot breakfast provided at home as more appropriate than the cold breakfast provided through the SNP. Not having adequate food in the home was not the case for all families. In one of the smaller communities, for example, breakfast was a valued meal in the household where porridge was said to be a favourite.

The food insecurity experienced by some families in the communities and it manifesting in hunger for a small group of children/youth in some communities is underpinned by many social and economic factors as alluded to by stakeholders. The issue of overcrowding, for example, and the implications of this on parent's capacity to prepare a lunch for their child/ren was expressed by a school staff member in one community:

…They don't have the ability to plan ahead for meals. I could buy a loaf of bread and make my kids sandwiches for a week. Here, people have to buy meal-to-meal. So, if somebody's bought a loaf of bread, that loaf of bread would be gone by the end of the day – not because of any mis-management – because the eighteen other people that live in the house would just demolish it and they don't have the ability to hang on to food and plan out those meals. So, there is that helplessness that families have…So, a lot of people here are really disenfranchised about the control over their own lives, their own food, their own children. Even though some people say, "Oh, other people make their own kids' lunches." People don't have the capacity to do that here. They don't have a roll of Glad Wrap. They can't wrap up the sandwiches. They can't keep a lunchbox. Things just go missing, get played with, get tossed around, get whatever by the kids that are in the household. There are too many of them. We would say, "Well, don't let your children do that." But there's seven kids under seven in a household. Who's got the energy to look after things?

- #64, School Staff Member, Provider Organisation

Several stakeholders referred to this issue of having a lot of families living together under one roof as impacting on food availability in the home. Not having the means to cook and prepare food at home due to inadequate kitchen facilities was also talked about as a key issue impacting on food availability in the home as was not having home refrigeration. These were said to be key reasons why families shopped every day and would prevent parents from making a quality lunch for their child/ren to take to school even if they wished to.

And a lot of families don't have means to be able to cook a good meal at home because they don't have a working oven or stove or that and that's why they go to the store and they buy takeaways that they heat in the microwave at the store …or buy a packet of noodles

− #61, Early Childhood Service Staff

The high cost of food in remote communities coupled with low income (due to lack of employment opportunities and low levels of employment) was highlighted by a number of stakeholders as a key reason as to why some parents/caregivers would have difficulties in providing for their child/ren's complete nutrition. One SNP provider described the store prices as excessive and had made a complaint to the Northern Territory Government Consumer Affairs where he was told that as the store was a private enterprise nothing could be done about it. He described this situation as "just making it darn hard for them". Another non-Aboriginal stakeholder referred to 3 litres of milk costing $8.70 and wondered how people living on Centrelink in the community could afford to buy fresh fruit and vegetables. In another community, a steak was said to cost $8 and a loaf of bread $6. In those communities closer to a town centre or another community with cheaper prices, some families with cars did their shopping outside of the community. It was also observed that extortionate prices for non-food items such as toys that were often demanded by children also placed demands on the limited food money that families had. Behaviours such as parents buying cheaper staples were observed due to having little available money.

> *Well, we're worried about the stores, you know. The prices go up, you know.*
> *And mothers - still have to get all the vegetables and whatever, but they don't*
> *- they buy common ones. You know, like damper, corned beef, whatever. It's*
> *the cheapest what they can buy. But it doesn't take long. It just goes quickly -*
> *a lot of food - and they have problems.*
>
> – #30, Indigenous Health Service Staff

Food affordability was talked about by most interviewees. Some stakeholders referred to there being many competing priorities for the little money that was available, including familial obligations and cigarettes and for some families gambling, alcohol and/or "ganja". One SNP provider expressed frustration that some families might prioritise other consumables over contributing to the SNP but made this comment in the context of families not having much money overall:

> *…Families can have other priorities and that's evidence in the situation, so the*
> *less you have in your bucket, the less you can do, obviously, and they'd prefer*
> *to be doing that than be doing this* [the school nutrition program].
>
> − #24, Indigenous School Staff Member, Provider Organisation

Having access to sufficient, safe and nutritious food that meets dietary needs and food preferences for an active and healthy life is a cornerstone of food security. The limited availability of healthy food in community stores was commented on by several stakeholders as being an issue for families in being able to eat healthily. It was reported that there were occasions in some communities when the community store carried a very limited range of fruit and vegetables or ran out of basics such as potatoes which were considered a basic meal ingredient for residents. One youth program service provider expressed that the high cost of food and limited range of food products in the store restricted the types of meals he was able to prepare through the holiday program.

> *If you go to that store and spend $100, you walk out with a box like this…I can*
> *understand it's more expensive out here, but some products are more than*
> *double. I don't know how that works.*
>
> − #51, Youth Services Staff

Stakeholders also expressed concern about the wider food environment that families and children were exposed to and believed that the limited variety of convenient healthy food choices particularly from the take-away area supported poor diets in general across the community. There was concern about what children might be consuming outside of the SNP, based on observation of what children were consuming in the wider community or purchasing at the store.

> *If there's only chicken nuggets, chicken wings, kebabs, that type of thing, then*
> *of course that's what people are going to buy. But if you have some variety and*
> *some nice hot meals – people talk a lot about – you know, they say, "it's cold*
> *[outside temperature], we want hot meals". I struggle to keep up with hot meals*
> *some days here. Make a good lunch and look around and [it's] all gone.*
>
> − #53, Provider Organisation Representative

*Like, we've got a shop down here but it's mostly deep fried food that they sell
– so there's not a lot of fresh food that's down there.*

− #20, School Staff Members, Provider Organisation

*I understand that people want to buy like meat pies and like, chips, but like
you can - you don't have to go that far – you can also get a burger that has
tomato and lettuce in it. Not necessarily just like a box of chicken nuggets.
Like why is that being sold here?*

− #51, Youth Services Staff

We did observe attempts by some store owners/managers, as per the community store licensing requirements[69], to encourage healthier food choices, such as a fruit bowl placed at the counter, a sugar-in-drinks display, healthier cold and hot take-away options available and/or reduced prices on some basic healthier food products. These types of practices however may not have been in place across all community stores and in some stores there were practices referred to by stakeholders that specifically targeted children, for example, selling "Zooper Dooper" ice blocks for 50 cents so children with coinage could buy these, thereby making it challenging for parents to influence children's food choices when in-store.

7.3.2.2 TRADITION AND CULTURE

According to the Good Food Systems Project definition, food security extends to being able to provide, share and fulfil family food responsibilities[70]. The cultural practice of sharing food and resources is integral to the Aboriginal culture. The implications of this important cultural practice on a families' food situation seem to be shaped by a families' financial and social situation.

One interviewee spoke of the 'clash of cultures' in relation to the western notion of time and rules around this, the notion of living as a nuclear family in one house, and the rules about asking before taking or borrowing as causing conflict in how Aboriginal people were understood in communities. A further example of this are the negative views that non-Aboriginal people may have regarding a cuisine that may be different to their own or how families organise themselves at meal times.

A school staff member expressed that:

*if there wasn't overcrowding in the housing and Mr and Mrs X and the three
little children, Sally and Susie and Sammy could all live together in that house,
and only them, and have a lock on their door and other people didn't just walk
in in the middle of the night and just steal from them or be expected to live
there – I think that the family might have capacity to do that* [i.e prepare a
school lunch].

− #64, School Staff Member, Provider Organisation

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[69] Department of Prime Minister & Cabinet (2014). "Licence Compliance & Store Audit Checklist".
[70] The Good Food Systems Project (2010). https://www.menzies.edu.au/icms_docs/252289_Information_sheet_1.pdf

One participant described the SNP as a food security "back-up" in her community as there were some families that were not able to save food and relied on other households for food at these times. Some stakeholders referred to the "many pressures" on some families that made it hard to provide for the food needs of their child/ren. The inherent cultural obligation of sharing between families was also said to impact on what food was available in the household particularly if having to share with family not having the means to provide for themselves. Sharing between households acted as an important social security net, as it provided a back-up to families when they had no food in their own household.

The availability of food in the household for some children was also likely to be sporadic in part due to a combination of the cultural obligation to share and limited financial means. A provider in one community made the observation that attendance was low on a pay day as "the houses are full of food" on these days and "kids aren't as keen to come to school and have something else to eat as well" (#17, School Staff Member, Provider Organisation). A health professional told of a similar observation that attendance seemed to be higher on those days when it was likely that there would be less food available in the home (#29, Health Service Staff).

Children from a young age were also observed to be given their own money to spend at the stores and take-aways, often resulting in purchases of soft drinks, lollies, ice-cream, cake etc. This autonomy awarded to children at a young age by parents and other family members to teach independence, while a cultural strength, was referred to as being problematic in the contemporary environment where unhealthy food was easily accessible and very appealing to children.

> *…the stuff that's available at this shop here isn't quite what you would want. The quality is something, just [the] amount of sort of junk that you can get there – isn't beneficial at all. So, they get what is available to them and what they like, which is a lot of the time, junk. Go off and get money just given to them – it's just like "here you are. This is your money for the day for food. Get what you want". So they're kids – bubble gum, soft drink.*
> − #22, Sport & Recreation Staff

Children were often said to be observed eating lollies, chips and ice-creams. The easy access to these 'junk' food in the communities was commented on by some stakeholders as making it difficult for parents/caregivers to say no to their child/ren when demanding junk food and to guide their child/rens' diet towards healthier foods. For example, a clinic staff member observed little kids opening the fridge and pulling out whole chocolate cakes or throwing tantrums when not permitted by their parents to buy Easter eggs. One service provider was concerned that although the SNP was providing healthy meals, outside of school large amounts of sugar were being consumed by children in general and to the detriment of their health.

> *…Just got a long way to go with the community and food. Two lovely shops over there that just sell the worst lollies in the world. Yeah. We've got a long way to go with that.*
> − #31, School Staff Member, Provider Organisation

A further aspect of culture talked about in all communities was that many families still hunted and collected wild foods particularly on weekends which provided an important food source.

> *Because the families do supplement what they buy from the shop with bush foods. They'll go out and get kangaroo and or bush tucker.*
> − #61, Early Childhood Service Staff

7.3.2.3 HEALTH AND NUTRITION LITERACY

Food security according to the Good Food Systems definition extends to having the capability to choose and prepare good food[71], which was recognised as a challenge for many parents.

> *You know I grew up in a good family and know how to cook a meal or prepare lunches or whatever. I found it a real burden to do that for my kids – like to prepare lunches for them and pack them in. It was just another chore that had to be done. And I had the knowledge of how to do it and the ability to buy the right stuff to pack in their lunches. So, without the knowledge – so the parents here, without any knowledge of nutrition – we've had parents send kids to school with a bottle of Fanta and a packet of chips. Now, the onus could be on the parents but they don't have the nutritional knowledge.*
> − #64, School Staff Member, Provider Organisation

One provider raised concern about the diet of children outside of the SNP and commented that the "education has to also be outside of what we're doing with the SNP as well" (#48, Provider Organisation Representative). This concern was reiterated by an early child educator in another community who commented that education was needed at a young age.

> *There's a real need for that, real education around the nutrition for your child right from pre-birth, basically, and if we can sort of change people's perception….to say, "No actually, I can make these choices". And honestly I think it's a generational thing and we've got to start with these ones*
> − #61, Early Childhood Service Staff

> *…and we won't notice the change until twenty, twenty-five years down the track because, this is why early childhood education is so important and we've got to get that message through to Canberra that these [early childhood education] are really valuable programs. Even though there might not be a lot of children, they are valuable programs and they'll save the government money in the long term.*
> − #61, Early Childhood Service Staff

The stakeholders that commented on the need for this education in the wider community referred to this as being important for both parents and for those who influenced the quality of the food environment, such as store owners and store managers.

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[71] The Good Food Systems Project (2010). https://www.menzies.edu.au/icms_docs/252289_Information_sheet_1.pdf

> *I think at least if they're having a good, healthy meal here, but then it's also, that education needs to go out to the community as well…I mean that's a community issue as well, "junk food, stop!"*
>
> − #56, Coordinator, Early Childhood Service

One provider suggested that there be more cooking and nutrition taught through the CDP programs as this would help ensure children were fed adequately outside of school hours and during school holidays. There was also a feeling that parents particularly those with low literacy and numeracy skills needed support to be empowered to make good decisions regarding their child/ren's diet. In one community, a school teacher made an effort in the classroom to educate the students that junk foods were sometimes foods and not for everyday (#79, School Staff Member).

In considering education needs, a clinic manager with a long history of working and living in remote communities made clear that it should not just be assumed that people don't know how to cook or prepare food as from her experience many people had these skills but other factors prevented them from using these.

Some stakeholders referred to behaviours they had observed that to them looked like a lack of financial literacy but may have been due to financial constraints such as "going to the counter to make purchase after purchase until the money stops and then having to put things back if the money has run out" (#19, School Staff Member, Provider Organisation). Food budgeting, to ensure enough money for food until the next pay day was thought to be something that community residents in general did not practice most likely again due to limited income and familial obligations.

7.3.2.4 LINKS WITH OTHER SERVICES AND POLICIES

Broader government policies were sometimes mentioned by interviewees as impacting on SNP or the need for the SNP. For example, a health board director in one community made mention that from his view the policy change regarding the Community Development Programme had resulted in less money being available in the community for food. In this same community, recent permission to use the Basics Card at the school canteen had opened another opportunity for community residents to access healthier hot food options at a cheaper cost compared to the other food outlets in the community.

There were examples of local policies in place to encourage healthy eating and to also support school attendance such as a policy between the school and the local store to not serve school aged children between set hours. In one community the store managers were often asked by community members to reprimand the children for not being at school (#55, Provider Organisation Representative).

There were a number of agencies in each of the communities visited that also provided food to school-aged children. While different for each community, such agencies included local government funded programs such as sport and recreation or youth centres and crèches and federally funded early childhood learning centres, youth diversion programs, vacation programs and the Remote Schools Attendance Strategy. Other than the crèches and early childhood

learning centres, these programs were generally not funded to provide food on a daily basis. A sport and recreation program in one community for example ran a very popular weekly cooking session for the youth as part of their after school program and also had snacks such as muesli bars, noodles and Shapes on hand after school for if young people requested these. Food was also provided at 'special events' such as discos. In another community, the school ran weekly adult cooking classes. Although not all programs had guidelines in place for food provision, the stakeholders involved with these programs believed it important to provide healthier foods and to model good eating behaviour within their programs. One early childhood service staff member viewed food provision to parents in addition to children as important in staving off hunger to optimise the learning environment and parent-child engagement. The healthiness of the food provided through these programs seemed to depend though on the knowledge and the motivation of the provider rather than evidence-based guidelines. Importantly, it also often depended on the time and capacity that the service providers had to prepare foods other than the "go to" sausage sizzle.

> *Every week, on a Tuesday, we run a cooking day for the kids. So, that's not in school holiday break but we do Healthy Eating on a Tuesday and that can range from where they have spaghetti. So, that can see also what to put in meals. That can be frozen vegies – nice and easy – onion. Canned tomato, a bit of paste and then, yeah, the spaghetti. We've had chicken stir-fries. We've made home-made pizzas. Before I was here, I've heard that we've made bread, banana bread. I mean we have fruit – definitely fruit for the kids. We have snacks. Snacks can range from your Shapes, we've just -- muesli bars. I'm not a big fan of muesli bars. We're trying to cut those out of the kids' diets. That's just stuff that they can just grab and run if they need. We've definitely cut out – well, completely cut out Poppers and juices. I'm not a fan of that. We now have installed the bubbler down at the rec hall and we provide water only. Whilst on a school break, we did have some fresh juice we gave them and we were doing bacon and eggs in the morning.*
>
> − #08, Sport & Recreation Staff

One stakeholder, in discussing food access in the community, saw real opportunity to address the issues of food insecurity through creating locally owned food businesses and/or offering alternative meal choices to the usual take-away outlets at sporting and other community events where facilities were available. These were viewed as long-term goals that needed to be put in place by communities and progressed that would then allow for 'stop-gap' food-related programs, such as the SNP, to be removed. This same stakeholder commented that the current business model of allowing private enterprise to operate in a community with solely business rather than social goals, was contributing to the increasing easy access to unhealthy food.

> *You know, if you had a better shop that was larger; employing people locally; was close to people – you know, like where the shop is located; and maybe more organisations that were helping people set up the same sort of businesses like food trucks, but they were locally run; and they weren't focussed on selling things that people want – but selling things that people need. And then maybe ten or twenty years down the line, you could start*

> *thinking about removing some of the school feeding programs and those kinds of things.*
>
> − #22, Sport & Recreation Staff

In this same community, a café was successfully operating through the Community Development Programme and was providing participants with hands-on experience in food preparation, food ordering, table service and food safety and hygiene. This café was said to be locally run and to offer "something different, cheaper and maybe fresher and healthier" (#22, Sport & Recreation Staff).

Beyond food provision in the communities and the example of the café, few programs aimed at directly addressing food insecurity and providing skills in food preparation, budgeting or purchasing were evident. Lack of long-term and secure funding for these programs was identified as an issue.

> *If serious about closing the gap, these issues need to be addressed as they are the root causes of food insecurity. The SNP needs to continue at this time, but other programs should be happening at the same time. These programs though, come and go, there is no long term secure funding for these.*
>
> − #19, School Staff Member, Provider Organisation

In one community, a family support officer spoke about the Healthy Home project which was assisting families in everyday household management activities such as cleaning, shopping and food preparation to help get kids to school in time.

The next section refers to direct links between the SNP and other partners at the local level. Four of the seven communities visited were funded under the Children and Schooling Programme of the Department of Prime Minister and Cabinet. The other three communities were funded under the Safety and Wellbeing Programme. In all four service agreements that we had access to, the provider was to "attempt to engage students not attending school and their families, as well as liaise with other stakeholders to improve co-ordination of attendance improvement measures". Partners listed were specific to each agreement, but in all cases included the school (where the provider was not the school), the Remote School Attendance Strategy (RSAS) (where one existed), DHS and the employment provider. For one community, health was also included as a relevant partner in "supporting the project as part of addressing school attendance barriers".

Remote Schools Attendance Strategy Teams

The four communities funded under the Children and Schooling Programme had a RSAS activity in place. In one community, the RSAS team had their office on the school grounds and were therefore linked closely with the SNP provider who in this case was the school council. In another community, the RSAS team made pancakes on a Friday inside the school grounds and when asked about their role in communicating with parents about the SNP they said the following:

> *Int: So, if you go to some parents and they say, Oh, we don't have any food*
> *in the house, that's why our little kid's not going to school. Can you then say,*
> *oh, but there's food at the school?*
> *Part: yes, we can do that*
> *Part: But the school one's OK you know. If kids are hungry, we just tell them,*
> *"Jump on. If you want, there's food up at the school"*
> *Part: There's breakfast, there's lunch, there's tonnes of food*
>
> − #39, RSAS Team

Similarly in another community, the RSAS team (#49) used the SNP to encourage children to attend school, sometimes though through spruiking the less healthy food options: "*We tell the kids there's pancakes, hot dogs and the kids come more*".

In one community the GEC explained that the community corporation who receives funding for both the RSAS and SNP, organises a community meeting together with the school and community elders around two times in a term, where the elders are invited to talk about the importance of school attendance and the SNP. The store manager and SNP cook are also invited by the corporation committee to provide information and feedback on the SNP. In the same community, the FaFT co-ordinator had also organised an open day to encourage parents' involvement in the school and involved RSAS and SNP staff.

Department of Human Services

DHS representatives spoke of having contact with the SNP providers when they first opened their third party IM and Centrepay accounts and received training on the SNP payment reports. DHS then did not have an active role in maintaining parental contributions on the ground except to respond to parents and carers requests regarding SNP. The active involvement of DHS staff at the community level therefore seemed to depend on the individual staff member's motivation to help with parental contributions and the relationship they had with the Provider. It seemed from the cases cited that DHS staff played an important role in working alongside providers for example at school enrolment days to encourage and organise parental contributions.

Employment Provider

While we didn't specifically ask about links between the SNP and employment provider, in one community, the SNP provider worked with the CDP to train a local person to replace the SNP staff who were resigning.

Health

Health personnel did not seem to be directly involved with the SNP at the community level. In one community the child health nurse referred to the Healthy School Aged Kids assessments that are carried out at the health centre as a time to talk about food and diet. There was evidence of SNP providers linking with the PHNs regarding recipe and menu ideas. To the best of our knowledge, three of the seven communities visited had also participated in a quality assessment of school meals conducted by Top End Health Services PHNs, or specifically a review of SNP meals by Central Australia Health Service PHNs. In one community the PHN was asked by the

community corporation who managed the SNP to show them which food kids would like to eat and which drink is best for them. She was said to "sit down with us and show the menus and things" (#50, Indigenous Community Stakeholder). The relationships and support provided by the PHNs was said by a Department of Health representative to vary by community but to work both ways in that it can assist with ensuring a SNP provider meets the NT DoE *Canteen, Nutrition and Health Eating Policy* requirements and helps the PHNs to establish relationships with the schools and principals that can help in their other nutrition-related work. The government PHNs are encouraged in their positions to support SNP providers to comply with the DoE guidelines and are able to report any issues to the SNP contract manager. Vice versa, PM&C has encouraged providers to make contact with the PHNs, to express interest in their work and find out what they can offer (#83, PM&C Representative). The role of the PHN in the program however is an informal one and is often ad-hoc depending on the interest of the PHN, their capacity, and the interest of the SNP provider to engage with the PHN. The Northern Territory government PHNs have recently developed a process for assessing, reporting and engaging with SNP providers on compliance with the DoE guidelines. While not formalised, the DoE recognises the content expertise of the PHNs and is supportive of them to talk with schools and help with implementation of the DoE Policy where they have capacity.

Within the School

Principals hold responsibility for compliance with the NT DoE *Canteen, Nutrition and Healthy Eating Policy* which includes SNP meals. They played a key role in supporting the operations of the SNP and ensuring its effective delivery within the school. The smooth running of the SNP within the school to some extent related to the smooth functioning of the school overall. In the case of the Provider not being the school, it seemed that neither the Principal nor the Provider were aware of the Principal's responsibility regarding the NT DoE *Canteen, Nutrition and Healthy Eating Policy*.

There were examples of individual teachers linking the SNP with classroom activities and content. In one community, the principal referred to a cooking program she ran with the senior students as providing students with the basics in food preparation that could result in future employment with the SNP. In another community, the school ran a mindfulness program which involved the students sitting down and eating their meals and being mindful of eating. There was also evidence of the SNP being discussed at school council meetings in some communities. In the communities where there was a Families as First Teachers program, an early learning program, and/or a family support centre on or near the school campus there appeared to be a supportive link between these programs and the SNP.

> "we often have families from school come here who have got siblings and they'll have breakfast here and then go down to school, and take the bigger kids to school"
>
> − #28, Co-ordinator, Early Childhood Service

Others

The involvement of community leaders in demonstrating their support for the SNP was also important in encouraging parents and carers to participate and in increasing awareness of the
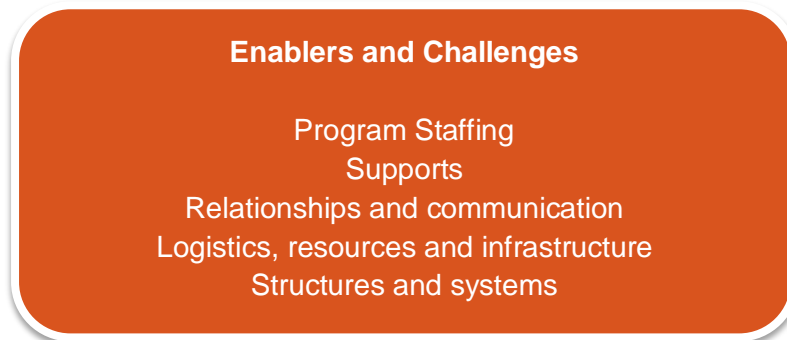
program and its purpose in the wider community. In a community not included in this review, we were told of the community as a collective paying for the school meals through royalty funds. In discussing the role of community leaders in the SNP, an Aboriginal man stated that everyone, not just the leaders, should be involved in the program as it's for their kids and their kids' futures (#27, Indigenous Health Service Staff).

SUMMARY

- There was some evidence of teachers using the SNP meals to deliver or support aspects of the curricula, however these were solely dependent on the motivation of individual teachers and principals
- There is scope to link aspects of the SNP to the school curricula to strengthen food and nutrition education
- There was evidence of SNP providers having links with other agencies in the community to help achieve project objectives with the primary focus on improving parental contributions
- There was less evidence of the SNP being integrated into wider community activities
- Many programs run in communities provide food to clients and participants, many of which are funded by the Australian government

7.3.3 ENABLERS & CHALLENGES TO PROGRAM DELIVERY

Participants were asked to identify factors that facilitated or challenged the delivery of the SNP at their site, as well as to summarise features of a well-run program. Several factors could be considered as both enablers and challenges depending on the extent to which they were apparent at the different sites. These key features are summarised in the Box.

> **Enablers and Challenges**
>
> Program Staffing
> Supports
> Relationships and communication
> Logistics, resources and infrastructure
> Structures and systems

7.3.3.1 PROGRAM STAFFING

Having program staff in adequate numbers and who were skilled and reliable were considered key factors in the successful running of the program.

All providers had, or were seeking, local Indigenous employees and found them to be an asset to the program. Several sites had long-term local employees who were able to work near-independently, which was helpful for supervisors and coordinators.

In one community there had been a recent change in program delivery and site. One participant stated, "People used to work at School Nutrition Program at the school but it stopped and there's no-one working but we would like to see the local working for Nutrition and working beside the cook and learning how to cook and provide food for the school" (#50, Indigenous Community-based Stakeholder). A group of mothers/grandmothers (#57) in this community strongly agreed, stating "People in community want to do that work". However, in this community, it remained a priority for the provider to find local staff.

Despite community members, providers and other stakeholders, recognising the importance of local employment, challenges with attracting and retaining staff were frequently reported. In some cases there was a perceived lack of interest or motivation to work; one respondent commented that due to the history of unemployment benefits being termed "sit-down money", many may not feel inclined to work:

> *…when we changed to CDP, one of the things we needed to do was to go out to all the areas and say to people, "You now actually have to go and – to turn up to CDP and do fifteen hours or twenty-five hours, depending on where you sat – to earn your dole." And they were, "Hold on. You told us for years, 'sit down money'. And we did. That's what we did." So you know they're not in that thing of having to do it.*
>
> − #59, PM&C Representative

Staff reliability was also a challenge for providers, although they did understand there are often complex or unavoidable reasons for staff absences, such as family and cultural obligations. Some stakeholders speculated that an unfamiliar or uncomfortable working environment may detract local staff; for example in one community, moving from being independent and able to take their time in the school kitchen to the fast-paced store kitchen resulted in the current situation of finding it difficult to retain local staff while in another, "We had one girl who was supposed to be on CDP, just to start her off. She didn't like it and I got a sense it had a lot to do around just being isolated in that room and with no-one else" (#80, Provider Organisation Representative).

In some sites, there were several local people employed on the program, meaning that even with staff absences there was usually someone available each day. At other sites, provider organisation staff (e.g. school staff, store managers) and at times the visiting Public Health Nutritionist, would step in to assist with meal preparation.

> *Like if, for example, [canteen manager]'s cracked it and he's got no staff and he's like, "I can't cope. I'm going to have to let breakfast go", he closes his door. And occasionally this happens. You know "I've got four hundred lunches to prep for and it's me and one other person. I can't do four hundred breakfasts at the same time".*
>
> − #31, School Staff Member, Provider Organisation

> *Also, it appears, from just what I've witnessed, that people find it really difficult. The staff feel that there's not often enough people in the kitchen to provide food. So, say at [community], there might be only two or three staff and they're providing you know, hopefully, on a good day, close to three hundred meals. So, when I've been in there some mornings to observe, I end up helping because they're so short-staffed.*
>
> − #73, Public Health Nutritionist

Respondents suggested several strategies which may help to address staff shortages. A roster system, similar to that used in urban school canteens, was thought to be a way which would help to engage and involve parents with the school, but would also need monitoring and incentive to attract participation.

The value of transferrable skills was also noted; it was felt that creating a skill-base within communities could be of benefit to both the SNP as well as other programs in the community:

> *…the more people that you get who know how to do the job, the better you are. And if someone doesn't turn up, you've got a whole pool of people you can call on. You know it's some way to leave a legacy of skilled people that can jump in, bang a few meals together under limited or no supervision. I mean that's a win. That's a win for the community. That's a win for the store. That's a win for the program on that side.*
>
> − #80, Provider Organisation Representative

Working with the Community Development Program (CDP) was considered to be a mutually beneficial opportunity for both Programs, as it provides placements for CDP participants and staff to the SNP, as well as potential longer-term employment opportunities. Department of PM&C representatives provided an example of how working together with CDP had a positive impact and also felt this was something to be considered ongoing.

> *We did see, at one of the schools that we visited recently, the people that were working on the School Nutrition Program were going to leave. So the contract manager that works in our team identified the need to have a transitional plan and they ended up working with the CDP to get somebody training up while the other two were still there. But if it wasn't for CDP, the school wouldn't have been able to afford to have somebody else employed, training, while the other two were still employed.*
> *…*
> *I think [this] is something that we could explore a lot more widely in terms of having a CDP activity sitting side-by-side with a School Nutrition activity, particularly if they've got people brought into community in those positions – like having a transition plan to up-skill local people.*
>
> − #74 PM&C Representatives

7.3.3.2 SUPPORTS

A key factor seen to impact program staffing and delivery was ensuring adequate support is available. Provider organisation staff play an important role in supporting and building the capacity of local staff, as demonstrated in case studies A and B (page 32).

Both cases show that support of SNP staff plays an important role in program delivery, regardless of whether the co-ordinator was based in community or a regional centre. It must be noted that these cases are not necessarily representative of all SNPs and that there are a number of inter-connected factors which impact on program delivery, as discussed further throughout this section.

Many respondents felt strongly that support for and access to formal training opportunities is necessary but often limited, and that Government funding could be dedicated to providing these opportunities. The previous KPMG evaluation also recognised the need for "a regular program of training and mentoring for SNP employees". One respondent from our review felt it was important to make an initial investment in training and support:

Community W

Provider A had seen several changes to the SNP due to staff turnover over an approximate 6-year period. Initially, the school employed a co-ordinator (based in the community) who provided hands-on support to the local women working on the program. This co-ordinator was said to be willing to take on the guidelines and follow advice from visiting Nutritionists, and paid attention to ensuring robust and nutritious meals.

This co-ordinator took on a new part-time role, which reduced the amount of time spent in the canteen. Eventually, she was no longer employed on the SNP but still provided support to the local staff where able until a new staff member took on this role.

The new co-ordinator had many additional responsibilities outside of the SNP, and did not have the capacity to provide the same level of support as had been previously; this resulted in a change to a simple menu made up of largely pre-packaged meals and snacks, and subsequently the de-skilling of local staff.

After several years this co-ordinator had moved on and a new school principal and replacement co-ordinator commenced. However, the third co-ordinator still did not have the capacity to adequately support the SNP and the pre-packaged menu remained. Eventually, the current co-ordinator was employed and brought along food business experience. Within the first semester of his role, he re-trained the local staff to cook hot fresh meals as per a new menu.

According to a staff member at this site, "[the co-ordinator] still does the ordering of the food and so on, but they have a real input into what sort of stuff they're going to cook; what's on the menu; they're cooking it; they're serving it up; It's almost like total ownership".

Community X

Provider B employs two local women on the SNP; both have worked on the program for 3-6 years, and one had worked on the SNP in a different community previously. The co-ordinator has been involved with the SNP since it commenced approximately 9 years ago (previously in a training role before taking on the co-ordinator position), and has provided training and support to the local staff since then.

"Consistency", "routine" and "structure" were commonly mentioned enablers by stakeholders in this community. Based off-site, the co-ordinator found it challenging to visit the community as often as desired, but provided regular contact via phone.

The co-ordinator stated a preference for hands-on, visual training tailored to the staff and community. Early in the program, training focused on simpler foods such as sandwiches, and progressed to cooking hot meals and implementing food safety procedures and temperature logging – it was felt that building up these skills over time, not "bombarding", was the best approach; as such, processes that had been introduced and constantly reinforced had been in place and working effectively for 6-7 years.

A long-term school staff member said "the training that the women have had probably through [SNP Coordinator] – she used to come out and do training. That sort of support. So now – they're confident now to do the meals, and [SNP Coordinator] still comes and visits and gives that extra…"

> *If a lot of funding is put into the development of local workers and support for over like a two or three-year period, just to get people trained in that area, then I think that solves a lot of those problems. I feel like with a lot of community projects…the skilled workers aren't there and it hasn't been done before. You can't just employ someone. So if you want it to be driven by community, you have to put in the initial effort and a period of sort of maybe one or two years where you're just developing the workforce and things like that to be able to do it properly.*
>
> − #72, Public Health Nutritionist

From our interviews, one provider was able to arrange for SNP staff to attend food handling training being delivered by Charles Darwin University to another program in the community, and some respondents mentioned food safety training by Environmental Health Officers. In most cases, however, training appeared to be informal and delivered by supervisors on-site due to the expense and disruption of taking staff into a regional centre to attend training.

> *I'd love to get the ladies a Certificate in Food Safety Handling, but I've had quotes, and to get people out to community, it's at least two days and it's full paperwork. So then I've got to have some other backup plan for who's going to prepare the meals for that day for them to be able to bring them into town. You've got to put them up in accommodation; give them travel allowance; TOIL; pay for their travel in and out – so there's costs no matter. And you'd be looking at five grand to get a trainer out to probably do two days' worth.*
>
> − #48, Provider Organisation Representative

It was noted that supervisors and co-ordinators may not always have the relevant skills needed to provide training and support. At one site where the store was the provider, one staff member (#80) pointed out that "remote store managers are recruited for their retail skills and food service is generally not a strong point that they bring to the role". Similarly, a PM&C representative (#83) recognised that "generally we're contract managers, we don't have a nutrition background so it's good where those services that do have that can step in and help".

Thus, Public Health Nutritionists (PHNs) have an important role to play in supporting the program and providers. Most providers spoke about the recent menu assessments conducted by PHNs either as part of the review of food and drink provision in remote Top End schools or a similar project focusing on SNP menus conducted in Central Australia. Providers found these assessments and associated feedback useful in improving their menu as well as providing evidence of positive change.

As with any service delivery to remote communities in the NT, PHNs faced challenges in supporting the SNP as part of their broader workload; many are only able to visit their communities on a monthly basis, or often less frequently due to distance, weather and unavoidable circumstances. Further, there has been no formal agreement between the Department of Health and PM&C for PHNs to provide support. A representative from the DoH (#81) stated that any formalisation would require negotiation with the Health Services, as "you're obligating PHNs to do a particular thing that they're not funded for". A representative from the Department of PM&C (#83) also recognised the challenge, stating that PHNs are NT

funded, while the SNPs are Commonwealth Funded, and therefore "we can't really direct them to do it".

Despite this, the NT DoH is open to working with PM&C to deliver training to on-site program staff as well as contract managers, and has previously developed SNP Nutrition Guidelines complement the NT DoE *Canteen, Nutrition and Healthy Eating Policy* and *Guidelines* documents, which are primarily targeted at school canteens.

There was some concern from a DoH representative that some contract managers are not familiar with the SNP Nutrition Guidelines; it was felt that, at a minimum, providers should be made aware of and given "the contract, the operating framework, the SNP Nutrition Guidelines and the phone number of the local nutritionist", as well as existing recipe books that are widely used across the NT. PM&C representatives confirmed that there was likely to be varying degrees of understanding of the Policy and Guidelines amongst contract managers and advisors depending on level of experience (#74) and that there is currently no standard orientation package provided by PM&C (#83). Providers also felt it would be useful to receive resources from PM&C, such as menu and recipe suggestions, and possibly have a centralised means of sharing information. Two PM&C representatives were aware of an online group which could enable the sharing of ideas, but could not identify who had set this up or who could join, nor did the existence of this resource appear to be widely known.

Although the PM&C representatives that we spoke with were generally "hands-off", it was explained that "when we've done monitoring, they appear to be running quite effectively. So, we've got like an earned autonomy model and when we see that something is low risk…and it's functioning well, we kind of leave them to it" (#74, PM&C Representatives). However, they were available to provide direct support where requested by providers; as an example, PM&C representatives had been asked for and gave support around the Guidelines, but were also cautious of "duplicating efforts" where the PHNs are providing this support and it is seen to be effective.

In general, providers in our evaluation found the Nutrition Guidelines reasonable and understandable, again aided by the PHNs. In some cases, there was confusion about their interpretation, for instance when there were inconsistencies in menu assessment scoring methods or when recommendations were made that providers found unrealistic. One provider didn't understand why "a ham and salad sandwich is red when you've got a meat pie that's probably, I think, worse off and it's in the green – you know or the amber – whatever" (#38, School Staff Member, Provider Organisation).

Representatives from the DoE were also disappointed by some of the findings from the recent Top End review of food and drink provision in remote Top End schools, stating that a dish could contain a majority of healthy ingredients but classified as "red" due to one ingredient. Overall, however, school principals found the menu assessments a positive process particularly in terms of raising awareness when they may not have time to read and understand the guidelines. As noted by DoE representatives (#85), while it is the responsibility of the school to ensure compliance with the *Canteen, Nutrition and Healthy Eating Policy*, it is one of "over 100 pieces of policy documentation and the reality is that not every school leader will be

fully across every item…and therefore school adherence to it will vary based on any number of factors". This could be further complicated when the SNP provider is not the school:

> *Even if [school principals] did know about the policy… it's a bit challenging for a principal in a remote setting to then require something of the service provider… Technically they're meant to be compliant to the policy, but who and how do you enforce that?*
>
> − #85, DoE Representatives

It was recognised that DoE does not have the resources or capacity to monitor the Policy, "which is why we, as Health – in the urban settings – we're the ones who talk to schools about their canteens and stuff. Education doesn't. But without their policy, we would have no influence at all in the school space" (#81, DoH Representative).

The PHNs felt there was potential to continue to provide this support and conduct the menu assessments in schools on a routine basis, which was also seen as a way to formalise the process and ensure consistency among PHNs in assessing menus across all sites. Overall, this was anticipated to benefit schools, staff, providers and the PHN workforce, so that everyone is on the same page. PHNs stated that they would like to see an agreement formed, and that this process is driven by PM&C rather than the PHNs.

It was apparent that the PHNs play an integral role in supporting the delivery of the SNP, however this is in the absence of any formalised arrangement. PHNs felt it was important to work alongside PM&C, but that it was "the responsibility of whoever was funding that Nutrition Program, that they take into account that workers need to be trained and supported" (#73, PHN). Some respondents felt that a dedicated qualified position within the Department of PM&C to co-ordinate and support the SNP across the NT could address a number of the challenges discussed.

7.3.3.3 RELATIONSHIPS & COMMUNICATION

Good communication and relationships, "with the school – relationship basically with the whole community" (#48, Provider Organisation Representative) were seen as crucial elements to successful program delivery. Where there were positive relationships between providers, schools and other community-based services the SNP was seen to run well.

> *…we're lucky, we have a good relationship with the store. There's been no issues, so you know, from what I can see, everything is running pretty smooth. You know, we've got good relationships with the teachers, so if there's any issues, it's managed – it's managed pretty well.*
>
> − #01, Provider Organisation Representative

> **Community Y**
>
> Community Y had a history of changes to and within the provider organisation, as well as a number of school principals each with varying involvement and attitudes toward the SNP. There had also been changes to the PM&C contract managers, and the previous provider organisation had not been willing to work with the PHN. It was evident that relationships in the community were dysfunctional.
>
> The provider organisation had since restructured, and there was a new school principal. Both parties had met, with a view to make this regular. The Provider organisation had started involving the PHN in meetings.
>
> Nearly every stakeholder interviewed in the community felt positive about the future of the program, finding the new principal to be enthusiastic, open to options, and willing to work with the provider. Likewise, the provider was open to working with the school and the wider community.

Community members in Community Y wanted the opportunity to be involved in the SNP, both to receive information and provide input; a group of mothers and grandmothers in one community (#57) said "A meeting for parents to have their say would be good". In other communities, parents and caregivers stated that they would like to receive more information about the SNP including the meals that their children were receiving; in some communities the SNP menu was placed in various locations such as the council office, the clinic and the store, which was well-received. One school staff member felt that the positive engagement that they, as the provider, have with families in the community helps with the running of the SNP.

> *We're always talking to parents – always talking to them about what food – always going back and saying, "This is the food." We invite them. You know we have faith. We have assemblies where we say, "Hey, come into the staff room. Have a cup of tea with us. Go to the canteen. Have a look at the … here, buy this". And they can see what food there is.*
> – #21, Indigenous School Staff Member, Provider Organisation

In one community, there appeared to be some dissatisfaction with the SNP and some of the community members interviewed strongly believed that the provider should listen to the community and that it would help. However, it appeared that parents and other community members were not comfortable voicing their opinions or concerns to the provider based on relationships – "Not comfortable. That's right. They don't want to go up the school and have nothing to do with the school." It appeared that community members would prefer to voice their concerns to someone other than the provider; in this community, one parent said "We needed someone to come in and actually ask, you know what we feel about the School Nutrition and it's really good that you guys came out. 'Cause we need to inform someone about the School Nutrition".

This also appeared to be the case in two other communities, where community members had voiced concerns to local RSAS staff; staff reported hearing complaints and concerns from the community about lack of variety or insufficient food. Several parents in one of these

communities also shared their concerns with us, and some considered withdrawing from the program and preparing lunches themselves.

> *The story that I have problems at home is, I have a grand-daughter and a niece who goes to school. Not every day, but sometimes the niece is. When they come back from school, they go straight to the kitchen and I just ask them a question. "Haven't you had enough to eat at school?" And they turn around and say, "Grandma",– this is my grand-daughter, "Grandma, there's not enough food there at the school".*
>
> – #13, Caregiver

In both of these communities, it did not appear that concerns and feedback were passed on to the provider; in one community, which was quite large, it is possible that only a small number of parents were dissatisfied. Indeed, the provider did not report receiving negative feedback and other stakeholders involved with the school noted that "our canteen supplies excellent meals and a good variety" (#18, Coordinator, Early Childhood Service) and "it's quality stuff too. You know, it's all fresh produce. It's a variety of food. It's not the same tucker they get" (#24, Indigenous School Staff Member, Provider Organisation). Nevertheless, it is important that people's concerns are heard.

In the other community, the canteen manager (#38) stated that "The only feedback I do get is if I walk out here and I see the kids like picking out all the veg and just eating the meat and rice", and felt that receiving feedback would "definitely" be helpful, "Just to know what the kids want to eat and what they're not eating."

This was echoed by kitchen managers and providers in most communities, as they felt that feedback from schools, caregivers and children helped them to ensure they were delivering the program in a way that met students' and community needs.

> *So, it would be good though to get feedback from the teachers and the kids. Teachers always give positive feedback. It's good to get good feedback and you know if kids aren't eating their lunches, I want to know because then it means that we're doing something that they don't like or whatever and then we can change it. That's the only kind of feedback we get if we ask.*
>
> – #04, Provider Organisation Representative

Communication and relationships between departments outside of the community was also considered essential. One provider felt that if key organisations were not working together, programs could not effectively run on the ground:

> *Well, I just think we've got to lead by example. We want these guys to – like local people - it's like, "Well, we need to work in with everybody. Everybody needs to work together to get the best results." And it's sometimes quite conflicting when the Department of Health go, "Oh, we don't really work with PM&C." And it's just like, wow! Wait a minute. If we're not doing it as this level, how do we start it at this level?*
>
> – #48, Provider Organisation Representative

Department of Health representatives noted that restructures within PM&C over the past years had made it difficult to work with PM&C, with DoH and PHNs "simply not knowing who to deal with" due to not knowing who the contract managers were

From a Program perspective, several respondents felt there needed to be clarity and communication from PM&C around the intention of the SNP. Respondents queried whether the SNP is a feeding program, a school retention program, an employment program or a nutrition and healthy eating program and stated that the program needs a strategic approach.

A number of stakeholders at the policy-maker level also felt it important for better communication and relationships within PM&C and between PM&C, DoE and DHS. According to DHS representatives (#84), "there needs to be a better connect between DHS, the policy holders for income management, and PM&C on this to ensure that they're aligned and that they're working on this together". In addition, one respondent had recently been made aware of a number of relevant branches within PM&C, such as Indigenous Education and Indigenous Health, which could all work together on the SNP. It was also felt that there needs to be attention given to the enforcement of the Nutrition Guidelines:

> *I think a massive negative is the fact that at the moment, the compliance of the guidelines isn't being enforced by PM&C or the Department of Education. So there were some schools that were very red and, you know, if you don't have anyone saying, and you'd have staff saying, "Well, what are you going to do if we keep providing this?" And so there are schools that could be providing very unhealthy meals, and that's a negative. And if you've got taxpayer's dollars providing food to kids who are very, you know, have very poor nutritional status already, that's a huge negative, and they need to get on top of that.*
>
> − #82, Top End Health Services Representative

Greater communication from PM&C at the community level was also seen to be important. Representatives from DHS expressed the need for greater engagement on the ground:

> *I think clearly the on the ground engagement and visibility of the program isn't where it probably needs to be, if we still have schools that are being under-funded and parents not contributing but still receiving a meal. Somehow we need to obviously raise the profile of the program and ensure that more families are aware of the program and they are paying if they're receiving a meal. And whether that fits or falls in with our Department or whether it falls with PM&C who do the on the ground engagement and sign up, is probably another question. But that's certainly something we can improve on – just give the program a bit more visibility and ensure we can get more people signing up, if it remains a non-compulsory deduction.*
>
> − #84, DHS Representatives

One respondent expressed the need for feedback from PM&C to stakeholder organisations, finding it frustrating that often consultation is held with no follow-up. This respondent was particularly interested in outcomes and actions related to the present evaluation:

> *It would be really good for organisations like ours to hear back on the outcomes after you've delivered your report to PM&C. Are they taking on your feedback? Is anything going to change? Because often this happens and then we hear nothing, which is another symptom of another problem. So it would be good to kind of change that cycle and get PM&C to feed us back.*

7.3.3.4 LOGISTICS, RESOURCES & INFRASTRUCTURE

As previously discussed, logistical challenges associated with remote locations could impact on the ability to provide support, as well as arrange for completion of necessary maintenance. Factors such as distances and the associated cost had an impact, as one provider noted that "remoteness is difficult because it costs money".

This provider stated that she would "love to get out to the communities more but it's funding based as well on how much you can support". In these cases, she found that working in with other services helped to ease that difficulty, for example travelling with other teams or sharing resources and costs.

Other logistical challenges included weather – some communities may be "cut-off" during the wet season, impacting on access to road deliveries as well as visiting supports. Providers often had alternative plans in place, such as stocking up ahead of time or buying in bulk from the store.

Unforeseen circumstances which impacted on student numbers could also be challenging. For instance, one provider organisation representative (#17) acknowledged "That's not anything to do with the program", but did "find things difficult – not knowing about when things are going to happen". This was also raised by participants in other communities, who cited Sorry Business, ceremonies and transient families, all of which could either increase or decrease student numbers.

For one school staff member, changes in student numbers was accepted as being something that was commonly experienced and had found ways to overcome the challenge.

> *I guess, for us, it's you know the changing in numbers but I don't think we see that as a barrier because we're faced with that every day across everything that we do. So, we're quite versed in understanding that and accepting it and not using it as a barrier to providing what we do. So, we'll come up with a solution around trying to make it happen. Otherwise we'd just always be complaining. It is perceived as a barrier I guess but it doesn't stop our kids. You know that's never something that will prevent our kids from – and there's never a day that the kids don't get lunch. The only thing that they may miss out on occasionally and is probably the most challenging,*

> *is probably breakfast because they're trying to get organised for lunch and getting someone in early to run breakfast can be a bit of a challenge.*
>
> — #31, School Staff Member, Provider Organisation

One school staff member found it difficult to cater for parents, who were encouraged to participate in breakfast, as well as the children.

> *…it does my head in a bit, especially after you know the allocated breakfast time and they're coming in and just…You know the parents are coming in and grabbing milk and cereal. In my opinion, it's for the kids but if the parents aren't here, well, the kids aren't here. So, I try and be a little bit lenient and I know yous are right but it's one thing that does sort of wear me down a little bit.*
>
> — #38, School Staff Member, Provider Organisation

Some providers highlighted the challenges in sourcing healthy food or appropriate ingredients which are in line with the Policy, particularly fresh produce which is often costly and of inferior quality after travelling long distances.

> *Like we don't have access to fresh fruit and veg. Our fruit and veg that comes via the barge has already been sitting on the barge for a week. And you know, fruits are really expensive too. So that is probably a reason why there isn't much fruit. And again, coming on the barge, it's already a week old.*
>
> — #20, School Staff Members, Provider Organisation

> *On a day-to-day basis? Well, I'm sort of – with the program – I just sort of come in here and cook the lunches and try and cook everything within those Guidelines, I suppose. It does make it tough sometimes with ingredients not being available or whatever.*
>
> — #38, School Staff Member, Provider Organisation

> *It's just also been able to access, you know, like we get some food - coconut cream; different, you know, spices and that, from stores. I've been trying for six months to get low fat coconut milk; low salt Gravox; low salted curry powders; even trying to get our yoghurt has been a nightmare. So it's constantly dealing with the shops to try and find out why they aren't able to get these things, or if they can get these things.*
>
> — #48, Provider Organisation Representative

In addition to program staffing as previously discussed, one provider organisation representative (#01) commented that administratively their organisation is understaffed and under-resourced which places them under pressure. It was felt that "communities can run better if they have more administrators on ground".

Adequate financial resources were also considered important; several stakeholders referred to funding, with one provider (#01) suggesting "that the program is properly funded" but also "that there's not a lot of excess in that funding". Others felt that they were "stretching the

resources as far as the money goes" (#03, School Staff Members), particularly where there were associated challenges with fluctuating parental contributions. One provider commented that "we need a funding that we know that it's going to be there all the time… More secure funding – yeah. Yeah. It would be very, very helpful". (#21, School Staff Member).

Suitable infrastructure also had an impact on program delivery. Four sites had on-site facilities, and it was generally seen to be a positive that meals were prepared at the school. In the three communities that had off-site kitchens, only one provider felt this may be an issue, stating, "One of the challenges is that, because it's separated from the school, it's the physical challenge of getting the food there in a timely manner and at the right temperatures and in a food safety manner as well" (#55) and that "I think they'd probably get some of the meals cold by the time they eat them" (#53). Some providers had small, outdated, or shared spaces that were difficult to work from or restricted the amount of food that could be ordered and stored at a time – "we've got one fridge; one freezer. So we can't have two weeks' worth of food" (#48, Provider Organisation Representative). Others required maintenance to the kitchen or equipment however cited expense and distance as a barrier.

> *Well, it's just access to the community. Like I said the other day, you know, we've got things that need to be checked, and you need a builder for, but sometimes, because it's so remote, you might have to pay $3000 just to get a builder to go out there to have a look at the problems.*
> – #48, Provider Organisation Representative

> *In the wet season, the power to the canteen went down. It took ages to get somebody to come here to fix it. We couldn't cook anything. There were no freezers. There were no lights. There was no air-conditioning. So we had to get the barbeque – portable barbeque – in to do some things in the canteen. It was as hot as hades. So they're challenges – getting any sort of maintenance fixed in there.*
> – #64, Provider Organisation Representative

7.3.3.5 STRUCTURES AND SYSTEMS IN PLACE

From our community visits, it was evident that each provider and site had certain SNP structures and systems in place, with a range of examples cited which helped the program run well.

Most providers, whether they be the school or external, had a system in place where the school would communicate daily numbers to those preparing the meals; receiving these numbers on time was important in enabling the correct number of meals to be planned and prepared for the day.

The following case study demonstrates a number of stakeholders, each with different functions, working together and delivering a successful program.

> **Community Z**
>
> Community Z is considered a "tight-knit" community, with a relatively small population – factors which may also have an impact.
>
> The SNP provider is an Aboriginal Corporation and meals are prepared in the store kitchen before being delivered to the school. The provider and the store have a Memorandum of Understanding (MoU).
>
> According to the provider, the program has been running smoothly since entering into the MoU with the store, and it was felt that they have "a pretty good model".
>
> For the store, their primary responsibility was preparing the meals, which are then collected by provider organisation staff and delivered to the school.
>
> For the school, "We couldn't speak more highly of the job that [the provider] and the shop do in preparing it – the admin side of it, and the delivery side of it – we are very, very lucky". They summarised the success of the program as "Something that is prepared off-site, where the admin is done independent of the school. It's delivered on a set time – at a set time each day. Where there's good communication between all the parties. With kids, like, eating the tucker".

At another site with an external SNP provider (but based at the school), one school staff member felt that the structure they had in place at the school had enabled the successful delivery of the program over a number of years; the school considered the SNP part of their core business, and was part of the daily routine for school staff and the students, who were involved in setting up for the day. If SNP staff were absent for some reason, school staff stepped in to assist. Having a system where "everybody's kind of working together…it does work well, because that's what we've done for years, and years, and years. And the consistency is there" (#42, School Staff Member).

In one community, meals were previously served in the school grounds and there were problems with lunches going to staff members and others at the school.

> *A couple of weeks before I started, [the business manager] brought in that it was given in the classroom. I think that that is the best thing that could have possibly happened... And the teachers hand the lunches to the children. So, then there's no you know lunches going to staff members or anyone else that's around the school. That was probably one of the biggest things when I first started. That's what we've really noticed, you know not feeding anyone but the children. It was very 'out there', that everyone was sort of just grabbing a meal when they could. So, we've worked really hard at getting that.*
>
> – #17, School Staff Member, Provider Organisation

For another provider, implementing a 2-week rotational menu which allowed for variety but also streamlined their ordering processes and made it more economical was an important structural procedure they put in place.

The SNP Operational Framework states that locally customised delivery arrangements should be developed to accommodate needs and conditions in each community. Timing and suitability of meals was considered by some providers; some schools had changed their operating times, recognising that children are likely to come to school later in the colder months, and non-school providers served breakfast in line with this. In others, parents and stakeholders felt that school start time, and breakfast time, was too early (for example breakfast from 8:00 to 8:30 am), with children missing out and not having anything to eat until recess; it was felt that there should be some food available for late-comers, such as in one school where fruit was kept at the front office for those students.

One provider was looking to introduce hot breakfasts once the weather started getting cooler, while in another community where hot breakfasts were only served on some days a week, it was reported that children stay home to have a hot breakfast; several community members and stakeholders in that community felt strongly that hot food should be served in the winter months.

At another site, the school had introduced meal times that included the cooked meal being provided mid-morning, which school staff felt worked well but some parents were unhappy, feeling that the lunch meal should be served at a usual lunch time and that an earlier main meal meant children might be coming home hungry. These points reinforce the need for communication between community members, the provider and the school, to ensure program delivery that meets the needs of all parties.

From the perspective of PM&C representatives, departmental restructure to regionalisation of positions was seen as a positive change that enabled contact managers and advisers to have "a really deep understanding of everything that is being funded in that community" and "create linkages between different projects". Despite some challenges, particularly that "We're not experts in any one area and we'll never be experts in any one area", it was considered beneficial to be able to be across a range of programs in the community:

> *I think it's the first time that we've ever had a really good understanding of – around Early Childhood, for example - we've now got line of sight of all of the Early Childhood I think that goes into that community and we can see where there's gaps and where there's duplications and start to think about how we want to manage that in the future. Whereas previously, we had bits managed from different departments and we never had that kind of concept before.*
>
> − #74, PM&C Representatives

Several respondents felt that greater and more suitable program monitoring systems were needed, and that these should be in line with clear program objectives. When discussing whether monitoring and evaluation should be embedded in the program, a DoH representative stated that would depend on PM&C's outcomes – "if it's an attendance thing, there's no point worrying about monitoring the food. But if they see it as an attendance and health and employment program, then obviously, monitor the food". As previously discussed, PHNs would be willing to support assessment of school meals against NT DoE *Canteen, Nutrition*

and Healthy Eating Policy and *Guidelines* provided there was a formal agreement in place. It was felt though, that SNP providers should be encouraged to document and report on what is provided through the program to create some standards. It was also mentioned that RSAS programs receive PM&C funding and may also provide food which is not in line with the Guidelines, and therefore this also needs to be monitored to ensure consistency on the ground. In addition, embedding the monitoring and evaluation in the program would also ensure consistency in processes across health services and organisations, given that there are number of non-government organisations (NGOs) servicing remote communities in addition to the Top End and Central Australia Health Services.

Regarding financial contributions to the program, DHS representatives felt that the systems currently in place were key enablers to program delivery. The annualisation of payments over 23 fortnights was considered to reduce the risk of needing to re-engage caregivers, as would likely be the case if payments were broken up according to school term, as well as reducing the amount paid per fortnight. Being able to ensure contributions via Income Management was also considered important:

> *it's a more active way for us to ensure that these payments are being made and without Income Management, there'd be far less take-up of the program because the other deduction processes available rely on the customer contacting our department and setting that up whereas because of income management we have an active discussion at the initial set up when they come on Income Management and ongoing while they're on Income Management where we work through a hierarchy of priority needs for the customer.*
>
> − #84, DHS Representatives

There were also a number of challenges associated with the parental contributions, including the systems in place, as discussed further in the following section.
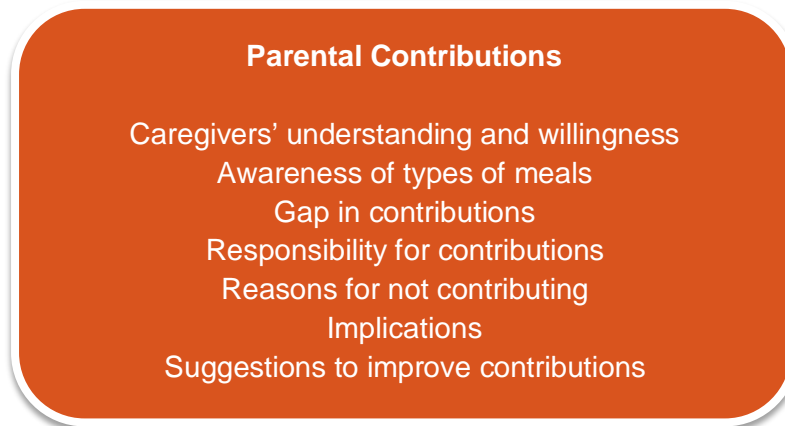
SUMMARY

- The SNP policy priority on recruiting, retaining and building the capacity of local staff, and the requirement of providers to report on this is key to maintaining local employment
- Access to formal training opportunities was considered essential, but this is often limited
- Public Health Nutritionists (PHNs) play an integral role in supporting the delivery of the SNP and training of providers and local staff
- Providers were seeking more resources from PM&C
- The understanding of the NT DoE Policy and accompanying Guidelines amongst providers and PM&C contract managers and advisors was variable
- Good communication and relationships between the provider, the school and the whole community were seen as crucial elements to successful program delivery
- Parents expressed their desire to have input in to the SNP and receive information about the program including the types of meals their children were receiving
- Strengthened communication and relationships within PM&C and between PM&C, DoE and DHS was identified as being needed

- Clarity on intention of the SNP from PM&C was a considered important for providers and others involved in supporting the program
- Greater communication from PM&C at the community level was seen to be important
- Geographical remoteness and context impacted on program delivery
- Seasonal disruptions to the supply route, such as being "cut off" in the wet season, impacted on food deliveries and visiting supports
- Daily fluctuations in student numbers were challenging for some providers
- Some providers found it challenging to sourcing healthy food or ingredients to comply with guidelines
- Financial resources were often limited
- Available facilities had an impact on program delivery
- Structures and systems supported by clearly delineated and communicated roles and responsibilities resulted in streamlined operations
- Locally customised delivery arrangements, as per the SNP Operational Guidelines, were seen to be important
- From the perspective of PM&C representatives, departmental restructure to regionalisation of positions was seen as a positive change
- Investment was needed in establishing more suitable program monitoring systems in relation to compliance with the NT DoE *Canteen, Nutrition and Healthy Eating Policy*
- DHS representatives felt that the systems currently in place regarding financial contributions were key enablers to program delivery

7.3.4 PARENTAL CONTRIBUTIONS

The topic of parental contributions was a key discussion area across all sites. Key emerging themes are summarised in the Box and discussed in further detail below.

> **Parental Contributions**
>
> Caregivers' understanding and willingness
> Awareness of types of meals
> Gap in contributions
> Responsibility for contributions
> Reasons for not contributing
> Implications
> Suggestions to improve contributions

7.3.4.1 CAREGIVERS' UNDERSTANDING AND WILLINGNESS

Many of the parents/caregivers knew of automatic deductions being made via Centrelink for their child/ren to participate in the Program. Some were able to state the exact amount deducted weekly/fortnightly which varied depending on the number of children and community while others had little awareness of the amount. A PM&C representative (#37) thought that a lot of parent/caregivers might assume the cost of the meals to be covered by the school and would therefore be reluctant to participate if asked to contribute. We did not find this to be the case. Instead, the majority of parents responded that they were happy to participate in the program, and thought that everybody paid their contribution and that all parents with children at school should participate.

> *Int   Are there any parents that go, "I don't want to pay for the breakfast or the lunch?"*
> *Part   No. Hardly anyone says that because they all know that it's going out of the canteen and the kids are getting fed in the school.*
> > − #39, RSAS Team

> *…there hasn't been any resistance from any of the parents…they're all pretty happy to contribute…I think they recognise that the kids get fed as well.*
> > − #01, Provider Organisation Representative

> *I think for the parents, sometimes when you talk to them, they're quite proud that they're paying for their children's meals. Some will say, "I've got three kids and I pay for all my kids to have a healthy meal". I find that positive.*
> > − #48, Provider Organisation Representative

> *Int:* *…and do you know if parents are happy to pay?*
> *Part:* *Yeah. They know. The parents know that the money that they taking*
> *out from their Centrelink*
> *Int:* *OK. So you think they know about it?*
> *Part:* *Yeah. They know about it.*
> *Int:* *And they're happy?*
> *Part:* *Yes*
>
> − #50, Indigenous Community Stakeholder

In contrast, many of the non-Indigenous stakeholders interviewed were not aware of the parent contribution and assumed that the government covered the cost of the entire program.

Across nearly all communities, a large number of parents interviewed expressed concern about the price. Some questioned if they were receiving value for money. In one community, for example, one grandparent commented that parents pay a lot of money so the kids should be getting better food such as roast with roast potatoes rather than baked beans and sausages. When asked if parents complained, she said they complained to each other, but not to other people. In another community, one parent/caregiver expressed that she intended to go to Centrelink to find out how much she was paying and if dissatisfied with the cost relative to the food provided, would get a lunch box and make the lunches at home. She did not see this extra effort as an issue as she stated that she "was already making them dinners" (#13, Parent). The cost of participating in the SNP was particularly high for parents paying for more than one child. For example a parent/caregiver with four children at school could be paying more than $160 a week for meals. A DHS officer also considered the variation in the amount of money paid per child per fortnight depending on the location to be significant for someone on welfare.

Several stakeholders expressed concern that parents may be participating in the program, but may not understand the purpose of the program or how it operates or the types of meals provided and overall cost of participating. One stakeholder believed this to be the result of Providers being time-strapped when signing parents on to the program and also due to low literacy and numeracy levels in general and there not being appropriate resource materials to assist in providing relevant information to parents. When asked whether they thought parents knew about the program, they responded:

> *I don't think so. I mean they sort of know like, "I have to sign up. Kids get*
> *fed, but that's about as far as it goes. And everyone's time poor when you're*
> *on community. So the Principal's like, "Yep. Just sign this. Your kid will get*
> *fed. Boom! See ya later. And you know literacy and numeracy are pretty low*
> *too. So visuals you know – super carrot or broccoli are good for your eyes*
> *or whatever. Get it out there.*
>
> − #62, Shire Services Representative

In terms of participation in the program, parents/caregivers in general seemed unaware that not all parents/caregivers contributed to the program as were some Indigenous stakeholders who believed that everyone paid their contribution. Indeed, it seemed for the majority of parents that their understanding of the program was that a parent had to contribute if their

child was at school. There were however according to providers quite a number of parents/caregivers in each community who did not make contributions for the meals. In one community, the provider stated that they had not encountered resistance from parents when approached to contribute to the program, this however was not the situation in all communities and in one community where the program was delivered through the school, resistance from some parents to sign-up to the program was encountered. The provider was the school council in this instance and expressed concerns in the dual role they had of "chasing up" parents for payments and encouraging school attendance.

> *…yeah. It's a confronting thing. Like you have to be in their face to be expressing you know, the need for it. But it just depends who, really. Like you've got a lot of families who will be on it straight away. No dramas about it – particularly the families that can't cater themselves – so they're going to go ahead with it.*
>
> *That's when we say, "Well you have to, in some way, cater for this child", but that doesn't happen.*
> — #24, Indigenous School Staff Member, Provider Organisation

An issue common across three communities was that some families who were in a relatively better financial position to others had not signed on to the program.

> *…families that are quite well off receiving those benefits and not wanting to contribute in any way shape or form. Well you know – it's not really fair that this family has got multiple kids paying $300 a fortnight, where this family has got one child – or two kids – and not paying nothing at all…so yeah, it's quite frustrating.*
> − #24, Indigenous School Staff Member, Provider Organisation

This was reiterated in another community where a school (provider) staff member commented:

> *it's just the families that don't really have much in the community, they're the ones that do contribute. It's the ones that are working, they're the ones that don't contribute.*
> − #69, School Staff Member, Provider Organisation

Most parents knew the fortnightly amount deducted via Centrelink from their accounts, but were not able to comment or for some were not perhaps bothered on the specifics such as cost per child or cost per day as exemplified by a comment made by a RSAS team member who was satisfied with Centrelink managing the payments.

> *They [Centrelink] do everything [with regards to program payments] so we don't have to worry about it. They help us look after kids.*
> − #71, RSAS Team

Whereas another parent was very interested in knowing the exact amount she was paying to participate in the program.

> *I went to Centrelink and they told me to sign a form – nutrition program –
> and I don't know how much is the price so I have to calculate it.*
> − #14, Parent

Children benefiting from the program on the other hand may be unaware that their parents are paying for their meals. An Aboriginal teacher assistant took it on herself to inform the students that the food they received was "coming from your pocket…you need to eat that" (#32, Indigenous School Staff Member, Provider Organisation). She stressed this particularly when the students were not keen on eating the food.

> *Do you know you're getting family allowance? Your mother's getting family
> allowance? I think half of this money is going back to this – school nutrition.*
> − #32, Indigenous School Staff Member, Provider Organisation

Parents/caregivers appeared to not understand that the cost of the meals was spread over the entire school year and at a reduced weekly rate to compensate for payment during holidays. Some parents were aware they could stop the program whereas others did not seem to pay as much attention. In one community, the Centrelink officer commented that if parents were going to cancel payments then it would be during the longer holiday times such as Christmas and the mid-year break. A DHS representative explained that it was up to the provider, and from their understanding PM&C, to engage with individuals in the community to explain the reduced annualised amount that covers the whole year and steer them away from trying to cancel deductions. Two grandmothers in two different communities accepted the ongoing deductions so as to avoid the inevitable inconvenience incurred with stopping and starting payments.

> *They pay through Centrelink. Parents can stop if they want but I wouldn't
> because my kids still have to go to school and if you stop paying here and
> move, you have to pay at another school anyway.*
> − #63, Grandparent

7.3.4.2 AWARENESS OF TYPES OF MEALS

Many parents/caregivers particularly those that were involved in programs connected with the school, such as with FaFT or school funded family centres, were well aware of the types of meals that the students received.

> *Good food – fruit and water. Weetbix and cornflakes, toast, vegetables,
> sandwiches and vegetables.*
> − #15, Parent

Others were not aware of the specifics regarding the meals, but had an expectation that the students would get breakfast and lunch and "healthy food" and that the food would be adequate in portion size for the age of the child and appropriate for the season (i.e. hot food in winter). On the other hand, many of the non-Indigenous service providers knew of the program and either were not aware of the types of meals being served and assumed they

were nutritious, or voiced strong concerns regarding the quality and nutritional value of the meals.

> *…and I have heard [people] saying that they get pasta and get lots of carbs, they get lots of this sort of stuff...*
>
> − #29, Health Service Staff

In one community, parents/caregivers spoke strongly that children should still be given breakfast even if they were late for school as the parents had paid for it and the child would otherwise be hungry.

> *Sometimes the kids don't want to come to school – some kids if they come late, they don't have breakfast – but the parents are paying a lot of money for it. They should still get breakfast if they come late because that's what they're paying for.*
>
> − #57, Mothers/Grandmothers

7.3.4.3 GAP IN CONTRIBUTIONS

All SNP providers interviewed expressed some concern regarding the gap in parental contributions where contributions were not received for all children participating in the program. It seemed that this gap had recently become an escalating issue.

> *I think it's become an issue that people are actually jumping on now. It was never an issue you know twelve months ago because there was so much money left over in the budget…*
>
> − #17, School Staff Member, Provider Organisation

> *Int   is the gap getting wider, do you think, as time goes on?*
> *Part   yeah. I suppose it is. You probably can't see it in our figures though because we've always managed to manage it. And that's the thing, I guess. Schools unless you let it go in to the red, it's not going to ever come clear. And that's always an issue and most schools won't allow that to happen.*
>
> − #31, School Staff Member, Provider Organisation

All providers had the attitude that regardless of the level of contributions, all children "need to be fed a nutritious meal" (#01, Provider Organisation Representative), although some providers foresaw issues in maintaining this, expressing that it was a struggle in maintaining the parent contributions to the level needed to cover the cost of the meals.

As per the service agreements, providers are required to keep records of the number of students that the Project services on a daily basis and the parental contributions. This information can then be used to estimate the gap between contributions received and meals delivered. A provider explained that they identified the gap in parental contributions by comparing the number of students participating for breakfast and lunch to the number of payments received as provided by Centrelink.

> *So I can work out, it's like, ok in this community, I've got 20 kids that are being paid for. My school attendance on an average was forty-five a day*
> − #48, Provider Organisation Representative

In one community, attendance for 2017 was said to have improved compared to the previous year and 30-35 of the average 130 students per day were said to be signed up to the program. In this community, the budget for the Program was said to be "very, very tight" (#17, School Staff Member, Provider Organisation). According to their service agreement this provider was to achieve a 5% increase in the participation of students in the program.

> *Some parents have signed over their payment – this is not even a quarter of the parents and so school management is constantly paying for food as the school values the program.*
> − #19, School Staff Member, Provider Organisation

> *So, we're at a loss every time – every term – which is pretty difficult 'cause it does cost so much.*
> − #20, School Staff Members, Provider Organisation

In another community, the Provider (#01) estimated that fifty percent of the parents were contributing to the program. This level of contribution was thought by the Provider to be "much better than some other communities" and manageable in that it hadn't become a "big financial problem". In another community, most parents were said to be contributing to the program except for about thirty who had not contributed since the start of the SNP, three or four years earlier. The provider explained that although these parent/ caregivers had confirmed that they had signed on to the program, there was no record of them having done so. In another community, the provider had not yet had opportunity to determine the gap as they had recently taken over the management of the program, and in the remaining community, the gap was estimated at approximately 35-50%. It must be noted that the estimates reported here were not checked against records. In October 2011, it was reported in the KPMG evaluation report that approximately 40 to 62% of children participating in the program by provider type had a current SNP payment[72].

Service providers were aware that they could monitor the parent contributions by matching the information provided by Centrelink to an enrolment list (#01, Provider Organisation Representative). DHS interviewees explained that DHS account managers provide introductory training to providers on the reports when they first sign up to a IM or Centrepay contract. Providers however raised that there were issues in easily accessing reliable information on parental contributions to determine who was contributing and who wasn't. Providers for example receive a list of names of parents/caregivers contributing from Centrelink but said that the names of children they are paying for were not included. If they are unable to get copies of attendance records from the school they then need to identify names of all children participating in the meal times on a daily basis and then match these to the name of the parent/caregiver as shown on the information provided from Centrelink. DHS however explained that the name of the child is provided for IM but with Centrepay there is an

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[72] KPMG (2011). "Evaluation of the School Nutrition Program".

option to manually include the child's name on the report. It was apparent that the data made available to monitor parental contributions were not routinely analysed and monitored at the provider level. Importantly, as reported by KPMG in 2011[73], the back-end systems to do this did not appear to be in a form that enabled program staff to extract information in timely and routine manner. A PM&C representative in one community believed that this issue could be solved by the provider and school working together to determine the specific parent/carer for each child. Such a relationship between the school and Provider is critical for the running of an effective program where the Provider is not the school, however it would not resolve the issue of needing a more streamlined information and reporting system.

Stakeholders were asked to comment if parental contributions should be compulsory rather than voluntary. Responses to this related to the issue of managing parental contributions and included ideas such as a "user pays" system with an emergency box for children without the means to have meals and a follow-up support service to families not participating, an opt-out payment system, heavily subsidised meals with compulsory payments from parents with children attending school and compulsory payments deducted from payments given to support child rearing such as family tax benefit and parenting payment. These ideas were not further explored and therefore should not be taken as representative of the stakeholders views on management of the gap in parental contributions.

7.3.4.4 RESPONSIBILITY FOR MANAGEMENT OF CONTRIBUTIONS

As per their service agreements, providers are to manage the administration of parental contributions, take an active approach to engaging with parents to pay parental contributions, communicate to PM&C when parental contributions reduce to an unsustainable level, and only use parental contributions for the purchases of the food used in meals. DHS explained that they provided PM&C with monthly and school term reporting which provided information on parental contribution levels in a community. Excess parental contributions at the end of the year are reported to DHS by the provider. PM&C monitors expenditure on the operational aspect of the SNP.

The SNP providers understood it to be their role in engaging with parents to pay parental contributions, but expressed the challenge in doing this and the importance of support from other agencies, particularly Centrelink.

> *….as stated in [our] contract that [it's the] provider's responsibility to communicate and promote the program to parents and increase the parental contribution. I think that's easier said than done.*
> − #31, School Staff Member, Provider Organisation

> *[It] sets up a difficult situation with the school if it is the school's responsibility as the school tries to have positive engagement with families [and] not to have potentially confrontational engagement about payment for meals.*
> -- #19, School Staff Member, Provider Organisation

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[73] KPMG (2011). "Evaluation of the School Nutrition Program".

> *If you're asking the people that are working with families and building relationships, it's really hard to be the debt collector in the community…And that's where I have a real problem. You can't be a debt collector and build a relationship at the same time. And so it's a bit of a conflict and I think it's a big ask of staff.*
>
> − #61, Early Childhood Service Staff

The role of DHS according to those interviewed however was that once the payments are "out of the picture" the maintenance of the arrangement is between the provider and the customer and that they are then "sort of out of the link" (#84, DHS Representatives).

DHS though, through IM, has contact with their clients when they initially start IM and there is an assessment of their priority needs. Later contact also occurs when there is a change to the customer's circumstances where Centrelink may contact the customer or the customer makes contact with Centrelink directly. A discussion on deductions for the SNP can also happen during an IM exiting interview and deductions be transferred to Centrepay for example or direct debit from the customer's bank account. Through the priority need discussion DHS personnel will determine with the parent/caregiver whether priority needs are being met such as children's meals and accommodation. With regards to IM, DHS does have discretion to make priority needs be met by "an expense" if they believe that the priority need is not being met such as providing meals for their child/ren. As explained by a DHS representative "if we notice that a child isn't fed and they are going to a particular school that provides this service, we can stipulate that a school meals deduction should be set up on the record, and therefore we can set it up for the customer" (#83, PM&C Representative). The SNP is voluntary and if a customer can demonstrate that their children's meal priorities are being met through taking a packed lunch to school or dealing with the provider directly or using a basics card to pay for school meals, then DHS cannot force an expense. Apart from these discussions, the DHS representatives explained that they don't have any visibility on the ground or go around and sign up participants actively.

> *If we know that someone's cancelled their deduction and are no longer meeting that priority need, we can re-set that up. But it is really about the provider, and PM&C, engaging with individuals and families to make sure they're utilising the services.*
>
> − #84, DHS Representatives

DHS has a baseline remote servicing schedule. In the NT with IM, service trips are scheduled at eight trips per community per year. During these trips there can be targeting of SNP but it is unlikely that specific trips are made for SNP. (#84, DHS Representatives)

Providers also saw it as the responsibility of parents/caregivers to ensure that they were signed on to the program, but acknowledged the problem with this as they believed, as discussed in the previous section, that parents/caregivers didn't have much knowledge about the program or how the contributions operated.

As parents/caregivers are able to cancel their payment without informing the provider, it becomes very challenging for the Provider to keep on top of who is contributing and who is

not. "Chasing up" payments seemed to be less challenging for Providers in smaller communities but still problematic in terms of maintaining positive relationships with families when also being "the debt collector" and/or allocating the resources to do this. In one community, which was a large community, the provider felt it was a better use of resources to manage the gap from school resources rather than dedicate personnel to individually sign up parents. A PM&C representative believed that a case-by-case approach was needed in managing parental contributions due to the many factors influencing parents' participation in the program, and that good communication was therefore needed between PM&C and the provider to achieve this.

7.3.4.5 REASONS FOR NOT CONTRIBUTING

A number of reasons for non-contribution to the program were identified. These reasons related to changes in family or employment circumstances, incoming visitors to the school, parent's attitudes and understanding of the program, and parents/caregivers not being Centrelink clients. Changed circumstances can place many stresses on parents/caregivers, as illustrated through the following case study, who may then have no choice but to cancel contributions if desperate for money. Cancellations were said to be particularly problematic if a request for a reimbursement was made to Centrelink (#37, PM&C Representative).

Case study – the story of a parent

A parent/caregiver told of how she went "out to bush" to live but returned to the community as her children remained in the community with their grandparents and it was difficult for her to discontinue her payments. This parent/caregiver said that she had called up Centrelink to stop her payment to the SNP, but was told that this was not possible as her kids were still going to school. She also corresponded with Centrelink regarding payments during the holiday and was told that "you have to keep on". She expressed that she was confused on why she had to pay for the program during the school holiday when no meal program was available. Through this discussion, this parent stated that she would like to be "independent" and "stop participating in the program" (#14, Parent).

A key issue was where participation in the program was cancelled, either purposely by the parent/caregiver or unintentionally by Centrelink, due to a change in circumstances and the child was still in attendance at the school and receiving meals. This was said to occur when there was a change in caregiver without the new caregiver signing up to the program. Some providers implied that a change in caregiver could also work to the benefit of providers if a child under new caregiver arrangements no longer resided in the community but payments were still received. An update of a child's or parent/caregiver's information in the Centrelink system could also result in a cancellation. For example, if a client had an interview with Centrelink and a piece of information in the system pertaining to the child was changed such as a name change or adding a child, this was said to interfere with the parent's automatic deductions.

> *…then that one little piece of paperwork will get lost in the - and they don't know that it's not coming out, or coming out – it can just end up in that procedure or process. Because they've changed one little thing, they have*

to actually re-sign – over and over again – I think that's what's happened to a lot of them.

− #20, School Staff Members, Provider Organisation

Other reasons given for cancellation were if parent/caregivers Centrelink payments changed. It was explained by several stakeholders interviewed, that the eight week no-payment penalty on re-engaging with CDP had impacted on the level of parent contributions. One provider commented that there was a group of students whose parents really struggled to contribute as their "money had been cut-off for some reason". A family support worker referred to family tax benefit payments being attached to attendance which could also result in payments ceasing if the child was not attending school, however we could not confirm this. This illustrates the many uncertainties that exist about the Centrelink system and payments. DHS explained that if a customer is suspended while DHS is trying to make contact with them, then once they're restored it will trigger everything to go back in to place and payments to be made. But if a customer is off payment whether it be CDP or income support then those arrangements do stop, and that there are no significant triggers to intervene past that point. (#84, DHS Representatives)

There is an 8-wk cut off, non-payment penalty. It has a big flow on effect. I understand that the SNP contributions would also stop.

− #23, RSAS Team

Int – *so you mentioned that there were heaps signed up [to the program] previously – do you know why it dropped off?*

Part *…when CDP or work for the dole program came in and so, if people weren't going to their [work] – then they got cut off from their Centrelink and therefore have to be re-signed for the food and nutrition program.*

− #17, School Staff Member, Provider Organisation

It depends on how they signed up to pay. So one difficulty we have is if they're paying out of their normal payment, and they don't turn up for CDP activities, they get cut off the dole. Therefore, we don't get the money until they're re-engaged. And they can be cut off anywhere, I think, it's up to 8-weeks. So we don't get any money in that time. And then they've got to re-engage, which could be another month before they get back into the system.

− #48, Provider Organisation Representative

While some parents/caregivers needed prompting or reminding to sign-on again after a sign-off, others were described as being "on to it".

School's started back up again and we want to do it again. Some parents need reminding. Others just automatically go in, "Okay. This is what I've got to do for my kids". I'd say some are pretty good.

− #69, School Staff Member, Provider Organisation Representative

…like a gym membership – you forget about paying because it's an auto payment going out so you can just forget about it…so with any walk of life some people are right up with it and other people just let it go through.

− #55, Provider Organisation Representative

Visitors to the community were another reason for meals being provided without an associated payment. Ceremonies or funerals could unexpectedly bring a lot of new children to the school who would be provided with a meal without a parent contribution. These parents/caregivers may have been contributing to the program however in another community.

…and they could be gone – like they may go up to [another community] for a funeral, but they are essentially there for, you know, two, three – four weeks and they're continuing to pay.

− #37, PM&C Representative

Parents' attitudes and/or understanding of the program were key factors related to non-contribution to the program. Two stakeholders thought that there was a high likelihood that parents/caregivers might expect the program to be provided free of charge, as books and school fees and many other programs, for example, were not charged to parents and that "if someone doesn't come and tap you on the shoulder and say, "hey, no, this is how it works" or at Centrelink if they don't take the opportunity to let people know, then parents unknowingly may not be signed on (#18, Coordinator, Early Childhood Service). To illustrate this, a parent/caregiver stated that she signed up a long time ago and doesn't know what's happening (#34, Caregivers).

The contradiction with the program being voluntary in terms of payments but mandatory in terms of participation, in the sense that all children attending school receive the meal, underpinned the frustration of many Providers. Providers felt that their efforts on the ground to convince parents to sign on could be immediately undone on the parent contacting Centrelink where they would then be told that the program was voluntary. A DHS representative explained that unless a client is on income management they don't have a strong ability to ensure that they are paying and for these parent/caregivers the program is voluntary.

…we could do a big sign up saying, "sign here, to pay for your kids meals", and then Centrelink could say, it's only voluntary"… We had a mini fete end of last term and had a sign showing parents that for $6 per day their child would get a good nutritious feed. Not that successful – I mean you ask the parents and then – then what? You can't – because it's voluntary, you can't send them a bill or something.

− #20, School Staff Members, Provider Organisation

The other thing we have is that because it's not compulsory, it's voluntary, so they could sign-up kids today, and then take their kids off the meal the next day.

− #48, Provider Organisation Representative

It was also identified that there are students where both parents work and are not connected to Centrelink and so therefore the parent/caregivers may not be prompted to contribute.

> *…not all parents are paying for it, as they may never have been asked to contribute.*
> − #19, School Staff Member, Provider Organisation

> *There are also children within schools whose parents both work and maybe don't get a Centrelink payment and therefore aren't in the system or have opportunity to sign on to the program.*
> − #18, Coordinator, Early Childhood Service

> *It is an equity issue – some parents don't get Centrelink as they receive salaries/ wages, and so some of the families that are doing it hardest are paying while the children of the well-off ones are participating for free.*
> − #19, School Staff Member, Provider Organisation

A service provider commented that the situation of inequitable contribution to the program had led to parents being likely to question why they should have to pay for the program when others don't (#20, School Staff Members, Provider Organisation).

> *Sometimes kid's mothers wasn't paying – wasn't paying for food… and so, the money sort of ran out at the end of each term or a semester…and then we think, why is it happening? Because certain parents wasn't paying, and others were paying. And then the other people who were paying were saying, "if I'm paying for my children, why is that parent over there not paying".*
> − #21, Indigenous School Staff Member, Provider Organisation

A provider organisation representative felt optimistic that through the school and parents working together that the gap in contributions could be managed.

> *Parents and school need to work together but we're pushing to the parents so that they know what's happening. We tell our story. They tell their story. And we can work together.*
> − #21, Indigenous School Staff Member, Provider Organisation

7.3.4.6 IMPLICATIONS OF THE GAP IN CONTRIBUTIONS

The implications of providers having to meet or manage the gap ranged from the quality and variety of meals being potentially compromised in addition to less resources to strengthen program delivery and build capacity of the Indigenous staff, to funds being redirected from other school funding streams.

> *…it's affecting the menu. They were having a roast day once a week, but then looking at the cost of the roast meat, and then to get it and everything,*

it works out to be quite expensive per head. So going back to stews – something that will make more and go further.
− #20, School Staff Members, Provider Organisation

…if parent payments don't go up then there will be more sandwiches.
− #17, School Staff Member, Provider Organisation

…[we're] taking away from a curriculum activity to fund the cost of meals. The school forks out $14,000 a term.
− #20, School Staff Members, Provider Organisation

…at the moment the school is paying for the bulk of the program.
− #24, Indigenous School Staff Member, Provider Organisation

Stakeholders held the view that it would be undesirable and they would do everything possible to avoid the situation of only providing meals to children whose parents contributed.

It would be difficult for the school to say well you can have it and you can't – and it's not the child's fault.
− #24, Indigenous School Staff Member, Provider Organisation

I also think that if the school does get tough around well, you know, if we can't sustain that gap, and says well, only the children on this list whose parents have signed up can actually receive the food – I think that's going to be horrible as well because you'll have classes where a third of them are getting fed and two-thirds aren't or whatever and that's – how can you explain that to a child? And I can see that being really problematic as well.
− #18, Coordinator, Early Childhood Service

One stakeholder summarised the parental contribution issue as being a human resource, equity and management issue.

…human resource issue for the school as we are having to invest human resources to follow up with the parents – this then has the potential to become a confrontational issue as some parents might be saying 'well I don't pay if my child is sick' or 'if my child is away from school because of ceremony'. This puts the liaison officer in a difficult position as he is the one that will be having to have these conversations with the parents - he will however be saying that children need to go to school everyday and this is also a responsibility of parents. It is an equity issue – and a management issue as the school is losing money on this.
− #19, School Staff Member, Provider Organisation

The school tries to have positive engagement with families – not to have potentially confrontational engagement about payments for meals.
− #19, School Staff Member, Provider Organisation

In one community where the school was the provider, a school staff member (#31) stated emphatically "if we didn't have it [the SNP], then we would have to be somehow figuring it out anyway [payment for the program]. So, it's in our interest to figure it out".

7.3.4.7 SUGGESTIONS TO IMPROVE CONTRIBUTIONS

This section presents strategies to improve parent/caregiver payments through drawing on the views and experiences of stakeholders in managing parent/caregiver contributions. These are presented in relation to program administration, communication to parents/caregivers and interagency collaboration.

Program administration

Streamlining information systems:

It was apparent that providers found the monitoring of payments challenging with the current system. The information they required to identify parents/caregivers not contributing was not easily accessible. More efficient and streamlined information systems would enable program staff to extract information in a timely and routine manner and keep on top of parental contributions.

Flagging a child in the DHS system:

A key reason for non-payments was that payments could inadvertently be cut-off in the DHS system if a parent/caregiver's circumstances changed. For example, if a client's IM circumstances or their employment status changed, their payments could be automatically discontinued. It was beyond the scope of this review to determine the system causes of this issue that was raised by stakeholders. A suggestion by a provider however to ensure continuation of payments with changing circumstances was to have each applicable child flagged in the DHS system and a trigger for DHS staff if a child was not linked with a payment.

Administering deductions in ten week blocks, locked in payments or not charging during holidays:

Under the current policy, parents/caregivers can cancel their payments at any time. This is more difficult for IM clients where DHS staff need to assess that a child's priority needs are being met before cancelling a parent's SNP payments. Contributing to the program though is voluntary although all children in attendance receive meals. Suggestions to better manage the issue of parents signing on and off were to administer deductions in ten week blocks, not charge during the holidays and lock in payments for each term or ten week block at sign-on. Many providers referred to active engagement with parent/caregivers as important to maintain contributions but challenging in terms of allocating resources to achieve this.

Communication to parents/ caregivers

Consistent and clear messaging to parent/caregivers from DHS staff:

DHS staff are likely to have multiple contact with parents/caregivers receiving Centrelink payments and in many cases will be the first contact when a parent first signs on to the program. This provides opportunity for clear and consistent messaging to clients about the SNP including the purpose of the program, SNP benefits, cost and payment structure, purpose of family allowance and parenting payments, and rules regarding participation and cancellation. A specific SNP training program could assist DHS staff to have effective discussions with clients on the SNP.

Promotion and marketing strategies:

The SNP is a well-supported program in communities that many parents feel proud to contribute to. There is little information available on the program in the public domain and little information specifically for parents/caregivers to access on the SNP. At a community level, different providers have used promotional strategies to encourage participation in the program. Some examples of these include signs around the community showing the school meals, sending a letter home with the students to explain the program to the parents and encourage sign-on, and promoting the program through community leaders.

> *…maybe talk to them first about the school nutrition and explain to them what it means….and tell them where the money going…cause even though – if we don't tell them, they'll say, oh, I don't want to pay that. We already getting food. But we have to tell them what it's there for…*
> − #32, Indigenous School Staff Member, Provider Organisation

Interagency collaboration

Effective communication between stakeholders on the ground, including between the school and provider, and with parents/caregivers:

It is the responsibility of the providers as per the service agreement to engage parents/caregivers in the SNP. Examples were given of principles working with providers to engage parents/caregivers in the SNP.

Proactive school principal:

Principals can put in place clear rules on the operation of the program and communicate these to parents. For example, parents need to be informed that if their circumstances change they are to inform Centrelink, the provider and the school.

Proactive Centrelink agents:

A number of providers gave examples of the impact that a proactive Centrelink agent could have on encouraging parent contributions. Clear roles and responsibilities for Centrelink staff specific to the SNP could help inform parents/caregivers about the importance and operations of the program and assist on the ground in encouraging parents to sign-on. School enrolment could go alongside sign-on to the SNP with the assistance of Centrelink agents.

I think clearly the on the ground engagement and visibility of the program isn't where it probably needs to be, if we still have schools that are being under-funded and parents not contributing but still receiving a meal. Somehow we need to obviously raise the profile of the program and ensure that more families are aware of the program and they are paying if they're receiving a meal. And whether that fits or falls in with our Department or whether it falls with PM&C who do the on the ground engagement and sign up, is probably another question. But that's certainly something we can improve on – just give the program a bit more visibility and ensure we can get more people signing up, if it remains a non-compulsory deduction.

− #84, DHS Representatives

…one of the things that was successful a number of years ago, was the Centrelink manager was really proactive in it and so that therefore increased the number of participants. We haven't had really a Centrelink manager that's been here for a long time but it's been stable for a long time. So, I think that's led to particularly our parental contributions dropping down. There's no-one advocating for it and I'm not quite sure how we can advocate for it from here. The only way that we would be able to do that is to have a list of kids and say 'you're contributing. You get lunch. You're not. You don't', and I'm not quite sure how we'd manage that.

− #31, School Staff Member, Provider Organisation

Clear role for DHS, PM&C and the policy holders for IM:

Clearly defined roles and responsibilities for DHS, PM&C and the policy holders of IM at the policy and program administration level and at the community level could help with streamlining systems and communication and help to engage parents/caregivers in the program. There were examples given of the GEC and IEO taking an active role in working with communities to encourage contributions and facilitating interagency communication.

Clear role for the Remote Schools Attendance Strategy (RSAS) Officers:

RSAS staff engage with parent/caregivers on a regular basis and are a key vehicle for conveying messaging about the SNP. This role could be formalised by stating in the RSAS agreements and providing training for the staff to feel confident in taking on this role.

The case study below gives an example of Providers working together with other agencies to engage parent/caregivers with the SNP:

Case Study – Working together to engage parents with the SNP

The provider, a school council in a large community, introduced a number of initiatives to assist parents' sign-up to the program. A start of term open day was organised where parents received information about the program and cost. Parents were also informed that if they were to move away, it was their responsibility to inform both the school and Centrelink. The open day initiative was not as successful as hoped and it was suggested that support from Centrelink at these open days could help boost numbers. Another initiative was to discuss the gap and budget concerns at the school senior leadership meeting to consider strategies collectively across the school and to get the story out to the community that some parents were paying and others weren't. It was hoped that this strengthened communication with parents would result in parents understanding that it was a school decision to support the program rather than a government decision. A third initiative was for the home liaison officer to visit families to discuss with them the benefits in participating in the program for them and their child/ren and encourage their sign-on. Although there were some parents that were not willing to sign-on many families signed up without question as they recognised that it was difficult for them to "cater" for their child/ren. This one-on-one approach worked well in another community that was a smaller community. The school provided a student list and there was little resistance encountered from parents/caregivers. This provider was prepared to do this as he had the sense that parents/caregivers were "pretty happy to contribute" as they recognised "that the kids get fed" and needed a prompt to sign up again if the kids had dropped off the program. A provider in another community separated the role of encouraging parents to sign-on from the family relationship building role. This strategy was used by another community where the Indigenous corporation who had the contract with PM&C chased up payments with parents and the store provided the meals.

SUMMARY

- Many of the parents/caregivers understood the parent contributions and were willing to participate
- In contrast, many of the non-Indigenous stakeholders interviewed were not aware of the parent contribution
- Parents' lack of understanding of the payment system seemed to be one of the reasons for cancellation of payments
- There were some barriers or challenges to all parents/caregivers making contributions
- The SNP was considered expensive for those parents/caregivers with multiple children
- The voluntary nature of the program was challenging for some providers
- Without Income Management, ensuring parental contributions would be more challenging
- The gap in parental contributions appeared to have become an escalating issue, with implications for the provider
- There is a need for more efficient and streamlined information systems
- Changing parent/caregiver circumstances can impact upon payments
- Improved management of the sign-on/sign-off system could maintain contributions
- Active engagement by providers with parent/caregivers was considered important to maintain contributions, but also challenging
- There is opportunity for greater engagement between DHS staff and parents/caregivers
- There is a need for information on the program to be made available in the public domain and specifically for parent/caregivers to access

- Effective communication between all parties on the ground is important
- Clearly defined roles and responsibilities at the policy and program administration level is necessary

7.3.5 UNINTENDED CONSEQUENCES OF THE SNP

7.3.5.1 PARENTAL RESPONSIBILITY

One of the key unintended consequences of the program shared by a number of stakeholders was the taking away of parent's responsibility in providing for their child/ren's food needs particularly in that all children receive meals regardless of their parent/caregiver's participation. Whilst raising this as a concern, some stakeholders acknowledged the empowering aspects of the program such as the employment of local people and the modelling of healthy eating behaviour and that parent/caregivers still have to provide for their children outside of school hours.

As previously mentioned, some stakeholders were not aware that parent/caregivers were actually paying for the cost of the meals and that some parents make a deliberate choice to participate as they appreciated the benefits of the program. Indeed several stakeholders reflected on hearing parent/caregivers express their pride in participating in the SNP and using their "kids money" for this purpose. Such an arrangement of providing meals is similar to other Australian institutions such as child care centres where meals are provided for those in care at the cost of the parent/caregiver. A difference with the SNP, however, is likely that all children in attendance at school receive meals regardless of their parent/caregivers participation. A "users pay" system where children receive meals only if payments have been received was trialled in one community for two school terms but was said to not be successful. Without further details on why the trial was not successful one can only speculate if success could have been enhanced with better promotion and communication with parent/caregivers, more involvement of community leaders, good administration systems in place and other strategies that are often features of successful program implementation in remote Indigenous communities. The concern of stakeholders about diminishing parental responsibility was in nearly all cases reconciled by acknowledgement of the immediate issue of food insecurity for some families in the community and the easy access to discretionary foods in the wider community food environment.

> *There is also the philosophical rationale – there are two sides to this program from a philosophical perspective. Children are innocent and shouldn't be impacted by things that are out of their control (such as going hungry). But I also see the disempowerment side of the program and that it is negating parental responsibilities.*
> − #19, School Staff Member, Provider Organisation

> *In the classroom we see the benefit of the program, but at what point are we creating this dependency. 'The more you do, the less you do'. On the dependency issue, what might this mean in the longer term, what might be the unintended consequences? If food security is an issue in the household, then this needs to be addressed – not just having a bandaid program.*
> − #19, School Staff Member, Provider Organisation

It was also countered by the need to provide an optimal learning environment for all students within the school through providing nutritious meals. A number of stakeholders also referred

to the need to have programs running alongside the SNP to equip parents/caregivers with the skills and confidence to make healthy food choices for their children as well as for the Department of PM&C to articulate the long-term plan for the program and have a plan in place if the program was to transition from school provision of meals to home provisioning. One stakeholder expressed "that there has to be a better way, if a family isn't coping or managing, we need to find out why, not just, "Okay, we'll feed your kids today". (#76, Health Service Staff).

All stakeholders and indeed most parents recommended that the program continue particularly as routines and systems were now well established and benefits were observable. One principal spoke strongly about the negatives should the program be withdrawn.

> *I don't really see that there's any negative. I think if there was to be a negative, it's probably that, potentially, if the program's looked upon as being slowly withdrawn, that could be a negative because we've now created, over a really long period of time, the reliance on breakfast, lunch and morning tea at schools. Having been at other schools, there was something in place where parents were contributing and parents were starting to bring packed lunches and all that kind of stuff. Obviously, we've gone way back the other way with it now. So, whichever one's right or wrong, I don't really mind. But you know we've got a dependence now that we wouldn't just be able to take away.*
>
> – #31, School Staff Member, Provider Organisation

7.3.5.2 WASTAGE

Concerns were raised across a number of sites about the amount of wastage generated through the program. In one school, if all students at that school attended every day, at least 700 plastic containers would be disposed of each week; in another, it would be over 1500.

One provider had introduced reusable containers in other SNP sites they were responsible for, but did find them expensive and difficult to source. In the site we visited, reusable plates, bowls and cutlery were used, however this was a small school with adequate staff capacity.

One school staff member stated that they would need a dishwasher if they were to introduce reusable dishes; staff would not have the capacity to wash up the number of required dishes each day, and further a dishwasher would provide quality assurance.

Respondents responsible for SNPs in other communities felt that working together with the school could help address the issue, particularly "if the kids take it in turns of doing the dishes", which would also send positive messages. Students at one school also agreed that the meals could be delivered to the school in a big pot and served up in order to reduce wastage.

7.3.5.3 SCHOOL ATTENDANCE VS. CLASSROOM ATTENDANCE

In some cases, respondents felt that school meals don't necessarily get children to school, but that "it's something that happens in their daily school life. And they've got used to that" (#42,

Provider Organisation Representative). This was echoed by another respondent who worked with families in communities, believing the perception is, "This is what school is. You get fed. It's not about a learning place. It's about a place where we all get food." This participant believed that "it encourages them to go to school to get fed. But not to learn. I don't think it adds value to how they perceive education".

School staff members (#52, #69) from other sites agreed, suggesting that in some cases, it keeps children at school but not necessarily in the classroom, or that children will come to school at meal times and leave again.

Overall, however, stakeholders believed that the SNP had positive impacts on school and classroom attendance, as well as engagement in learning. Therefore, further exploration into school attendance versus classroom attendance is warranted.

SUMMARY

- A number of stakeholders expressed concern that the SNP was the taking away parent's responsibility in providing for their child/ren's food needs
- The concern of stakeholders about diminishing parental responsibility was in nearly all cases reconciled when the benefits of the SNP were considered
- There is a need for programs to run alongside the SNP
- Stakeholders were concerned about the amount of waste generated through the provision of meals
- Some children may not actually go to class after a meal

7.3.6 CHILDREN'S NUTRITION DURING SCHOOL HOLIDAYS

Participants were asked to comment on school holiday periods when children do not receive school meals, and whether there is a need for additional food provision during these times. Comments could be summarised under key themes in the Box.

> **Children's Nutrition During School Holidays**
>
> Food Availability
> Crime & Behaviour
> Community Support
> Is there a need for additional food provision?

7.3.6.1 FOOD AVAILABILITY

Most stakeholders, when asked about children's nutrition during the holidays, commented that they observed children to be notably hungrier on the weekends or holidays, but stressed that this was a small group of children rather than the majority.

> *…you know some have a nice nutritious diet for their children. Others may not. And there maybe, and I stress maybe – and this is where some kids are missing out.*
>
> − #01, Provider Organisation Representative

> *So, only recently, with the week break, yeah definitely notice that they come in and they were hungry.*
>
> − #08, Sport & Recreation Staff

> *I guess with now more vulnerable families, that's probably a problem because there are a few vulnerable kids that we know of that, over the holiday periods, lose more weight dramatically and then pick it up again once the program [FaFT] starts if they're coming regularly.*
>
> − #28, Coordinator, Early Childhood Service

A key concern shared by stakeholders however was the poorer quality of food that children would likely receive during the holidays without the school meals. These comments were made in the context of high food prices, limited availability of healthy take-away foods, and easy access for children to the less healthy choices in the community store. Another concern raised was the hardship placed on parents during these times due to there being reduced money available to spend on food as payments were still being deducted for school meals.

> *…so parents still have to pay in school holidays but the children aren't receiving the meals in the school holidays, so parents have less money to provide more food. Well, the same amount of money but they've got to provide more food. So there are going to be trade-offs. And if you're not*

having those requirements that we put on the School Nutrition Projects around the types of foods we want provided through the School Nutrition Projects, you can't guarantee that that's what kids are getting at home. And you can probably suspect that's not what they're getting at home because I've just explained how parents have suddenly got to buy more food on the same amount of money so you're more likely to buy the types of foods that are more filling rather than more nutritious foods.

− #74, PM&C Representatives

Some parents had to cope with even lesser money during holidays because of their employment arrangements. One parent told how she struggled during the holidays as she was employed by the school during the term but did not receive wages or unemployment benefit over the holiday period.

Part   Yeah. 'Cause if we're working, we don't get our Centrelink money.
Int   I see. Yeah. Okay.
Part   It goes back. And if we have a child and we get parenting payment, that's basic to buy food. If it's during the holiday, I get money once a week and the other following week, I sometimes struggle for - - -
Int   Yeah. So, it's really not enough to keep going for the two weeks?
Part   Yeah.
Int   And when that happens, what do you do?
Part   Go to family members 'cause us Indigenous, we share.

− #36, Parent

All parents/caregivers and Indigenous interviewees (approximately 14 interviewees + 3 groups) except for four expressed no issues in parents/caregivers providing for their family during the holidays and many spoke of this being a time when they enjoyed taking their children hunting. These parents stated emphatically that there was no need for a SNP program during the holidays as this is when they provided for their child/ren.

Int 1   Yeah. So you don't think that the program should continue during the school holiday?
Part   No. I don't think so. Yeah
Int 1   No. Not necessary.
Part   Not necessary. Yeah

– #13, Parent

Int   What about the holidays? Because there's no breakfast or lunch program during the holidays, is that hard for parents, or it's okay?
Part   It's okay.
Part   We buy food from the store.
Part   Save for kids.
Int   Okay. So that's not a problem?
Part   Yeah.
Part   No, not a problem.

– #34, Parents

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> *Int   Okay. Do you worry about him being more hungry in holidays when he's
>   not getting school lunch?*
> *MP   No.*
> *Int   No? He's not hungry.*
> *Part   We always have food in the house for him.*
> > − #05, Parent

Some of these parents/caregivers took their child/ren "out bush" or to their homelands during the holiday where they referred to there being plenty of food.

> *Part   Yeah. Definitely only a small percentage [of kids that could be
>   struggling]. And dry season and that, seeing the kids when they go out
>   bush and when they come back, you know they've been eating well.*
> *Int   Yeah. A lot of people talk about going out bush and having traditional
>   foods.*
> *Part   Yeah. You notice the difference.*
> > – #38, School Staff member

Many of the parents interviewed referred to the importance of sharing within their culture and how they helped each other with food provisioning.

> *…If I do have no food in my house, I'll go and ask other family members. We
> always share. Whatever's there, they just give me. And that's how we go,
> you know. Ask families.*
> > − #32, Indigenous School Staff Member, Provider Organisation

> *…some families when they ran out, they go, you know, ask other families.
> Not a problem.*
> > − #33, Indigenous School Staff Member, Provider Organisation

The four interviewees that referred to there being issues in providing enough food for children during the holidays related this to not having enough money to buy food and/or having a lot of family and visitors to provide for.

7.3.6.2 CRIME & BEHAVIOUR

Around ten stakeholders across five communities spoke of criminal activity over holiday periods, in particular break-ins for food, in what they thought could be related to the perpetrators being hungry. Four of these stakeholders referred to actual cases, the others were based on anecdotal information. It must be noted that it cannot be assumed that this hunger is solely due to lack of food, and not underlying factors such as substance misuse. One stakeholder referred to increases in break-ins observed over the Christmas period and related this to little cash being available among some families in the community and the resulting struggles.

> *Part* …*And there's a little bit of money in the Basic Card, you know. It's really, really hard. Long time, like long time ago, they used to have just the normal money, you know. They can cash out but this time, mm Basic Card, you know. And that's really hard for a family. And few people they get a little bit money, and it's not enough to feed five children, you know. Five children or six children. It's really hard. Yeah, parents only get a little bit of money so it doesn't stretch far enough for all the kids.*
>
> − #30, Indigenous Health Service Staff

> *Part* *So they should be looked – looked after, you know – looked at really seriously. Kids. It's like, I believe if there's no food, they can break and steal and then they get involved in a big problem. Court and all that thing going on, you know.*
> *Int* *Yeah.*
> *Part* *Stealing from property.*
> *Int* *So you think people are stealing and that's because they're hungry?*
> *Part* *Mmm.*
> *Int* *Yeah, yeah.*
> *Part* *Yeah, at Christmas, school holiday – yes. They do.*
>
> − #30, Indigenous Health Service Staff

The information provided here is based on interview data based on people's views on or experience of changes in behaviour during the holiday period compared to school term. An appropriate investigation of this question would require access to and analysis of police records which was beyond the scope of this review.

7.3.6.3 COMMUNITY SUPPORT

A number of different programs were referred to by stakeholders as running during the holidays and providing some food to participants. These programs though were said to not be funded to provide substantial meals such as those with the SNP. The school-aged care program in one community was funded to provide morning and afternoon tea and collaborated with the RSAS program to provide extra fruit. The types of programs mentioned were sport holiday, youth and vacation care programs. One community that continued the sport and recreation and youth diversion programs during the holidays had fruit and snacks available on request and incorporated cooking and food in different activities, such as a BBQ on disco nights and popcorn on movie nights. Breakfast was provided on some days and there was a once a week cooking activity.

In another community, an example was given of community members taking the initiative to organise community events for the youth with food provided

7.3.6.4 IS THERE A NEED FOR ADDITIONAL FOOD PROVISION?

Although there were concerns that some children in communities may struggle to get adequate food during the holiday period, the majority of parent/caregivers felt there was no need for an

additional program and that the holiday period when the parent's had responsibility for their child/rens needs. Programs such as sport and recreation and youth programs and/or vacation care programs however provided an important back-up for children during holidays even though they did not provide full meals.

SUMMARY

- Stakeholders commented about reduced food availability and quality during times that children were not at school
- In contrast, the majority of parents/caregivers expressed no issues in parent/caregivers providing for their family during the holidays
- Financial situation over the school holidays was a challenge for some
- Some stakeholders spoke of criminal activity over holiday periods in what they thought could be related to the perpetrators being hungry
- A number of different programs were referred to by stakeholders as running during the holidays and providing some food to participants
- Some respondents raised concerns that some children in some communities, not all, may struggle to get adequate food during the holiday period
- The majority of the parent/caregivers felt there was no need for an additional food provision program during the school holidays as this was a time when they provided for their children
- Programs such as Sport & Recreation and youth programs, and/or vacation care programs provided an important back-up for children during holidays even though they did not provide full meals

8. CONCLUSION

The SNP is a well-established and supported program across the NT, which sits within the wider community context. Overall, the SNP was considered by community members and stakeholders to be a valuable program which has positive impacts for children and the community.

Key benefits of the program for children related to nutrition and health, school attendance, classroom engagement, academic performance. For the wider community, the SNP provided opportunities for local employment and skills development. Local staff were seen as an asset to the program and were well-regarded by the community.

A major challenge to the program was ensuring parental contributions. The gap in parental contributions put pressure on providers who were required to still provide meals for all students attending school. A need was identified to better manage these systems to ensure the financial sustainability of the program. Other challenges related to limited resources and capacity to provide training and support to program staff, and inconsistencies in enforcement of the NT DoE *Canteen, Nutrition, and Healthy Eating Policy*. There are a number of strategies which could be implemented to address these challenges.

APPENDICES

APPENDIX IA
PARTICIPANT INFORMATION SHEET – STAKEHOLDERS

PARTICIPANT INFORMATION SHEET

THIS IS FOR YOU TO KEEP

A review of the School Nutrition Projects in the Northern Territory
Stage 2: What factors impact on effective SNP delivery? – Stakeholders

Why are we doing this project?

The School Nutrition Projects (SNP) have been running in the NT since 2007 and were evaluated in 2009 and 2011. The Department of the Prime Minister and Cabinet (PM&C) has commissioned us (Menzies School of Health Research) to evaluate some parts of the SNP that haven't been looked at before. We would like to understand the factors which enable or impede effective delivery of the SNP, and what children eat in school holidays when there is no SNP.

What will be expected from you, if you choose to be involved?

If you agree to be involved, you will be asked to participate in an interview. We would like to find out what <u>you</u> think impacts on effective delivery of the SNP. We are also interested in your views or experiences of children's nutrition during the school holidays when the SNP is not provided.

We will conduct the interview in person wherever possible. If this is not possible, we will arrange to conduct the interview by telephone or Skype. The interview should take no more than one hour of your time.

You can choose if you would like to take part in this project or not, and if you choose to participate, you can withdraw from being involved at any time. Information that you have provided prior to withdrawing will remain part of the study dataset and as with all data be secured by Menzies for the period of the study.

What you can expect from Menzies School of Health Research

We will conduct interviews with a range of stakeholders (including parents and students) from 6-8 communities as well as representatives from government departments. We will audio-record (with consent) and type up the interviews. After the interview we will confirm that you are happy for us to use the information provided. We will send you a copy of your interview if you request this.

Risks and benefits of participation

We anticipate no risk to you by participating in this project. We will remove all identifying information from your responses to ensure that you or your organisation will not be identifiable.

We should require no more than one hour of your time, and will contact you at a time and by a method convenient to you.

This work will help to better understand the delivery of the SNP, and will provide information on where any improvements could be made.

Confidentiality
We will give each participant a unique code and keep any information you provide us separate from your name and other identifying information. We will keep all information safely at Menzies, in locked filing cabinets and password-protected drives.

How will the results from this project be used?

We will prepare a report for PM&C giving an overview of stakeholders' views of the SNP and factors enabling or impeding its effective delivery. This report may include recommendations to PM&C about future program delivery.

We will also prepare overall feedback for all 20 communities involved in the SNP evaluation. Where we have the opportunity, we will publish and/or present on overall findings.

Concerns or Complaints
If you have any concerns or complaints about:
- the way you are invited to take part in this project,
- how the story is explained to you and your involvement,
- any privacy and confidentially issues related to this project, or
- the information you provide to the project and how it is used,
you are invited to contact the Secretary, Human Research Ethics Committee of the Northern Territory Department of Health and Menzies School of Health Research on (08) 8946 8687 or by email ethics@menzies.edu.au

If you have any questions about the project, please contact the

Investigator/Research Officer:
Rachael Jaenke
Research Assistant - Nutrition Team
Menzies School of Health Research
Ph: 08 8946 8637 or rachael.jaenke@menzies.edu.au

PARTICIPANT INFORMATION SHEET – CAREGIVERS

PARTICIPANT INFORMATION SHEET

THIS IS FOR YOU TO KEEP

A review of the School Nutrition Projects in the Northern Territory
Stage 2: What factors impact on effective SNP delivery? – Parents/caregivers/children

Why are we doing this project?

The School Nutrition Projects (SNP) have been running in the NT since 2007 and were evaluated in 2009 and 2011. The Department of the Prime Minister and Cabinet (PM&C) has commissioned us (Menzies School of Health Research) to evaluate some parts of the SNP that haven't been looked at before. We would like to understand what makes the SNP work well, or not work well. We would also like to understand what children eat in school holidays when there is no SNP.

What will be expected from you, if you choose to be involved?

If you agree to be involved, you will be asked to participate in an interview. We would like to find out what you think about the SNP. We are also interested in what your child/ren eat during the school holidays when the SNP is not provided. If you agree, we would also like ask your child/ren what they think.

We will conduct the interview in person. The interview should take no more than one hour of your time.

You can choose if you would like to take part in this project or not, and if you choose to participate, you can withdraw from being involved at any time. Information that you have provided prior to withdrawing will remain part of the study dataset and as with all data be secured by Menzies for the period of the study.

What you can expect from Menzies School of Health Research

We will talk to parents/caregivers and children from 6-8 communities. We will audio-record (with consent) and type up the interviews. After the interview we will confirm that you are happy for us to use the information provided. We will send you a copy of your/your child's interview if you request this.

Risks and benefits of participation

We understand that you might feel uncomfortable talking about food and nutrition. If you don't want to talk about this, we will respect your feelings. We will conduct the interview at a time that suits you.

By talking to parents/caregivers and children, we can better understand what works and doesn't work with the SNP, and if it is important for children's nutrition. We will be able to suggest where any improvements could be made.

Confidentiality

We will give each participant a unique code and keep any information you provide us separate from your name and other identifying information. We will keep all information safely at Menzies, in locked filing cabinets and password-protected drives.

How will the results from this project be used?

We will prepare a report for PM&C giving an overview of parents/caregivers/children's views of the SNP and things that help it work well or not work well. This report may include recommendations to PM&C about future program delivery.

We will also prepare feedback for all 20 communities involved in the SNP evaluation. Where we have the opportunity, we will publish and/or present on overall findings.

Concerns or Complaints

If you have any concerns or complaints about:
-        the way you are invited to take part in this project,
-        how the story is explained to you and your involvement,
-        any privacy and confidentially issues related to this project, or
-        the information you provide to the project and how it is used,
you are invited to contact the Secretary, Human Research Ethics Committee of the Northern Territory Department of Health and Menzies School of Health Research on (08) 8946 8687 or by email ethics@menzies.edu.au

If you have any questions about the project, please contact the

Investigator/Research Officer:
Rachael Jaenke
Research Assistant - Nutrition Team
Menzies School of Health Research
Ph: 08 8946 8637 or rachael.jaenke@menzies.edu.au

APPENDIX II
PARTICIPANT CONSENT FORM

This means you can say NO

PROJECT TITLE: A review of the School Nutrition Projects in the Northern Territory Stage 2: What factors impact on effective SNP delivery?

Participation Agreement

I agree that:

- I am over the age of 18 years
- A plain language information sheet has been provided and explained to me, which outlines the aims of the project and what my involvement will be.
- I have been informed that I can say No and that I can withdraw from the project at any time.
- I have been informed that any information I give through my participation will be used for the purpose of the research project only.
- I understand that my name will not be used in any writing made public and confidentiality will be respected in all aspects of the project.
- The ownership of Aboriginal knowledge and cultural heritage is retained by the informant and this will be acknowledged in research findings and in the dissemination of the research.

I agree to:

Participate in an interview about the SNP	Yes	No
Have my interview audio-recorded	Yes	No

Name: _____

Signature: _____   Date: _____

Witness Name: _____

Signature: _____   Date: _____

Interpreter Name: _____

Signature: _____   Date: _____

Menzies Team Member Name: _____

Signature: _____   Date: _____

APPENDIX IIIA
SEMI-STRUCTURED INTERVIEWS GUIDE - STAKEHOLDERS

Semi-Structured Interview Guide

Stakeholder

A review of the School Nutrition Projects in the Northern Territory
Stage 2: An exploration of SNP delivery and children's nutrition during school holiday (SNP-free) periods

----

Community ID: _____   Stakeholder type: _____   Position: _____

Participation in program:

- How long has the program been running for (Provider / School Staff)?
- Comment on the level of participation of students (Provider / School Staff)
    - Comment on participation in all meals, breakfast only, lunch only (Provider / School Staff)?
- Reasons for non-participation (Provider / School Staff)?
- Comment on parental contributions (Provider)
    - E.g. How do these occur? Do they cover the costs of the program? Is there a gap? How is this managed?
- Strategies to improve/maintain parental contributions (Provider)

Program delivery:

E.g "What things help / make it difficult for the program to run well?"

- Staffing (Provider / School staff)
- Support structures (Provider / School Staff)
- Logistics (Provider / School staff)

Program positives:

- Benefits to child / families / wider community

Program negatives:

- What negatives or not so good things are there?

Program expectation

- How would you describe a well-run program?
- How the program could be improved?

Child's nutrition during school holidays:

- Perceived difference in children during holidays when no SNP (community-based stakeholders)

Version 1

APPENDIX IIIB
SEMI-STRUCTURED INTERVIEW GUIDE – CAREGIVERS/CHILDREN

Semi-Structured Interview Guide

Parent/Caregiver/Child

A review of the School Nutrition Projects in the Northern Territory
Stage 2: An exploration of SNP delivery and children's nutrition during school holiday (SNP-free) periods

----

Community ID: _____   Participant: Parent / Caregiver / Child

Participation in program:

- Does child receive SNP meals?
- Reasons child doesn't receive meals?
- Does parent/carer make financial contribution for the program?

Program positives:

- E.g. "what is the best thing about the program? Can you explain?"
- E.g. "what are other good things about the program?"
- Impact on child / family / community
    - E.g. "what do you see as the good things about the program for your child/family/community?"

Program negatives:

- E.g. "what are other not-so-good things about the program?"
- E.g. "what is the worst thing about the program? Can you explain?"
   - How have these affected your child/family/community?

Child's nutrition during school holidays:

- What does child eat during school holidays when there are no SNP meals
- Concerns about child's diet during the school holidays

Suggestions

- What changes or improvements would you like to see with the program? And why?
- What would be the good things about these changes?

Version 1

APPENDIX IVA
STUDENT FEEDBACK
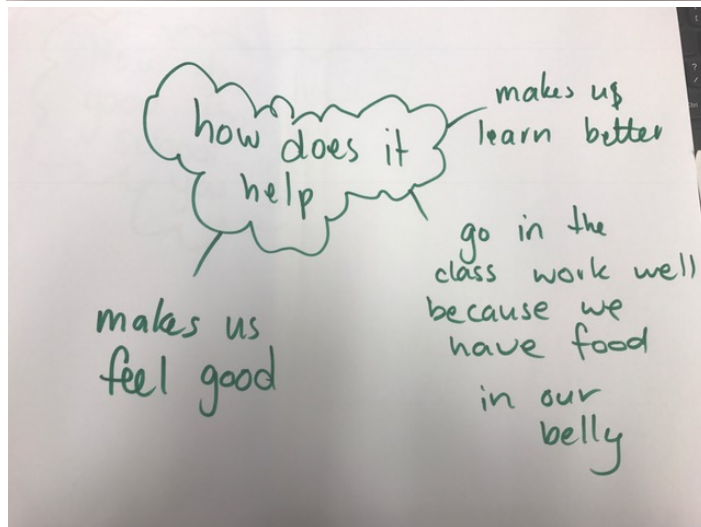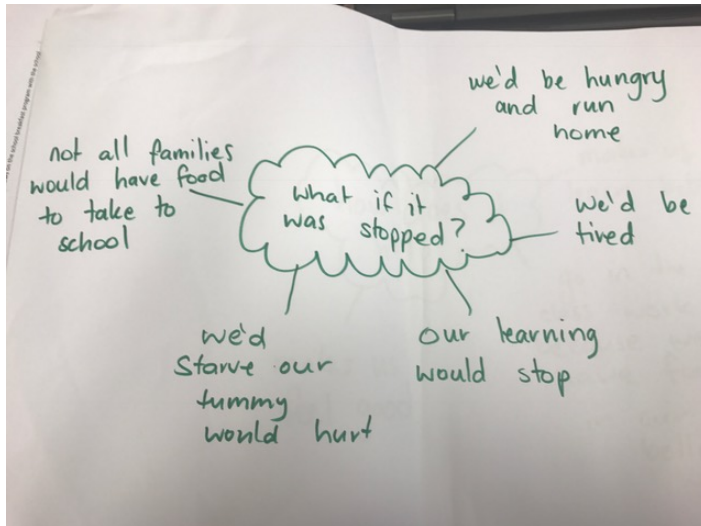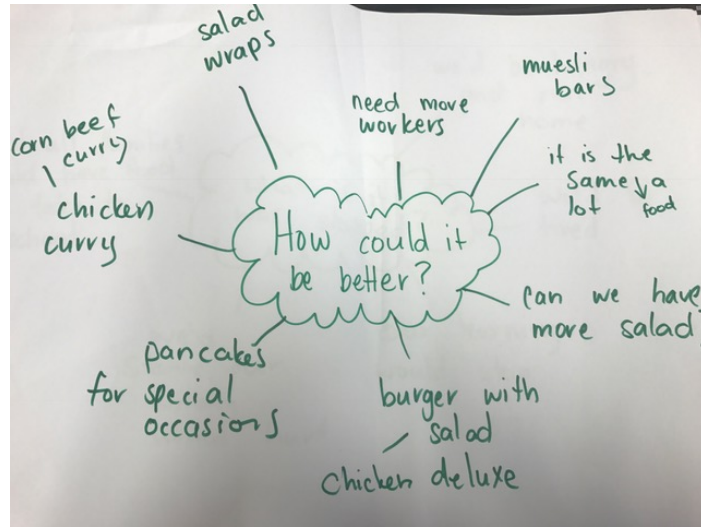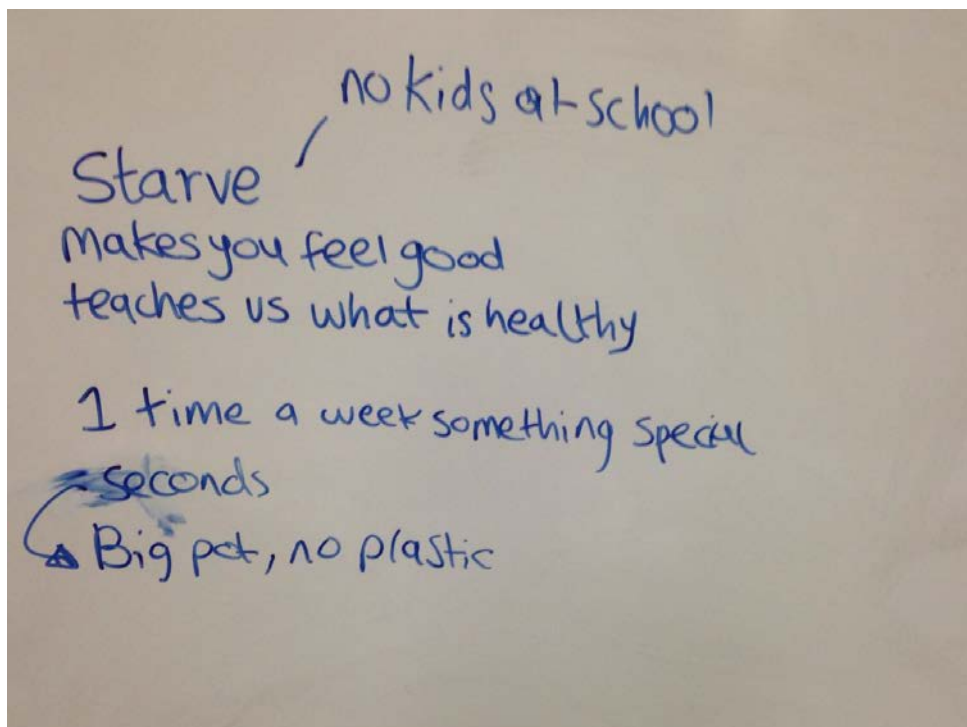
APPENDIX IVB
STUDENT FEEDBACK

How does it help?

- Not starve
- Gives motivation to come to school
- Makes them feel good
- Teaches them what is healthy

How could it be better?

- 1 time a week, special lunch
- Having seconds for the bigger kids and maybe less for the younger kids
- Could serve in big pots so we can serve the right amounts for them rather than the same sized service for all – which would also mean no plastic!

What would happen if it stopped?

- They wouldn't come to school
- Some would starve because there is no food at home

APPENDIX IVc
STUDENT FEEDBACK

	1. What do you like about the program?	2. What would happen if it stopped?	3. How could it be made better?
Middle years students	- Yes. Having both breakfast and lunch is good. - We like cereal more than toast. Its good having options for cereal.	- We would get hungry and it would be harder to learn. - We might go out hunting and then we wouldn't have time to go to school	- Lasagne is our favourite. - We like ham and cheese sandwiches with tomato. - We would like to have fish and damper. - We would like to have more fruit and vegetable (banana, - We would like more things that make us feel full - bigger portions of food for seniors.

Senior years students	Make sure the cereal isn't stale or old. Lunch – we want poppa juices More healthy food Rice and vegetables Hot lunches are good. Too much sugary stuff