REPORT ON PROCEEDINGS BEFORE

STANDING COMMITTEE ON SOCIAL ISSUES

INQUIRY INTO CHILDHOOD OVERWEIGHT AND OBESITY

CORRECTED

At Macquarie Room, Parliament House, Sydney on Monday, 12 September 2016

The Committee met at 9:30

PRESENT

The Hon. S. Farlow (Chair)

The Hon. G. Donnelly
The Hon. S. Mallard
Reverend the Hon. F. Nile
The Hon. Dr P. Phelps
The Hon. P. Sharpe

The CHAIR: Welcome to the first public hearing of the Legislative Council Standing Committee on Social Issues inquiry into childhood overweight and obesity. This inquiry will consider strategies to assist parents and carers in making healthier choices for their children and strategies to support health professionals in identifying and addressing childhood overweight and obesity.

Before I commence, I would like to acknowledge the Gadigal people, who are the traditional custodians of this land. I would also like to pay respect to the elders past and present of the Eora nation and extend respect to other Aboriginal people present. Today we will be hearing from a number of witnesses, including the New South Wales Department of Education, the Department of Health and the Office of Sport, the Centre of Research Excellence in the Early Prevention of Obesity in Childhood, the Healthy Kids Association, the national Heart Foundation and Diabetes NSW, Nutrition Australia, and a panel of representatives of parent, teacher and school associations.

I will also make some brief comments about procedures for today's hearing. Today's hearing is open to the public and is being broadcast live via the Parliament's website. A transcript of today's hearing will be placed on the committee's website when it becomes available. In accordance with broadcasting guidelines, while members of the media may film or record committee members or witnesses, people in the public gallery should not be the primary focus of any filming or photography. I also remind media representatives that they must take responsibility for what they publish about the committee's proceedings.

It is important to remember that parliamentary privilege does not apply to what witnesses may say outside of their evidence at the hearing, so I urge witnesses to be careful about any comments they may make to the media or to others after they complete giving evidence, as such comments would not be protected by parliamentary privilege if another person decided to take action for defamation. The guidelines for broadcasting proceedings are available from the secretariat if needed.

There may be some questions that a witness could answer only if they had more time or with certain documents to hand. In those circumstances, witnesses are advised that they can take a question on notice and provide an answer within 21 days to the committee. Witnesses are advised that any messages should be delivered to committee members through the committee staff if witnesses have advisors here. Finally, could everybody please turn their mobile phones to silent for the duration of the hearing.

ROBYN BALE, Director, Student Engagement and Interagency partnerships, NSW Department of Education, sworn and examined

JASON MIEZIS, Director, Early Learning and Education, NSW Department of Education, affirmed and examined

ROSEMARY DAVIS, Director, Arts, Sport and Initiatives, NSW Department of Education, affirmed and examined

KERRY CHANT, Deputy Secretary, Population and Public Health, and Chief Health Officer, NSW Department of Health, affirmed and examined

Jo MITCHELL, Executive Director, Centre for Population Health, NSW Ministry of Health, affirmed and examined

MICHELLE CRETIKOS, Medical Advisor, NSW Ministry of Health, affirmed and examined

CHRIS RISSEL, Director, NSW Office of Preventative Health, affirmed and examined

PHIL HAMDORF, Executive Director, NSW Office of Sport, affirmed and examined

The CHAIR: As a few agencies are represented here, would anyone like to make an opening statement?

Dr CHANT: Firstly, I would like to take this opportunity to provide evidence to the parliamentary inquiry into childhood overweight and obesity and acknowledge the importance of this inquiry. This is a serious public health issue. In 2015 more than one in five children in New South Wales were overweight or obese. In children, overweight and obesity has psychological, social and health impacts, and healthy behaviours are established in childhood, especially within families. Healthy eating and adequate physical activity are the cornerstone of prevention of a range of chronic diseases, including cancer, cardiovascular disease, stroke and arthritis and the cornerstone of a high quality of life generally.

Over the course of a lifetime, obesity can reduce a person's life expectancy by three years and in severe cases by eight to 10 years. Over 80 per cent of obese children go on to become obese adults. We know that childhood obesity is a complex issue and no single intervention will have sufficient impact to reverse overweight and obesity trends. In New South Wales, the Healthy Eating and Active Living Strategy 2013-2018 is the comprehensive, whole-of-government plan to tackle overweight and obesity. It includes a focus on statewide Healthy Eating and Active Living support programs particularly targeted to the early childhood and school environments.

Healthy Eating and Active Living advice and support is part of clinical service delivery of education and information to enable informed healthy choices and, importantly, environments to support healthy eating and active living. We are building on the strategy to meet the Premier's target to reduce the rate of overweight or obese children by 5 per cent over the next 10 years, and I want to acknowledge that that is a very challenging and ambitious target. If we meet this target, this will result in at least 62,000 fewer children being overweight or obese. The Premier's target, as I have said, is quite ambitious. In the worldwide context, childhood overweight and obesity has been increasing. Despite isolated successes in some cities, no country has been successful in reversing this trend in a sustained manner.

We need to take a population-wide approach, focusing on preventing unhealthy weight gain through healthy eating and adequate physical activity, and vulnerable groups and those with complex needs will require more targeted interventions. Like tobacco control, a multidimensional and long-term approach is needed. It is important that initiatives to tackle overweight and obesity do not contribute to the stigmatisation of children who are overweight and obese. Our response will emphasise the positive benefits of healthy eating and active living for all children, families and communities in New South Wales. NSW Health has a strong preventative health infrastructure that will help us to meet our goals. For example, the Office of Preventive Health, of which Professor Chris Rissel is the head, supports the rollout of high-quality, state-wide overweight and obesity programs. Health promotion staff are located in local health districts across to the State, and these teams implement state-wide and local programs.

I have convened an expert panel to provide me with advice on the best practice interventions as we continue to innovate in this space. Our research organisation—the Physical Activity Nutrition and Obesity Research Group [PANORG]—provides my team with research and evaluation services to support the development and evaluation of our program. High-quality population data, provided through the New South Wales Population Health Survey, the NSW Schools Physical Activity and Nutrition Survey [SPANS], and the

NSW School Students Health Behaviours Survey, underpins our risk and informs our response. We also have good partnerships across government agencies with clinicians and non-government organisations such as the Heart Foundation, the Cancer Council and Diabetes NSW. We are already implementing a range of programs in New South Wales. For example, along with the Department of Education we are working with more than 84 per cent of all primary schools and more than 91 per cent of childcare services to support healthy eating and active living.

Schools and childcare centres are adopting our program practices to a high level. More than 7,800 families have been involved in the Go4Fun community treatment program, which has a positive outcome. We are also introducing programs in the community sports setting, and we are working with our clinicians to increase routine height and weight information for parents. We are testing new support programs, for example, providing advice to pregnant women and parenting support. Our Make Healthy Normal campaign is being tailored to increase messaging to families. We are also increasing community education through promotion of the national Health Star Rating campaign. However, we know that more needs to be done. As the lead agency responsible for implementation of the Premier's priority to reduce childhood overweight and obesity, the Ministry of Health is fully committed to meeting the target and progressing action on this critical health issue.

Dr HAMDORF: The Office of Sport also welcomes the opportunity to make a presentation. Physical activity provides fundamental health benefits for children and adolescents, including increased cardio-respiratory and muscular fitness, reduced body fat and enhanced bone health. Physical activity through sport and active recreation develops skills and good habits that underpin lifelong physical fitness, and young people who play or who have played sport on a regular basis are more likely to lead an active lifestyle as adults. The sport and active recreation sector in New South Wales consists of more than 10,000 clubs and associations and is supported by more than 380,000 volunteers and 157,000 volunteer coaches. The Office of Sport provides leadership and support to the sector to enhance sustainability and performance, and is responsible for planning, managing, and delivering high-quality venues, facilities, sport and active recreation development programs, high-performance sport, and sports integrity and safety.

The office works across government and is a partner under the NSW Healthy Eating and Active Living Strategy 2013, which is focused on meeting the Premier's priority for childhood overweight and obesity. More recently, the Office of Sport has embarked on a three-year partnership with the Charles Perkins Centre at the University of Sydney, which will provide best-practice guidance on analysis and promotion of sport and active recreation. Physical activity through sport and active recreation can reduce the risk of diabetes, cardiovascular disease and cancers, and improve children's ability to learn, their mental health and their well-being. Physical activity also plays an important role in the prevention of overweight and obesity in childhood and adolescence, and reducing the risk of obesity in adulthood. The Office of Sport will continue to collaborate with key sector partners to develop a vibrant and valued sport and active recreation sector that enhances the lives of the people of New South Wales.

Ms BALE: The Department of Education is also pleased to be here to today to make a presentation to the Committee. We acknowledge that childhood obesity is a complex public health issue, and that it cannot be solved or addressed by one organisation alone. It is a community issue. We work very closely in partnership with NSW Health on a range of initiatives to look at ways in which the department can contribute significantly to address this issue. We know that we have a role to play and that it is an important role. We have some 750,000 students enrolled in public schools across New South Wales from kindergarten to year 12. We also know that that population is about 70 per cent of the total population of students attending schools in New South Wales, with the other 30 per cent enrolled in non-government schools.

Most importantly, our fundamental response is around the curriculum; that is, what students learn day in and day out in their classrooms. It is the curriculum area in which students learn about healthy eating and physical activity, and in particular in the Personal Development, Health and Physical Education program. It is the key learning area. All students study in this area from kindergarten through to year 10; the subject is mandatory. Board of Studies Teaching and Educational Standards NSW develops the curriculum and teachers follow it for each stage of learning, while adapting the content to suit the needs and interests of their students and their school community. Students in kindergarten to year 10 participate in a minimum of 150 minutes of planned, moderate to vigorous physical activity each week, including weekly sport. This was increased from 120 minutes in 2015. We also have other initiatives that are key contributors to this work. We have been working with NSW Health for some time on Live Life Well @ School.

It is a hand-in-hand partnership where we work with primary teachers in the main to support them to increase students' physical activity, to get involved in physical activity more often, and to improve students' nutrition. We also have the Healthy School Canteens strategy. While we have a relatively small number of canteens for public schools across New South Wales, we know they have a role to play. One of the areas we are

looking at increasing is ensuring we are providing healthy options for students to purchase from canteens. That is ongoing to work.

The Hon. Dr PETER PHELPS: Dr Chant, how many bariatric surgery or gastric banding procedures are performed in New South Wales, how many are performed in public hospitals, and how many have been performed on obese teens?

Dr CHANT: I do not have the exact data.

The Hon. Dr PETER PHELPS: Please take that question on notice. Do you have comparative figures with other States?

Dr CHANT: We would certainly have that information. However, having said that, there is a strong evidence base for bariatric surgery, and NSW Health supports it where it accords with the evidence base. As I said, it is particularly relevant for severe obesity and it requires close follow-up. It is not something one would go into without careful thought and ongoing monitoring. We are very keen, and I will be able to provide that information.

The Hon. Dr PETER PHELPS: It has been put to me that we have the lowest rate of public hospital bariatric surgery in Australia. If that were the case, what would be the reason for that low rate? Is it a cost issue? Is there a reluctance on the part of medical practitioners to recommend it?

Dr CHANT: I am aware of the data that indicates we have low rates of bariatric surgery in our public hospitals. We have a purchasing arrangement with our local health districts, and we are looking at whether there is a gap in capacity in relation to bariatric surgery. We are aware of the concerns that have been raised and we are currently looking at that issue.

The Hon. Dr PETER PHELPS: To Ms Davis: Can public school students opt out of sport? Can they opt out of physical education [PE]? Can they opt out of organised school sport?

Ms DAVIS: No, they cannot, unless they have something such as a physical illness or they are sick on the day. What they would do is bring notes around that. But in terms of long-term opt out, they cannot opt out of that.

The CHAIR: Is that true for all years?

Ms DAVIS: It is mandated from kindergarten to year 10. For years 11 and 12, it is optional.

The Hon. Dr PETER PHELPS: So you cannot, for example, say, "I don't wish to do sport on a Wednesday afternoon. I'd rather do chess because chess is my sport."

Ms DAVIS: No. For sport, there has to be a physical component á la an increase in your pulse rate. I would not think that chess would be classified as a sport in terms of meeting a physical activity outcome.

The Hon. Dr PETER PHELPS: To Dr Hamdorf: Why is children's sport so expensive? I will give you an example. I just checked up then and found that for a 12-year-old to take part in a baseball competition over the summer months ahead in the electorate of Manly, picked at random, the affiliation fees are $190; the uniform costs $160; and that makes a sum total of $350. That is before you even buy a bat or cleats. How many people have that? In Manly, perhaps, it would be easy; but in suburbs which are traditionally identified as having high levels of childhood obesity, is not one of the real problems the cost of organised children's sport these days?

Dr HAMDORF: I would absolutely agree. The cost of sport is expensive and, probably in line with most other consumer goods over the past 10, 15 or 20 years, all have risen and sport is not exempt from that. There are many costs in sport: Obviously, maintaining a sporting field, providing competition—that is, officials to officiate, right through to jerseys and equipment and things like that—they do reflect a rise in consumer costs for an activity. There is no question that it is a barrier. It is one of the many barriers to participation in sport.

The Hon. Dr PETER PHELPS: Is not one of the real reasons the increase in capitation costs for so-called elite sport that organisations have taken the preponderant view that the preponderant amount of money should be going towards elite sport, and this Government has done nothing to dissuade that move towards an elite sport focus on sport in this State; and that sport has gone from being a mass participation events to being focused on elite outcomes?

Dr HAMDORF: It varies across sports. Some sports do have capitation—football or soccer, for example. Each adolescent or child does pay a capitation to Football Federation Australia and in other sports there is no capitation—for example, basketball. If you play in The Hills district on a Thursday night and they are running a competition, there is no capitation to the National Basketball Association. It varies across sports. The

second question you had relates to high-level elite sport or high-performance sport. For each sport, particularly if the national sporting organisation is charged with responsibility for developing its high level or high-end sporting fraternity—that is, athletes that get there—unfortunately, the State Government has very little control over what a national sporting organisation does. We have a relationship with the State sporting organisation that answers to a national sporting organisation, but we have very little and very few levers to influence a national sporting organisation, which is truly responsible for elite athletes and their performances.

The Hon. Dr PETER PHELPS: But is it not true that—for example, I will just go to football, rugby league and rugby union—we are spending very large amounts of money as a government on elite sports in the State—money which could more effectively be used towards broadening participation at the non-elite level, and especially among children?

Dr HAMDORF: A considerable sum of money is spent in New South Wales to provide sporting facilities across the board. Yes, rugby league has been a recipient of some of those funds; so has football. We just announced a $4 million program as a result of the surplus from the Asian Cup. There are numerous sports in New South Wales that benefit from the Government's investment in sporting facilities. Importantly, sporting facilities are critical. If there is nowhere to play for children to participate in sport, then they are not going to be able to participate. So sporting facilities are essential for that and therefore the spend across the board is—one of the objectives is to increase the spend across the board so that facilities are created for participation.

The Hon. Dr PETER PHELPS: How much money does the New South Wales Government directly provide to the maintenance and upkeep of suburban fields or give to local governments for the purpose of maintaining an upkeep of suburban fields?

Dr HAMDORF: I would have to take that question on notice, but I can advise you that the State Government provides very little funding to the upkeep of support urban infrastructure, sporting fields. Local government is primarily responsible and probably outspends the State Government in the order of three to one in terms of their funding towards sporting facilities. That is often overlooked. The State Government does not provide to local government for maintenance of facilities.

The Hon. Dr PETER PHELPS: That is exactly my point, Dr Hamdorf: The vast majority of children who do play sport—and it is fantastic if they do play sport. Let us face it, my view is that obesity is largely a matter of calories in and calories expended. If you can increase calories expended, then calories in become significantly less of a problem. But the fact is that we can spend millions and millions of dollars on elite programs and elite stadia at the same time that the real focus is participation in sport, and we have completely missed our funding demographic.

Dr HAMDORF: There are two parts to that question. I would certainly agree that funding of participation is critical. The Office of Sport is providing significant funds for State sporting organisations to facilitate competition, facilitate governance, and facilitate programs so that children can participate. But, equally, at the other end of the spectrum the State Government is also providing facilities so that people in New South Wales can support the sport through stadia builds. Therefore there are two ends of the spectrum in terms of providing facilities and funding in New South Wales. I might add your comment about calories in and calories out is perfectly correct in that the more you expend, the chances are the better will be your total outcome. I might say that the problem that we have seen in recent years is that it is not so much that children are participating less in sport, but their habitual activity patterns—that is, the activity that they do around the house on the weekends outside of sport and outside of school—has diminished substantially over the last 20 years. That is a major contributor.

The Hon. PENNY SHARPE: I am interested in the work on school canteens. In your submission you talk about the Fresh Tastes @ School review working group that supports the development of a new school canteen strategy. What does the current canteen strategy say? Who can answer that—Ms Bale?

Ms BALE: Yes. The current canteen strategy requires schools to provide a healthy and nutritious menu for students that purchase from the canteen, so that is really the sum total of what it says. There is a range of resources for schools to implement the healthy canteen. We do know that in the scheme of things in terms of our schools that we have got—

The Hon. PENNY SHARPE: I am sorry, can I just stop you there. When you say "implement the healthy canteen", what does that mean?

Ms BALE: To provide a healthy canteen for students at the school.

The Hon. PENNY SHARPE: Okay. What does that mean in terms of food provision? Does that mean that there is no junk food? What does that mean in terms of what is on offer for kids at the school canteen?

Ms BALE: No, it does not mean that there is no junk food. Currently there is an approach that looks at traffic lights—red, green and yellow. Things that are green, you can have all of them all of the time; things that are amber, you can have less of the time; and things that are in that red food group should only be had or provided or purchased sometimes by students.

The Hon. PENNY SHARPE: Does every school in New South Wales adhere to that?

Ms BALE: We do not have every school in New South Wales that has a canteen.

The Hon. PENNY SHARPE: No, I know that, but every school with a canteen.

Ms BALE: Not every school in New South Wales has a canteen.

The Hon. PENNY SHARPE: I know that, but does every school with a canteen adhere to that?

Ms BALE: We do not have baseline data to show whether schools are implementing the healthy canteen policy and whether they are providing food according to the red, green and yellow classification. In our revised strategy we are looking to get baseline data. We want to provide opportunities for schools to increase their offerings of fresh and healthy food through the canteen.

Dr CHANT: Health has done some work to support Education in the implementation of the healthy canteen policy. Dr Mitchell can describe what that work is. It may be useful for the Committee.

Dr MITCHELL: We recognise that the current traffic light system is quite complex and difficult for people on the ground to make sense of. With the advent of the health star rating at the national level we are looking at whether that would be a useful tool in the school canteen setting as well. In our joint work with the Department of Education we are looking at simplifying the criteria to make it a much easier job for canteen workers to assess the healthiness of foods.

Dr CHANT: Health recognises the power of audit. We are looking to implement any such new policy with the capacity to audit it.

The Hon. PENNY SHARPE: Can I clarify that no-one signs off on the food that a canteen offers? You make recommendations based on the plan but there is no sign-off on what sort of food is offered at a school canteen.

Ms BALE: That would be done locally, at the school level.

The Hon. SHAYNE MALLARD: There is nothing wrong with that.

The Hon. PENNY SHARPE: Do not read anything into what I am asking. Is the Healthy Planning Expert Working Group about city planning?

Dr MITCHELL: The Healthy Planning Expert Working Group is a coalition of interested parties that provides advice on planning guidelines and building health into planning processes.

The Hon. PENNY SHARPE: So it is about bricks and mortar, planning the city. What does that actually mean?

Dr CHANT: In urban design it is about providing access to adequate green space, parks and outdoor areas. It is about providing evidence to Planning. In our submissions on developments it is about emphasising the importance of having connected space, walkways, cycleways and open space. It is about having design that promotes interaction and physical activity.

The Hon. PENNY SHARPE: Who do you make submissions to on that basis?

Dr CHANT: We generally work with Planning. We take opportunities to engage on a whole-of-government basis with agencies such as the Greater Sydney Commission on their thinking about planning. In particular developments we may make submissions that go to the nature of the built environment. It really depends on the type of proposal.

The Hon. PENNY SHARPE: Would you be able to provide the Committee with a list of the members of that working group, please? I am happy for you to take that on notice.

Dr MITCHELL: I will take that on notice. It includes academics, non-government organisations and representatives from government agencies.

The Hon. PENNY SHARPE: The Premier's priority is to tackle childhood obesity. There are a lot of you giving evidence today. Does the Department of Planning have any role in the strategy?

Dr CHANT: All government agencies do. The Premier's priority is recognised as enabling strong agency engagement. Planning has been very supportive of it.

The Hon. PENNY SHARPE: But is it part of any of the groups? Are you able to point to something that Planning is doing to meet this objective?

Dr CHANT: We have had discussions with planning about its contribution.

Dr MITCHELL: The main focus currently is on developing healthy built environment guidelines in relation to physical activity. At the moment, within the metropolitan plan as well as in some of the regional plans, there is a health objective. The work is progressing. We have gone from having an objective to having practical tools and an understanding of what that means for planning and building an environment that supports physical activity.

Dr CHANT: That builds on previous work that Health has done, such as the compendium of local government to support its considerations of health. We could make that it available to the Committee if that would be useful.

The Hon. PENNY SHARPE: That would be great. Are you able to provide the Committee with a list of the schools across New South Wales where there are kitchen gardens, and the level of funding that is provided to them, please?

Ms BALE: I can take that question on notice.

The Hon. PENNY SHARPE: Terrific. Thank you.

Reverend the Hon. FRED NILE: Dr Chant, I notice that the NSW Health annual data report, on page 11, talks about the consumption of fruit and vegetables by secondary school students. I was alarmed to see the gap between the consumption of fruit versus vegetables. It says that 77.7 per cent of students aged 12 to 17 consume the recommended number of serves of fruit per day but only 9.9 per cent of students aged 12 to 17 consume the recommended number of serves of vegetables per day. Is there any explanation for that discrepancy, that gap?

Dr CHANT: This is a key area that we need to work on. We acknowledge the importance of physical activity. It is also very important that we improve nutrition and the kilojoules in the equation. This is something that is mirrored in adulthood. A focus of our programs is to encourage greater consumption of vegetables. One could argue that fruit is more appealing to children, but we need to establish greater consumption of vegetables in childhood and carry that through to adulthood. Unfortunately, this pattern appears in adulthood as well. There is certainly a disparity.

Reverend the Hon. FRED NILE: We know that fast food is very popular with teenagers, which probably contributes greatly to the numbers of overweight people. Would that be a factor?

Dr CHANT: Sugary drinks are an important contributor. It is hard to point to one thing in particular. We want to establish good eating practices where we move to a higher consumption of fruit and vegetables than processed foods. That will establish good behaviours in childhood that will carry through to prevent diabetes, cardiovascular disease, stroke and cancer in adult life. It is really important that we establish those good eating behaviours.

Reverend the Hon. FRED NILE: Is that actively happening?

Dr CHANT: That is happening through our penetration into early childhood services, through a program called Munch and Move, and we are working with Education, as indicated, on Live Life Well @ School. We also have our Go4Fun program, which is a treatment program for children who are overweight and their parents. They are taught about how to prepare meals. They are taken shopping at the supermarket. It is very hands-on. The child is engaged with physical activity and fundamental movement skills are improved. That is an equity program. It is not being delivered at scale across the State, but it is an important component. It is also being developed with an Aboriginal specific focus. Overweight and obesity are more predominant in Aboriginal communities. It is important that we address that through Aboriginal specific programs.

Reverend the Hon. FRED NILE: We are fighting cultural change. Teenagers spend a lot of time sitting in front of computers, on Facebook and so on, rather than being involved in sport and exercise. How can we counteract that?

Dr CHANT: We are all challenged by that. We need to understand that the environment in which we now live encourages us to gain weight and be less physically active. As a community we need to embrace physical activity and program more of it into our lives. Our approach is very much to try to get families moving

and to encourage outer activities, some of which can be inexpensive. It is about promoting a more active lifestyle. The data suggests the increase in sedentary behaviour in children is seen in adults as well.

Reverend the Hon. FRED NILE: Thank you.

The Hon. Dr PETER PHELPS: You talk about outdoor activities. Outdoor play areas used to be fun. Now they are bowdlerised because councils are so scared that a child is going to hurt themselves. They are completely anodyne. There is no fun. There is no reason to go to the park anymore because they are so dull and boring.

The Hon. SHAYNE MALLARD: That is an opinion.

The Hon. Dr PETER PHELPS: Just think about it. You go to the park these days, you have to be supervised by a parent, you cannot go down there anymore because you might step on a hypodermic needle or there might be some molester around. It is all right to talk in these theoretical terms but for many people and many families which have limited access to time and poor time management—it is not dad goes out to work and mum stays at home any more; often you have both parents working—are you not putting in some very unrealistic expectations about the ability to manage time within the constraints of a modern working-class family?

Dr CHANT: I agree that it is very difficult and time poorness for families is a major challenge but we are looking technically at things like Active Travel and Professor Rissel has done some work with Education about promoting Active Travel forms of getting school. We are also trying to look realistically at ways of increasing physical activity even within program sport activities and making available school grounds for community sport and sport opportunities, so I do acknowledge the challenges but it is important as a society that we grapple with the current settings to improve them. Professor Rissel, would you like to comment on some of that Active Travel?

Professor RISSEL: Absolutely. We have a cross-government agreement to support Active Travel to school and to community sites. We have a number of programs in primary and secondary schools where we are out trying to promote Active Travel to and from community destinations. But you are absolutely right, there is a risk aversion culture that we are having to deal with and that is a difficult thing. I know you do not have Transport that you are talking to but they are an important contributor to creating an environment where it is actually safe and accessible to travel actively around your neighbourhood.

The Hon. SHAYNE MALLARD: I make a passing comment that technology is an opportunity to get families out—Pokémon was a great example of technology bringing families out on the streets but moving on from that and the threat of its use, Dr Rissel and I have worked before in cycling, I want to pick up on the Active Transport component. We are two-thirds of the way through the goals of the strategy. There are many components to Active Transport, such as cycling to school, walking to school, getting people out of cars. What success have we had and where are we are moving?

Professor RISSEL: I cannot say that we have had a great deal of success, to be honest. It is a difficult environment and it needs a greater commitment from both State and local government to create an environment that makes it easy for parents to ride, walk or scooter to school or other places. We do have the Active Travel Charter, which is an across-government agreement in principle and we have resources for primary schools. We are now developing a new set for high schools and we are about to implement a trial with six high schools across New South Wales to test out the feasibility of these new materials. We have working models where we can work with schools or communities that want to address Active Travel for kids and we are very happy to work with those communities that want that.

The Hon. SHAYNE MALLARD: Is there an issue with reassessing the planning around existing school infrastructure. I grew up in Penrith, which is a very car-dependent community, compared to the new ones we are building in south-west Sydney, it seems to me. Should we go back to the drawing board in those established suburbs, as well as looking at the new ones, and get Planning involved in that with councils?

Professor RISSEL: That is true, and we certainly support what Dr Chant said about the master plans and indicators of success for Active Travel. If you do not measure it, you do not achieve it. It is an important focus for the Government to set targets to increase the Active Travel range.

The Hon. SHAYNE MALLARD: I know in the United States President Bush in the White House was a strong promoter of kids riding bikes to school and the issue of Stranger Danger; he had the FBI involved briefing schools about the disproportionate alarm about Stranger Danger. My colleague spoke about syringes and strangers in parks. Is that an issue for us in getting kids to walk or ride their bikes to school?

Professor RISSEL: Certainly parents are concerned about safety issues of travelling actively to school. Everyone would agree that there is a culture of fear associated with this which is out of proportion to the actual risks but that is a real fear and we do need to address that. Some of that is about making the environment visibly seem to be safer and also once more people view it as safer, the safer it becomes; it becomes a changing norm. I think just going ahead and doing it will actually make a difference to making it seem a normal, safe activity.

The Hon. SHAYNE MALLARD: As to a strategy for us, would a recommendation be to put more emphasis on to the active transportation to school? It goes to your comment about habitual activity.

Professor RISSEL: I believe it is one of the factors that we can make a difference on because the rates of being driven to school have increased enormously over the last 20 years and to try and reverse that would actually be a positive step but I am realistic about the targets that we would achieve in the short term.

The Hon. GREG DONNELLY: Is it possible to buy a can of Coke, a can of Fanta or a carbonated soft drink in a school canteen in New South Wales?

The Hon. Dr PETER PHELPS: Passiona?

Ms BALE: Passiona? Sugar-sweetened drinks are not to be sold through the school canteen but I cannot unequivocally say that that is the case in any school canteens that they are not to be sold.

The Hon. GREG DONNELLY: Sorry, what does that mean? It is not to be sold but?

Ms BALE: They are not to be sold in school canteens, however, I cannot actually say in terms of the schools across the State that have canteens that they are not selling them in another way through the schools.

The Hon. Dr PETER PHELPS: Does that apply to vending machines in the school as well ?

Ms BALE: They are not to be sold through the school canteen.

The Hon. Dr PETER PHELPS: But does that apply to vending machines in the school? So you might be able to not sell it through the school canteen but there is a Coke machine right next to the canteen? Is that the case?

Ms BALE: They should not be having a vending machine next to the school canteen.

The Hon. GREG DONNELLY: I am just trying to get a sense of this. You would expect that they would not be being sold in the schools; that is a formal policy, is it, of the Department of Education?

Ms BALE: That is correct.

The Hon. GREG DONNELLY: Have you found any instances where carbonated soft drinks are being sold?

Ms BALE: I have not personally, no.

The Hon. GREG DONNELLY: Would you like to take it on notice?

Ms BALE: Sorry?

The Hon. GREG DONNELLY: You have not personally but could you take that on notice to see if there have been any reports?

Ms BALE: Yes, I can take that on notice.

The Hon. GREG DONNELLY: Once again I am just trying to get a sense of the dimension here. With chocolate bars like Mars Bars and KitKats, can you buy them in canteens?

Ms BALE: Look, under the current strategy that would be one of those elements that comes under red foods.

The Hon. GREG DONNELLY: What about fried foods like fried chips? Are they available in canteens?

Ms BALE: I am not aware that they are available in canteens but there is nothing to say they should not be sold in canteens. They are not one of those foods such as the sugar-sweetened drinks where—

The Hon. GREG DONNELLY: Sorry, could you just repeat that again; I did not understand your answer. You are not aware but?

Ms BALE: I am not aware if they are sold in canteens but they are not a food such as the sugar-sweetened drinks that are not to be sold in canteens at this point in time but they would come into the red classification as well in the same way that the Snickers Bars that you mentioned before.

The Hon. GREG DONNELLY: Have there been any reports of fried food and fried chips being sold in schools that you are aware of?

Ms BALE: I do not have any reports.

The Hon. GREG DONNELLY: Can you take that on notice?

Ms BALE: I can take that on notice.

The Hon. GREG DONNELLY: With respect to not having baseline data, which I have to say I find surprising because the material provided to us in the Government's submission is quite opportune in terms of how far we are going back and looking at the commencement of the trend. It is now 2016 and we have strong statements in the formalised strategy—we go on and on and on—but yet you do not have the baseline data of the red, orange and green. When will you get that baseline data?

Ms BALE: That information is collected locally at the school level. They look after their canteen. They do their local self-assessment of their canteen. That information is not collected centrally.

The Hon. GREG DONNELLY: How many public high schools are in the State?

Ms BALE: Around about 400 for government schools.

The Hon. GREG DONNELLY: And how many primary schools in the State does the Government have responsibility for?

Ms BALE: It is 1,800.

The Hon. GREG DONNELLY: And you have no capacity, at the moment, to collate data with respect to high schools or primary schools about whether or not the red-orange-green methodology is being properly applied and is working well in those schools.

Ms BALE: We have not collected that data; no.

The Hon. GREG DONNELLY: It is not possible to collect that data—is that right?

Ms BALE: I would have to take that question on notice.

The Hon. GREG DONNELLY: Let me put it this way. You are saying that the issue of deciding how to do it—I will use that phrase—is being devolved out to the individual schools. From a centralised point the Department of Education does not currently collect information or analyse information with respect to these matters.

Ms BALE: About the provision of canteens in schools and the types of food they sell?

The Hon. GREG DONNELLY: Correct.

Ms BALE: That is correct.

The Hon. GREG DONNELLY: Don't you find it a bit strange that if we are trying to tackle an issue of obesity in children and young people in this State that the Department of Education is not collecting this information and does not even have a plan to start collecting the information?

Dr CHANT: As I alluded to before, we are currently working with the Department of Education around having a more strengthened approach to school canteens with simpler compliance and therefore ability to more simply audit. As I have said, with respect to the whole of government approach, we understand the need to collect data around canteens' compliance with that. We are currently doing some development work around a new approach but, going forward, we would see that data as essential to understanding the settings. We do see school canteens as important setting from a health perspective and from a whole of government perspective.

The Hon. GREG DONNELLY: With the greatest respect, Dr Chant, I have in front of me the New South Wales Healthy Eating and Active Living Strategy 2013-2018. I presume that was published some time in 2012.

Dr CHANT: That is correct.

The Hon. GREG DONNELLY: It is now 2016—four years down the track—and there is still no time line to have a plan in place to accurately audit and influence what is being sold in school canteens in New South Wales.

Dr CHANT: All I was mentioning was the fact that the Department of Health sees it as key input. We realise that there are challenges with the current traffic-light system in terms of compliance and auditing. We have done a lot of work on the health star rating system and we think that that will prove very effective. As I mentioned previously, having an audit component to that, and compliance data, we see as essential to our implementation plan.

The Hon. GREG DONNELLY: I understand that, Dr Chant, but with the greatest respect, you are from the Department of Health. The education bailiwick is being carried by three people today. Do any of the witnesses from the Department of Education have anything to add about this?

Ms BALE: Before I pass the question to my colleagues to my left I wish to acknowledge what Dr Chant has said. We have an ongoing and very close partnership with the Department of Health that has been strengthening since the strategy was released. We know that there are challenges in canteens in public schools—in all schools, indeed—across New South Wales. We also know that a relatively small number of schools have canteens. While we have 1,800 primary schools they do not all have canteens. We have 400 secondary schools but they do not all have canteens, either.

The Hon. GREG DONNELLY: Could you take on notice, please, the question of the numbers of public high schools and public primary schools, and the numbers of schools which have canteens.

Ms BALE: I certainly can. One of the other issues that schools advise us is a challenge is that in many of the schools that have a canteen, the canteen does not operate full time. Canteens may operate between one and five days a week. Many of the canteens have great challenges in terms of the workforce of the canteens. Apart from a relatively small number that are leased out, the workforce are volunteers. Dr Chant referred to the challenges with the existing strategy, and that is why we are reviewing it to try and make it much more simple for people to interpret and respond to the strategy appropriately.

We need to ensure that we can provide materials that are suitable for volunteers who have no nutrition expertise or background. They have no expertise in putting a menu together apart from the fact that they prepare food in their homes for their families. They are volunteers so we need to ensure that we have materials that are suitable for them and also suitable for those who may have some nutrition expertise and can develop menus and plans and put them together themselves.

The Hon. GREG DONNELLY: Can you give me a list of the leased-out canteens in public high schools and primary schools in this State. What is contained within the contract that those concessions have with the Department of Education which outlines, prescribes or details what is to be sold in canteens?

Ms BALE: I do not have that on me. We can take that question on notice, as well.

The CHAIR: I have a couple of questions. Then we will go to Ms Sharpe and Dr Phelps, who need not worry, he will have a third bite of the cherry. I am interested in having a look at the New South Wales childhood overweight and obesity in the Premier's Priorities in Action annual data report. I am not sure whether the figures are encouraging or worrying. It says that for children between five and 12 years the incidence of overweight and obesity is 25.5 per cent, but then it drops to 15.6 per cent in the 13-to-16 years age group. Is this generally an explanation?—that as children develop and get older there is a lower incidence of overweight and obesity, which I think some of the trend figures suggest, or is it showing that we will have a problem in the future with a higher rate of overweight and obesity as children get older?

Dr MITCHELL: Could I just clarify: Are you talking about the annual data report?

The CHAIR: Yes; the report of 2016, which I think you tabled, on page 5. It says in the first box on that page that the figure for children aged five to 12 years is 25.5 per cent and for children aged 13 to 16 years the figure is 15.6 per cent. Is there an explanation for those figures and the 10 per cent disparity? As children age do they perhaps lose what may have been deemed, in the past, to be their baby weight, or is there a bigger problem coming in the future?

Dr CHANT: We need to check the sample size and the confidence tools around the estimates. It depends on the number of children that are in the cohorts of NSW Schools Physical Activity and Nutrition Survey [SPANS]. If there is a smaller group the confidence estimates differs—for instance, for the population health survey the confidence is 4 per cent one way or the other. So it is around the trend. All I can say is that we are seeing an issue in older children, particularly in secondary schools, around behaviours being established in

adolescence. We know, for instance, that females drop out of sporting activities more frequently. We do not have many programs that interact with adolescents around healthy weight.

We cannot just extrapolate from what we do in primary schools because adolescents have particular needs. We have done an evidence review around existing evidence based interventions for targeting secondary school students. Currently we are rolling out a trial in three of our local health districts led by Professor John Wiggers that looks at secondary school intervention, particularly encouraging physical activity but also with nutrition components.

The CHAIR: I take what you say in terms of the sample size and the data, but this seems to be the first year of looking at some of that trend data where females are showing a higher incidence of overweight and obesity than males. You may have answered that question in a sense in terms of drop-outs from sport, but what are the factors behind that increase in incidence of female obesity and overweight?

Dr CHANT: It is quite complex, but there is a lack of engagement in physical activity, as well as the general movement to more sedentary interactive games and other things. That seems to be playing out with females. I should just note on page 7 the confidence intervals are displayed there in the NSW Population Health Survey data. So you are correct in terms of the fact that the 13 to 16s are showing in NSW Population Health Survey but you can see the overlapping confidence intervals there.

Professor RISSEL: We recognise that adolescence is probably a gap for us in terms of service delivery. As a result of that and the Premier's priorities you create greater renewed interest. We are making a particular effort to introduce a new variety of programs to address this. Yes, you will see the data having been collected in 2015 for that particular matter. Going forward I expect that we will have more things going on that hopefully will make more of a difference.

Dr HAMDORF: Just to reiterate my colleague's comments around children, particularly females, rising into adolescence. It is more marked than amongst males. There are numerous reasons for that that make it very difficult to retain women between the ages of 13 and 19 in sport. It is a very difficult proposition and all sports recognise that. Many of them have particular programs now focused on trying to attract girls to sport.

The Hon. PENNY SHARPE: There is a big problem with overcrowding in primary schools and the desire for the Government to put in more demountables and thus lose green space in primary schools. Are you able to provide the Committee with information on whether any work has been done on loss of green space for demountables across the State?

Mr MIEZIS: I will have to take that on notice in terms of some of that detail but what I can say as a former principal of a large school in a very high growth area where we did have significant increases in enrolments is that principals have the duty of care to ensure that there is ample opportunity for children to participate in playground activities and sports activities, et cetera, through variations including staggered play times in some schools. There might be some schools that have recess at different times from the K-2 children right up to 3-6. At a local level principals have the responsibility to identify the opportunities that exist around those sorts of matters.

The Hon. PENNY SHARPE: I am just interested in the number of schools that are having to modify their activities as a result of overcrowding in open space. Are you able to provide that? You can take it on notice.

Mr MIEZIS: Yes.

The Hon. Dr PETER PHELPS: Dr Chant, aside from diabetes type 2 why are we even worrying about childhood obesity?

Dr CHANT: Why we are worried about childhood obesity is childhood obesity, as you articulated, is a combination of physical activity, nutrition—

The Hon. Dr PETER PHELPS: I will change the question. Why is the State interested? Why is government interested in childhood obesity?

Dr CHANT: Childhood obesity is an important public health issue. The behaviours that are established in childhood go on to adult life. The behaviours that are established that lead to childhood overweight and obesity are, as I said, lower levels of physical activity, poorer nutrition and also obviously higher kilojoule consumption than required for their commensurate levels of physical activity.

The Hon. Dr PETER PHELPS: But why should the State be interested in that?

Dr CHANT: Childhood overweight and obesity is a complex issue. If we take, for instance, tobacco, whilst there is a level of individual responsibility the State has a responsibility to inform the public about the problem and to also make sure that we set systems to enable the community to take on board those messages.

The Hon. Dr PETER PHELPS: Are you equating fatty foods and sugary foods with tobacco?

Dr CHANT: I am saying that the burden of disease caused by poor nutrition—I am not blaming particular food groups. I am articulating that children establish behaviours in childhood, many of which are carried on to adulthood.

The Hon. Dr PETER PHELPS: But why should the State care about that? If I have made a conscious decision to eat crappy foods why is it the State's responsibility to exercise some sort of veto or authority over what I put in my mouth?

Dr CHANT: The program that NSW Health is running is about empowering families. It is about giving them the information. It is about giving children information through the health criteria and through the PDHPE curriculum. It is about providing advice to early childhood teachers about what is good nutrition and how do you promote physical activity.

The Hon. Dr PETER PHELPS: You are telling me what but you are not telling me why. Why is the State involved in this?

Dr CHANT: Because this is a major public health issue from the direct impact on the health status of children and then them going into adulthood. In addition—

The Hon. Dr PETER PHELPS: It is because obesity costs the State money?

The CHAIR: Please let Dr Chant answer the question.

Dr CHANT: No, I think the issue is that if we want people to have a high quality of life and enjoy life fully, have participation in work and have participation in life we have a responsibility as government to enable that and I am seeing that a focus on childhood overweight and obesity is appropriate. Having said that, although we label the term childhood overweight and obesity and it is the Premier's priority, in terms of all our programs we are very much moving to healthy eating and active living. As you can see, the previous strategy moved away from an obesity focus to healthy eating and active living. They are the key messages we want to get across.

The Hon. Dr PETER PHELPS: But why? Surely you are aware of the 2008 van Baal study which showed that in fact obesity saves health costs money over a period of time?

The Hon. PENNY SHARPE: I think you should ask the Premier. It is his priority.

The CHAIR: The time for questions has expired. I allowed it to go a little bit longer because we started a little bit later but we will conclude this session. I note that quite a few of the witnesses took questions on notice. The Committee has resolved that answers to questions taken on notice be returned within 21 days. The secretariat will contact you in relation to those questions and will assist you in furnishing your answers to the Committee. Thank you for your time this morning.

(The witnesses withdrew)

(Short adjournment)

PROFESSOR LOUISE BAUR, Director, Centre of Research Excellence in the Early Prevention of Obesity in Childhood, University of Sydney, sworn and examined

ASSOCIATE PROFESSOR ALISON HAYES, Health Economist, Centre of Research Excellence in the Early Prevention of Obesity in Childhood, University of Sydney, sworn and examined

The CHAIR: I welcome our next witnesses. Would either of you like to make an opening statement?

Professor BAUR: Thank you for giving us the opportunity to appear as witnesses to the inquiry. As I mentioned, I am Louise Baur. I am the professor of child and adolescent health at the University of Sydney. I am also senior paediatrician at the Children's Hospital at Westmead. My particular area of interest is childhood obesity, which I have been working in for a couple of decades. My colleague Associate Professor Alison Hayes is a health economist and academic from the Sydney School of Public Health at the University of Sydney. We are here today specifically representing the National Health and Medical Research Council's Centre of Research Excellence [CRE] in the Early Prevention of Obesity in Childhood [EPOCH]. It is unique internationally. I am the director of the CRE and Allison is one of the chief investigators.

Our CRE has been funded for five years by the Federal Government from April 2016 and includes representatives from seven universities within Australia and overseas. The main aim of our work is to reduce the prevalence of obesity and obesity related behaviours in the first five years of life in order to transform the health trajectories of the next generation—a big aim. Why early prevention of obesity in childhood? This particular submission was specifically on this issue but we think there are other important issues too. One in five children in Australia and in New South Wales is already affected by overweight and obesity at the time of school entry. If we only wait until school age to intervene then it is too late.

Many obesity related behaviours—poor diet quality, decreased physical activity, screen time and poor sleep behaviour—are established in and track from early childhood, so changing them is much better earlier on. We know that interventions in early life are more likely to have sustained effects on health. Associate Professor Hayes also recently published data from one of our New South Wales studies which found that children aged two to five years in New South Wales who were obese had 60 per cent higher total health care costs than healthy weight children. The annual cost of obesity in preschool children was estimated annually at $17 million. If we can prevent obesity early in life, there will be savings in direct health care costs.

We also have evidence from the Healthy Beginnings study in south-western Sydney that the risk of obesity in early childhood by the age of two can be significantly decreased—in this case through home visiting to new mothers. That was a world first study. Pre pregnancy and early childhood may be a special and unique period of intervention and opportunity to intervene. We also know from Associate Professor Hayes' other work that nought to 2-year-old children go to primary health care providers at least once a month. On page 6 of our submission we have made six specific recommendations around early childhood. I can talk in more detail about them as we come to that. However, we also recognise the absolute need for interventions acting right across the life course as well as those influencing the broader environment of children, so we have also recommended a complementary range of more upstream strategies. We would be happy to discuss the rationale for our recommendations and the work we and our colleagues have done. Thank you.

The CHAIR: Thank you very much, Professor Baur. Are there any questions?

The Hon. Dr PETER PHELPS: You concentrate on obesity in the first five years of life. Obviously that is not a matter of lifestyle factors of the child's own doing; it is more to do with parenting of the children. Is it part of your contention that we have insufficiently good parenting practices in this day and age?

Professor BAUR: I think we have insufficient support for the hard work of parenting in this day and age and I think we have made it harder to be a parent in this day and age. We have other factors influencing the food and physical environment of children compared with a generation and certainly two generations ago. That makes it more difficult. We have more stressed families. We have less support overall. For families from more vulnerable environments—poorer, more stressed families—this will be particularly an issue.

The Hon. Dr PETER PHELPS: Poverty is an interesting economic point, but is there a specific cultural demographic in which obesity in the first five years is more noticed or is unusually greater than in the general population? I will make it easier for you: Would it include both Aboriginal and Pacific Islanders?

Associate Professor HAYES: I do not think we have any data specifically on Aboriginal and Pacific Islanders, but—

Professor BAUR: In that age group.

Associate Professor HAYES: In that age group.

Professor BAUR: I will come to that.

Associate Professor HAYES: You may. I was just going to say that obesity is socio-economically patterned with the lowest income quintiles having the highest rates of obesity.

The Hon. Dr PETER PHELPS: Is that not in some way quite ironic that the poorest people have the highest calorific consumption?

Professor BAUR: The highest quality food is the most expensive food in our culture. High-quality fruit and vegetables, lean meat and dairy products are expensive per unit calorie compared with the junk food that you can buy from the various quick service restaurants or over the counter. There has been a lot of work, particularly in the United States, in parts of Europe and here in Australia showing that per unit calorie the poor quality food is what families use and it is also what is marketed. It is what is available easily and it has a long shelf life. So we have very socio-economically patterned types of eating that relate to the cost of food. We also have issues such as stress and the broader environment. I can give you an example, and I will not name a particular suburb, but, for example, in a Western Sydney suburb you may have a parent—a single mother with three young children. She has a job but she lives in a two-bedroom unit. She does not feel that the areas around the unit are safe places for her children to go and play because there are cars there. She worries a bit about people around—

The Hon. Dr PETER PHELPS: Unsavoury characters.

Professor BAUR: —unsavoury characters—and it is only her, she is exhausted when she gets home. In order to get things done she plonks the children down in front of the television and it is easy for her to get some takeaway food and put it in front of the children because she is overwhelmed. Think about another family living in a green and leafy suburb, perhaps a bit like where I am, where we can afford to walk to the railway station—the other person does not have public transport. I can walk to the railway station, I can walk at night around where I am and feel safe. I can walk to get fruit and veg, the butchers, the grocers, easily. It is possible to do that and have a degree of support to allow me to do that. I have also got good nutrition knowledge that I have brought with me from my childhood and up. That is a huge difference in capacity to be able to raise young children easily. That is a contrast of the different parts. So we do know that place and locality makes a huge difference in your ability to be physically active and to actually walk to and purchase food from ordinary grocers and butchers.

The Hon. Dr PETER PHELPS: Place and locality only to the extent that disadvantage is geographically defined.

Professor BAUR: And there is a very strong socio-economic patterning around those issues. There is some excellent work from the Prevention Research Collaboration at the University of Sydney on a number of these issues, and other work done elsewhere in Australia as well.

The Hon. SHAYNE MALLARD: I am interested in your work on the pre-birth to five-year-old group. I am not sure if they still exist in the community, but in the old days the council used to run community baby centres. I remember going there and getting my needles—you do not forget that when you are immunised when you are a kid. Those council-run baby centres have gone by the wayside now, have they not? Would that not be a way to engage with young parents, prenatal and—

Professor BAUR: Early childhood centres are really important and we want to encourage the further development and support of those. There has been a change over the last few decades in their availability. We also see changes between different States in Australia. Victoria has a much more active early childhood centre program than we have in New South Wales: every mother who has a baby has some form of linkage to a midwife, one visit after birth. Thereafter, essentially, unless they fall into a very high-risk group, mothers can choose to go to the early childhood centres, and the reality is that it is middle-class mums who choose to take that up and get that other support that comes. There has been a decrease in support over the numbers of years.

It is very interesting, I personally know the name of the early childhood nurse who looked after me 60 years ago in Coffs Harbour, because she was such a support. There is not quite that equivalent happening now, and I think that is a shame. They have been some of the challenges with providing extra support. In our recommendations one, two and three, in recommendation one we say, "Ensure appropriate nutrition guidance and advice are provided" prior to the birth; in recommendation two we say, "Implementing measures to support, protect and promote breastfeeding for the first year of life and beyond"—early childhood centres are one of the great places to do that; and in recommendation three we say, "Support for new parents and detailed and

consistent advice on nutrition, physical activity, sleep, and screen time". Again, early childhood centres are not the only place to get that but one of the places.

There will be a number of other strategies that can support people—things such as fun coaching support, maybe SMS advice—and I know that NSW Health is looking at some of these strategies now as we talk; I am involved in some of the planning for innovative approaches to connect with a large number of mothers from a range of backgrounds. I think we have a great potential to have some really interesting information and strategies coming out over the next few years as we look through these different ways of supporting parents.

The Hon. SHAYNE MALLARD: That picks up our conversation with the last witnesses about time-poor parents and the cost of living in Sydney requires two parents now to work to pay the mortgage. The Victorian early childhood centres—you obviously have a national focus, not just New South Wales—how do they work and what is the success of them, and maybe you can give us some information, on notice, about the Victorian model? Are they more successful in reducing early childhood obesity?

The CHAIR: You just sort of said they have more of an intervention model rather than they were more successful because of it. Is that correct?

Professor BAUR: They exist—there are more of these processes available. Some of our colleagues in our Centre of Research Excellence are based at Deakin University and are working, amongst other things, with early childhood centres around these interventions. But I think nowhere really has come up with the exact right model that will work everywhere. I think we have got ideas about principles, and one of the things about our CRE is that we are trying to look at real-life implementation. Part of the work of our CRE is doing case studies of real-life implementation of new programs into different settings and we are particularly looking at Victoria versus New South Wales because I think we have got some innovative approaches in both places.

The Hon. SHAYNE MALLARD: Do you know why we moved away from baby health centres?

Professor BAUR: We still do have them but—again I am going to make a comment where I do not have as much information—we do not seem to have as much input and support of those now as we did, we are talking now, three or four decades ago. I do not quite know the history about that.

The Hon. SHAYNE MALLARD: They are strongly linked to immunisation, I am sure.

Professor BAUR: Oh yes, and can I say, immunisation is fantastic; we must keep on doing it.

The Hon. Dr PETER PHELPS: Coming from the North Coast, that is particularly relevant.

The Hon. GREG DONNELLY: On the issue of the consumption of food by young children in preschools, is there any structure around what they can and cannot eat, how that is supervised, controlled, determined?

Professor BAUR: There has been some evaluation—I am just trying to remember what it is called—of strategies in the early childhood centres with staff development and looking at the development of guidelines for healthy eating and healthy activity and playing guidelines. So there has been quite a lot of work looking at that and the rolling out of a whole range of staff development strategies. You just cannot have great ideas; you have got to work with the staff so this becomes a part of their rationale, part of their skillset in doing this. I know that over the last few years that is part of the plank of the strategies to tackle childhood obesity that have now come under the Premier's priority as well. I do not know the full details of that. My colleagues at the University of Sydney have been involved in the evaluation of some of these programs and just at the moment I forget the name of the particular intervention, but I know that there has been quite a bit of work looking at that and trying to upskill and upgrade those issues.

The Hon. GREG DONNELLY: For the training of those who wish to go into preschool education, do we know whether there is within the curricula that they have particular training on matters to do with food, hydration, food consumption?

Professor BAUR: I think that is a standard part of all university courses and TAFE courses for people who will be working in early childhood. I have personally seen the curriculum at the University of Sydney, but I know there are other places where people train and I gather that that is a routine part of it—as it should be: healthy eating, healthy activity, appropriate use of screen time and sleep time for young kids; it is absolutely important for healthy children.

The Hon. GREG DONNELLY: Going back to your first answer, you talked about guidelines that operate. Do you think what applies needs to be strengthened beyond being a guideline per se or do you believe that the framework of being a guideline is generally well applied and operating to a reasonable standard that is satisfactory?

Professor BAUR: I suspect it depends where you are looking at. For example, if we are looking at early childhood—

The Hon. GREG DONNELLY: I am talking about in preschools.

Professor BAUR: In preschools, and I would say the same in schools, I think we also need to monitor that these are being applied. I think these are really important for the health and wellbeing of children and the good growth of children. I think we need to be not just having guidelines but some form of monitoring to see that there is accountability around those issues if we think they are really important.

The Hon. GREG DONNELLY: My final question: If we look at other Western, developed countries around the world, is there any particular country that appears to not have the difficulties that we currently have?

The Hon. Dr PETER PHELPS: North Korea.

The Hon. GREG DONNELLY: I said, "Western, developed". Alternatively, are there countries that have adopted a strategy that seems to be making some progress?

Associate Professor HAYES: Most similar, high-income countries have the same problem. I think we all know that. There has been a recent series of work done in the US in *Signs of Prorgess*. I do not know whether anybody has seen it. It has been actively monitoring obesity levels in children for probably the last decade. A number of states have actually made progress and have reduced obesity rates.

The Hon. PENNY SHARPE: What did they do?

Associate Professor HAYES: Multisectoral approach. They tackled things like cycleways. It was not a single focus. Things like farmers markets, provision of healthy foods—

Professor BAUR: School environments that are healthy.

Associate Professor HAYES: School environments, early childhood environments. It was very broad. Things like mandatory restaurant labelling of food in family restaurants—that kind of thing.

Professor BAUR: Soda taxes in some of the states.

Associate Professor HAYES: Soda taxes. Lots of countries have actually implemented a tax on sugar-sweetened beverages.

The Hon. PENNY SHARPE: When you say tax, how much more does it cost for a Coke?

Associate Professor HAYES: I believe most people look at about a 20 per cent change. Interestingly, Mexico—a lower middle-income country—has had taxes since I think 2014 and has been able to monitor that. It did decrease people's consumption of sweetened beverages. I think the effect was greatest in the lowest income quintile and a bit less in the middle tertile, while it did not affect the consumption of the most well-off people at all.

The Hon. PENNY SHARPE: No surprise there.

The Hon. Dr PETER PHELPS: No surprise there. Sin tax has always hit the working class hardest.

Professor BAUR: I will comment a little bit on other country comparisons and also on the soft drink tax issue. In some countries in Europe there seems to be a levelling or plateauing of the prevalence of childhood obesity, particularly in countries such as France, the Netherlands, Switzerland and those specific countries that have had a multisectoral, intense approach to dealing with this issue. It is everything from the broader physical activity environment and promoting physical activity to changes in looking at food, trying to have some regulation of things like food labelling, the marketing of foods around schools and promoting healthy food environments. France had all these issues around providing really good, healthy, food. You can imagine in France that they are able to go back to their wonderful traditional cuisine approach, rather than the fast food, not-thinking-about-it approach, as part of their culture. I think we can learn about elements. No country has seen a dramatic decrease, and nobody wants to go to bankruptcy in order for that to occur and have poverty affecting us.

If I could comment on the soft drink tax: Because people affected by obesity in many countries are the people with the poorest income, the very fact that this might particularly affect people with poor incomes is a potential advantage. We should not just think about obesity being an issue. I need to remind you: Sugar-sweetened beverages have absolutely no nutritive value, and they also bring problems not just with obesity but with poor bone health and dental caries. Dental caries may actually be one of the early markers of improvement in health. There would be a lot of other benefits around this issue.

The Hon. PENNY SHARPE: I am interested in the focus on zero to two. The breastfeeding recommendations suggest that women should be breastfeeding, if possible, till at least 12 months and beyond. What food do kids eat once they are no longer being breastfed? Is it an issue of formula? What are you finding in your research about this?

Professor BAUR: Breastfeeding does have a small but protective effect. I think it is really important to promote breastfeeding for a whole range of reasons. Obesity is a minor reason for that. It is not going to be the factor that will stop obesity.

The Hon. PENNY SHARPE: Can kids be obese if they were breastfed only?

Professor BAUR: I do not like to talk about the word "obesity" in that first year of life, because it is normal to be plump and healthy—

The Hon. Dr PETER PHELPS: Baby fat.

Professor BAUR: Yes, that is normal.

The Hon. PENNY SHARPE: Exactly. That is what I am getting to, because I am confused about some of the terminology around this.

Professor BAUR: We are particularly looking at outcomes at ages two to five years. That is where our intervention goes for much longer. It is important, particularly in that first year of life, for children to be happy and healthy. It is interesting that WHO compared, breastfed children—children from many countries who are breastfed and who are otherwise healthy—tend to have very similar growth patterns, no matter what their ethnicity, and tend to be a bit smaller than formula-fed babies. Formula-fed babies do tend to be a little bit bigger than breastfed babies, but of course breastfed babies also learn about self-regulation. They also encounter flavours and tastes that are different and can help them experience the transition to family foods and so on. But it is really important that children also have appropriate introduction of solids. We recommend that that happens from six months on, rather than two or three months, and that they be those sorts of healthy family foods that we want all families to have, rather than takeaways.

The Hon. PENNY SHARPE: That leads me to my next question. There is a lot of focus on getting the kids to do the right thing, but is it not the case that the families that already have a lot of screen time are eating a whole range of different foods that health professionals would not be very happy about? When you talk about this sort of home visiting, is it actually about talking to the whole family? I am interested in the receptiveness of families to this message.

Professor BAUR: I can particularly talk about the Healthy Beginnings trial, and I can leave you with the two-year outcome and the five-year outcome papers from that. The Healthy Beginnings trial was the first study in the world to show a decrease in obesity prevalence in early childhood at age two—a world-first, published in the *BMJ* in 2012. That was done here in Sydney. It was eight visits over two years. The trial was around promoting, initially, breastfeeding and the healthy introduction of solids, and we had things like healthy family role-modelling of parents, appropriate use of screen time—

The Hon. PENNY SHARPE: Was that peer mentoring?

Professor BAUR: It was just talking to mums about raising young children. These were first-time mothers, who are often very hungry for information—

The Hon. PENNY SHARPE: Who were the people doing the visiting?

Professor BAUR: Early childhood nurses. They were very experienced. That was part of the old model of home visiting. We are doing some studies on how you might roll that out in specific, more vulnerable populations. We are also looking at how we can use things like phone coaching and SMS support to provide some of that same anticipatory guidance to new mothers. This is all about promoting healthy eating activity and family lifestyle. It is about promoting normal childhood experiences.

The Hon. PENNY SHARPE: How is the study coping in those communities where there are six fast food restaurants down the road and a supermarket that is barely open and where it cost you $5 for an apple?

Professor BAUR: This study was not designed to try to solve everything. We are trying to help parents live in that world. It is very interesting: Our intervention was largely in the first year of life, we had a couple more visits in the second year of life and then we went away. But we kept in touch with the parents. We measured the children again at 3½ and five years. We found a big difference: The babies of the mums who received intervention were a healthier weight than those who did not. There were many other improvements at

two years, but three years later there was no difference. We think this highlights the need for continued intervention. You cannot go in only at two years of age; you need interventions happening—

The Hon. PENNY SHARPE: Perhaps it points to bigger issues.

Professor BAUR: There are broader environmental issues. We completely agree. Raising children in our obesity-conducive environment is very challenging.

The Hon. PENNY SHARPE: The statistics from New South Wales—with which I am sure you are much more familiar than I am—indicate that the level of childhood obesity in New South Wales has stabilised since about 2007. Why is that so?

Professor BAUR: It has stabilised in school-aged children, not in adolescents. I have been very involved in this issue and I know that NSW Health, particularly over the past decade, has implemented a range of interventions in school environments and also in the early childcare setting. We might be seeing some benefit from that, but we have not seen a plateauing in adolescents and young adults. That really concerns me because they are the next generation of parents.

The Hon. PENNY SHARPE: Could it be kids moving through?

Professor BAUR: No, it is because there have been no interventions with adolescents. It is very challenging doing interventions with adolescents because they are not in one setting. Like us, they are exposed to this broader obesity-conducive environment, and that is very challenging. However, I think we have seen some benefit from broader interventions in the early childhood and primary school age group. I point out that it has only plateaued; it has not gone down.

Associate Professor HAYES: A plateau is still a plateau.

The Hon. PENNY SHARPE: But it is not going up, and that must be a good thing. I like to be optimistic about these things.

Professor BAUR: It is also not going down for the most vulnerable people in that age group, or for high-risk ethnic groups and people in more socially disadvantage regions.

The Hon. Dr PETER PHELPS: You are interested in the early childhood and prenatal area. Are you aware of the recent Harvard study which indicated that the children of women who had caesareans were far more likely to be obese later in life, even when taking into account sibling arrangements?

Professor BAUR: There are some very interesting theories. It is not only Harvard work; other studies have also shown that caesarean section may be a risk factor. People interested in things such as gut microbiome and exposure to healthy bugs early in life have said that children born vaginally are being exposed to healthy gut microbiota and children who are delivered by caesarean section are born without those healthy bugs. There is a range of other theories about what might going on.

The Hon. Dr PETER PHELPS: But it is not implausible to say that the increase in C-sections over the past 30 or 40 years as a percentage of total births may well be a contributing factor in the rate of obesity in children.

Professor BAUR: It is an interesting theory, because that is also socially patterned in the opposite way to what we are observing. More well-to-do mums are having more C-sections compared to more socially disadvantaged mums. It is one of the factors that comes into play. No one thing has gone wrong; many things in our environment, and probably in our clinical practice, have influenced vulnerability to excess weight gain, and that may be one of them.

The Hon. Dr PETER PHELPS: This is a broader philosophical issue. The Government cannot mandate that you do an hour of callisthenics every morning, but it can ban fast-food outlets in a particular suburb, or it can tax something. It is easier for a government to use its coercive power to force, or to attempt to force, a particular societal outcome as opposed to using persuasion. Do you have a view about the efficacy of regulation as opposed to persuasion?

Associate Professor HAYES: My personal view is that without regulation we probably will not make big changes to the obesity problem.

The Hon. Dr PETER PHELPS: Okay. Leading on from that, why should government be telling me how to live my life?

Professor BAUR: Pekka Puska was senior director of health promotion, an academic and a practitioner in Denmark who had a major role in the World Health Organisation. He talked about two

approaches to prevention. He was very involved in bringing Denmark's cardiovascular disease rate down from No. 1 in the world and in other broader societal changes. It wish I had a diagram to demonstrate the point he made. I ask members to imagine a steep slope and Sisyphus. There is a poor person pushing a boulder labelled "healthy eating, healthy activity, and healthy weight" up a very steep slope. The individual must expend a huge amount of effort to get the boulder up the slope. That slope is the environmental gradient. If we can reduce that gradient, it is much easier for the individual to move the boulder.

It is extremely important for families to take responsibility for their children. However, at the moment, particularly for some families and individuals, that slope is incredibly steep. If we can reduce it—I think that is where government can play a role—we can make it easier for individuals to make healthy choices around eating, activity and so on. Unwittingly over the past two or three decades we have seen that environmental gradient increase, making it harder for individuals to make healthy default choices. It has also been hard for parents to do so. Compared with when I was a child—I know that was in the twentieth century—there is much more food marketing directed at children. All sorts of cheap, unhealthy food is now available, parents are busier, the environment is perceived as being less safe, people use cars more, and so on. Many changes have occurred. There are some strategies that governments could implement to reduce the slope that would enable and empower individuals to have more control over their life.

Although it is a federal domain, imposing things like soda taxes and regulating food marketing targeted at children would empower families. There are things we can do about making a range of physical activities easily available at schools, having healthy school canteens, and having school teachers who are well trained in providing physical education and supporting those issues. That could be done in a way that empowers families. A range of others things could be implemented, such as cycleways, public transport strategies and so on that would enable individuals. There is a role for government, but it is around how we allow this broader environment to support individuals. At the moment it has gone too far one way and we have what I see as a pathological environment.

The Hon. Dr PETER PHELPS: Except that exactly the same arguments that you are making now were made 40 or 50 years ago in respect of smoking; that is, we do not want to ban it, we just want to inform people.

Professor BAUR: I know.

The Hon. Dr PETER PHELPS: Why should we not believe that 20 years down the track your successors in public health will say, "We will have to ban fast food, soft drinks and other things that are not appropriate for people to consume."

Associate Professor HAYES: The smoking issue is always compared to obesity. One difficulty is that we have to eat to live, but we do not have to smoke to live. It is very hard to draw direct comparisons.

The Hon. Dr PETER PHELPS: Well, no. There is a direct comparison between a can of Coke and a cigarette, is there not?

The CHAIR: Let us Associate Professor Hayes finish her answer.

The Hon. Dr PETER PHELPS: You do not need a can of Coke.

Associate Professor HAYES: I was going to say that the great advances that have happened in Australia in smoking happened with the legislation, plain packaging.

Professor BAUR: Remember also that smoking is a poison and none of the foods that we have actually talked about, while they may be unhealthy, are actually necessarily a poison.

The Hon. Dr PETER PHELPS: Except that that is not correct because there are public health advocates in the United Kingdom who say that sugar is a poison. They say that sugar is a poison. Exactly the same sort of rhetoric that has been used or applied to tobacco is being used to apply to sugar in the United Kingdom at the present time.

Professor BAUR: I think we are seeing a more nuanced argument happening around food and junk food compared to tobacco, but it has been informed by the health advocacy issues around that. I do not want us to take this long but it took 50 years from the very first evidence around tobacco and its ill effects for really significant changes to start to happen. What was really important along the way was actually community acceptance and public recognition that this is a very significant issue. I think that then empowered policymakers to be able to make some of the more significant changes. We are still in early stages here, and it is much more nuanced than is the situation with tobacco. I think this whole issue about how we move is important because we

need to take everybody with us. We need to have people saying, "Yes, this is important for me and my children."

The Hon. Dr PETER PHELPS: It might be nuanced from your point of view.

The Hon. GREG DONNELLY: I want to pop over to the area of price relativity and the difference between processed food and fresh food. I take it as a given that particularly in isolated areas it is very hard to provide.

Professor BAUR: Because of transport.

The Hon. GREG DONNELLY: And a whole range of reasons such as refrigeration, et cetera. I find it extraordinary that in a country like Australia, where we not only have the capacity but we actually produce extreme volumes of fruit and vegetables, that we have so much set aside as being not quite up to scratch in terms particularly of large retailers wanting particular standards around size and shape and what have you. But I am noticing in more recent times some of the retailers selling the so-called seconds or less than perfect items for much discounted prices, I must say. A local greengrocer, whose name I will not mention but who is up my way, Hornsby way, sells fruits and vegetables at almost half price, or at least a 30 per cent or 40 per cent off the price of the model apple, banana or whatever the case may be.

Do you think that is one way in which we can try to make available more fresh fruit and vegetables and to be more creative in dealing with the issue of wastage, which clearly is a big issue for primary producers? It is just an utter waste of bulldozing into the ground all the apples, bananas or tomatoes, whatever the case may be. It seems to me that if this can be solved and if a model can be found to have this solved—and I do not know whether the large main line retailers will pick it up—and if it can be worked through, there is a huge distribution channel through which to distribute fruit and vegetables at a much reduced price, which potentially would make some difference to the issue of consumption, particularly in areas where we know we have issues, such as in the consumption of junk food or fast food.

Professor BAUR: Any comments, Alison?

Associate Professor HAYES: Not really.

Professor BAUR: I will say I agree with you. Actually, one of the issues around food is about wastage. We need to remember that fresh fruit and vegetables have only a certain shelf life. From being harvested to going to the consumer, there really needs to be a short time. That is part of the cost of them. It is why there is so little money, relatively speaking, for advertisement around these products and also why you can actually have trouble getting it to remote and regional Australia because of what goes on. But then we also see the wastage occurring. I think it would be wonderful to look at innovative approaches to promoting the use of sort of second-tier quality food that is still really good to eat. I think there would be a range of ways of trying to look at that. That is not my area of expertise.

The Hon. GREG DONNELLY: No, sure.

Professor BAUR: But because I have been working in aspects of nutrition for 25 years, I know there are people with a lot of expertise around this issue in Australia and in New South Wales. I suspect there would be some really innovative approaches to being able to provide this sort of food strategy.

The Hon. GREG DONNELLY: I am just wondering whether or not the differential between processed and fresh food in fact is narrowing. My understanding—although I did not check before I came in today—is that each time the quarterly Australian Bureau of Statistics [ABS] figures come out, they generally show, except for cycles of times of the year or a catastrophe such as a cyclone knocking over a banana season in Queensland, that the price of fruit and vegetables is relatively stable, if not declining over time.

Professor BAUR: And that of processed foods, even lower.

The Hon. GREG DONNELLY: Is that right?

Professor BAUR: Because they have enormous shelf life. There is some really interesting work in a number of countries. This is a worldwide issue in recognition of those issues. Interestingly, Brazil has come out with its own new nutrition guidelines. You will be familiar with the Australian dietary guidelines where you have got fruit and vegetables and things like that. We talk about whole foods and things like that, but they talk about processed and ultra-processed foods.

The Hon. SHAYNE MALLARD: It is the reality of the supermarket.

Professor BAUR: It is a really interesting approach to actually getting people thinking about different types and ways of eating things and trying to avoid the ultra-processed food and to instead try to keep to what we say is fresh food or minimally processed food. It is an interesting approach.

The CHAIR: I have a couple of questions and I think I will have to put some on notice. Firstly, in terms of the gestational weight gain you said was an important predictor of childhood obesity, I am interested in that factor and what your findings have been.

Professor BAUR: Our specific centre of excellence [CRE] is looking at after the baby pops out, in inverted commas, but some of our group have been really interested in gestational weight gain. We do know that mothers who enter pregnancy and who are already affected by obesity and who have excess weight gain during pregnancy are more likely to have pregnancy complications, babies who are themselves at risk of developing obesity, and babies themselves who have other health problems. Dealing with gestational weight gain has become a very important issue for the obstetric community and is seen as an important part of establishing a healthy start to life.

There is a range of strategies around the world trying to look at this. I am not an expert on this because I am not involved in the study but I am aware of it. Here in New South Wales there is actually a pilot study in south-western Sydney looking at using a version of the Get Healthy Information and Coaching Service, which is a free service available for adults and which is around phone coaching and around helping adults deal with their weight gain. One that is specifically developed for women who are pregnant and women in south-western Sydney is, I think, Liverpool and Campbelltown hospitals—you might want to follow specifically—and they are actually part of a trial now where women who are affected by excess weight are actually offered this service. I understand that strategies like that are seeing how this will support women to be as healthy as possible.

It is not easy to control your weight well if you are a pregnant woman affected by obesity. It is very, very challenging. I work in this area clinically as well. Dealing with obesity once you are affected by it is very, very challenging that I think it is a really important process to help women who are affected by obesity or excess weight gain to be able to get as much support as possible. NSW Health certainly is looking at some strategies that might ultimately be able to be scaled up to support women in this situation because there are a large number of affected women.

The CHAIR: Earlier you spoke about certain measures that are empowering families. You deemed one of those measures, which is the sugar tax, as empowering families. I am interested in how you see it that increasing the cost to lower socio-economic families and reducing their purchasing power is empowering them.

Professor BAUR: I will ask Alison to comment and then I will come in.

Associate Professor HAYES: The idea with a sugar tax is that—I mean, it is not really about empowering them. It is about—

The Hon. Dr PETER PHELPS: Disempowering them.

Associate Professor HAYES: —changing their decision so that they might actually buy something healthier: maybe water. That is very big.

Professor BAUR: When we live in Sydney and almost everywhere in New South Wales we have a wonderful water supply that is fluoridated, except in a few small areas. We live in a place where the default beverage for children and adults, called water—which is recommended in our national Dietary Guidelines—is freely available for everybody. Soft drinks have become a part of family life in a way that was not the case two generations or even one generation ago, when they were seen as treats. Now they are seen as everyday drinks and are marketed in a profound way. The Committee would be aware of that issue. This is a way of helping families to see what they should be drinking and supporting families to go back to the healthy approach, which is drinking water. Soft drinks are not a normal, natural part of life.

The Hon. SHAYNE MALLARD: Does fruit juice present the same problem?

Professor BAUR: Fruit juices are also not part of the national Dietary Guidelines. Fruit is. A glass of apple juice contains three apples. You would find it hard to eat three apples—you would have bellyache—but you could easily drink that apple juice. Juice is also not an ordinary, everyday beverage. It is a beverage to be consumed sometimes. Water is what we would recommend for children, and that has been the case for millennia. It would be lovely to support families so that it can become part of normal family drinking again.

The CHAIR: Professor Baur and Associate Professor Hayes, thank you very much for being here today. I do not know whether you took any questions on notice. If you did, the Committee has resolved that you have 21 days in which to provide the answers. The Committee secretariat will assist you.

Professor BAUR: I will leave nine copies of the two major papers of the Health Beginnings trial that I referred to.

The CHAIR: Thank you very much.

Associate Professor HAYES: I will also provide a paper about the association of early childhood obesity with health-care use.

Professor BAUR: That data is unique internationally and came from New South Wales. Alison is the lead author on that.

The CHAIR: Thank you very much.

(The witnesses withdrew)

JO GARDNER, Chief Executive Officer, Healthy Kids Association, affirmed and examined

CLARE KNIGHT, Manager, School Programs, Healthy Kids Association, affirmed and examined

The CHAIR: Welcome. Thank you very much for joining us today. Would either of you like to make an opening statement?

Ms GARDNER: I would. Schools have the potential to do more than any other single agency in society to help young people live healthier, longer and more satisfying and productive lives. Kids and young adults need to understand food, not nutrients. Academics and researchers have provided evidence in their submissions that shows eating healthy and nutritious food positively affects not just body weight but also academic performance, behaviour and mental health and wellbeing.

We have worked with schools and canteens for more than 25 years and believe that a key to long-term success for any healthy food and beverage policy in our schools is consequence. There must be a consequence for schools that do not follow and adhere to the policies and guidelines. Canteen operators, whether the parent body or an outsourced food business, must also be held accountable for the range and nutritional quality of the foods they provide to their students. Teachers are role models and, as such, they too need to consider what messages the food and drinks they consume in the playground send to their students. We have previously requested of both the Minister for Education and the Education bureaucracy leadership in this area. I encourage the Committee to demand it. Thank you.

The CHAIR: Thank you.

The Hon. SHAYNE MALLARD: Your submission talks about school canteens and the advice on nutrition that you provide to public and private schools. I want to get a perspective on the impact of school canteens on childhood obesity. The maximum number of meals a canteen would provide a child would be five out of 21 meals a week, assuming that a child is eating three meals a day. I am worried that the focus on canteens is disproportionate to the other issues we are looking at, such as sport, activity, parental behaviour and food preparation at home. What role do you see canteens playing in childhood obesity?

Ms GARDNER: From much of the research that we have done, the canteen is seen as a treat centre. We believe that a school canteen needs to model everyday eating. If you are able to link the canteen and the food that is sold from the canteen—the core foods or lunch items and the snack foods—back into the classroom then you have the opportunity to promote active learning and to educate our children about food. Clearly there is a need for teachers and students to understand what food they should be eating every day and in what proportions. That is the role that the canteen is able to play. If it does not link to the other healthy messages that should be coming through physical activity and sport, such as to drink water first when you are thirsty and to eat foods that are the building blocks of health—particularly if you are an athlete—then we see it as a lost opportunity. Children become confused about what they should be eating. Ordering from the canteen is seen as a treat and treats are consumed every day. We know from the Dietary Guidelines that treats or discretionary foods should not be eaten every day.

The Hon. SHAYNE MALLARD: When I was a child the canteen was open only on Monday because that was when there was no fresh bread in the house.

Ms GARDNER: That is right.

The Hon. SHAYNE MALLARD: Bread in those days went stale the next day, not like today, when there are chemicals in it. From your exposure to canteens have you observed that children today are not bringing lunch to school and are buying from the canteen every day? Is that the situation? I recognise that mums and dads are time poor. That is also an issue.

Ms GARDNER: In some instances that is the case. Historically, what was the role of the canteen? It was there to provide a service to the school because families had no bread on Monday. When you talk to schools and ask why they have a canteen they cannot clearly articulate it. It is not about food security, even though there are some issues with that. If children do not bring in food from home then the school has the ability to use the canteen to provide food to children who are hungry. Let us talk about primary schools first. We have been surveying schools and parents to find out why they use the canteen. They use the canteen as a treat centre. They use the canteen once a week or less in the majority of cases. There are families who use it more often. The disposable income of families is set. They know where they can spend their money, including spending money in school or on food items. Often the other response we get from them is that they see it as a treat. They feed their kids healthy food during the week. Therefore, they are very happy to provide them with food that we would consider as "sometimes" foods.

The other issue we have in canteens is that the traditional model that was voluntary, with parents having the time to come and work, meant that it was able to be a subsidised service but that is no longer the case. It is now the case that volunteering is on the decline because of the structure of families and the availability of people. If a school wishes to have a food service it needs to employ staff—in some instances they use students—and there are some volunteers but in the main they need to employ staff, so now a business model comes into play. They are fast food businesses and they have to look at the other things that need to happen in running a food business.

Our parent bodies are finding that very challenging so they are outsourcing it. The margins on foods that are less healthy, that are heat and serve, that take less time to be produced have less nutritional value. Some of the comment with Dr Baur was that foods that are most nutritious are those freshly prepared. But there are packaged foods and indeed we are well aware that the food industry has tried to improve the nutritional value of some packaged food, but there is a price that comes with that and the marginal cost of running a food business is really low. So often, no matter what they say, they will not meet the price point to get the mark up to sell the product that is the better packaged food.

The Hon. SHAYNE MALLARD: The catering industry is working with the Australian Taxation Office [ATO] guidelines of a 5 to 10 per cent profit after tax if they are lucky and canteens are outsourcing to catering companies. You have said in your submission that "though contracted to meet the requirements of the healthy food and drink policy many (most) do not." Do you have evidence of that or is it just anecdotal?

Ms GARDNER: It is anecdotal but there is evidence in that we within the local health districts have visited and collected that so there is no formal peer reviewed document. There is much evidence in reviewing menus that the menus have many items that do not meet the current Nutrition in Schools policy. Of course, then we have food services operating in the independent and Catholic sector—and I know they are speaking to you later—who do support the policies but they do not have any ability to mandate. We in the public education system do and the outsourced food companies pay significant money.

We, ourselves, operate a couple of school canteens and pay money to the school to operate them. We know the challenges and how difficult it is to make a profitable service whereby you cover all your costs and accrue a small surplus to put back in to the canteen for equipment and pay staff. We prepare fresh food for many of our operators and many of those operators have a large number but in some instances are paying enormous amounts of money and to do both—to pay that amount of lease fee and to have a menu that has variety and freshly prepared food and staff to do it, you cannot make the numbers work. Increasingly we now offer services around a food service diagnostic and provide advice and assistance in the business model of school canteens because we have got schools across New South Wales with losses ranging from $5,000 a year up to $22,000 to $25,000 and the solution for them is that they seek to outsource, so repeatedly we are seeing canteens being outsourced.

Now if they have not been able to make them operate with volunteers, you start to think: How does this work? One of the things we have been saying is, "It is fine to outsource your service and give it to a business that is qualified to operate a food business, but within a framework that says the menu will look like this; that there is still variety, that reflects the Australian dietary guidelines, that is linked to the classroom and that our students are able to understand." If they ask, "How come I can only have a pie on a Friday?" The answer to that is, "This is a good pie and you can have it on a Friday because you shouldn't eat a pie every day." There are ways to manipulate a menu to help kids understand what they should and should not eat and still build a business model that can be profitable.

The other thing we find that is a problem is that there is a definite amount of money that a school community has in a canteen and many of our schools, particularly small schools and primary schools, that have between 300 and 500 students, cannot operate a canteen five days a week; it will not be profitable so something has to give. The issue is that the margins on lower quality treat foods are much higher. That is why they have candy at the checkout in food stalls, because of the margins.

The Hon. GREG DONNELLY: Thank you for coming along today to give us an opportunity to ask you questions. On page 2 of your submission you speak about the work underway to review the current food policy for schools. You state that the Fresh Tasty strategy has been going since 2005. You then said:

> Its ambition was to improve the nutritional profile of foods served to children at the same time as linking the canteen, as a teaching tool to the school. Clearly this has not happened.

Do you have a view about why that has not happened?

Ms GARDNER: Because there has been no consequence or accountability. The policy was introduced; it was mandated. There is a level of responsibility but there has been no consequence to anybody if

they do not meet the policy. If the menu that has been set within that school with a range of products or menu items and products are sold outside of that policy, there is no consequence. There is no reward for doing it well and there is no consequence to anybody. So we know that there are schools across the State which still sell soft drinks. We know that there is confectionery in schools. We know there are examples of deep fried foods. There are examples in different schools across the State where the menus do not meet the current policy, we would say because there is no consequence.

It is like a child with bad behaviour; if there is not a consequence to teach the child that bad behaviour is unacceptable, they will not change. So it is trying to find what the consequence is, both as a motivator to do the right thing and so attached to a reward; equally, what punitive effect might happen there. That is really important and that has not been the case. There has been a self-monitoring tool that the principal fills out. He tends to ask, there is a bit of self-reporting and it goes into a drawer. There was a lot of work done in the Hunter-New England area where every menu in that area was looked at in a research project to find that the majority of schools in that area—that is probably the biggest piece of work that has been done—showed that there were many products on many menus that just did not meet the policy.

The Hon. PENNY SHARPE: Who did that work?

The Hon. GREG DONNELLY: Is that publicly available research, the Hunter-New England research that you have just referred to?

Ms GARDNER: I believe so, yes.

The Hon. GREG DONNELLY: Would you be able to provide the reference to us and, indeed, if you have a copy of that, if you could provide it on notice, that would be very good?

Ms GARDNER: Yes.

The Hon. GREG DONNELLY: Is that the only piece of research of which you are aware of having a thorough examination of what is happening in our canteens in New South Wales?

Ms GARDNER: Yes. It would be better for you to speak to our colleagues in the preventative health area of the department. I know they commissioned some work last year on high schools. I believe there has been different pieces of work done and published by the Parents Jury. The issue is in looking at a menu only, and then having to make a decision about a menu item without looking at the product and the nutrition information panel [NIP]. You do not quite know whether it is in or out.

The Hon. GREG DONNELLY: Given that the examination of a policy takes place only every five or 10 years, roughly—let us pick a number; the last time it was done was in 2005—would your evidence be that it is really critical that the current revamp be done well? I am talking about the analysis of what is happening out there and the thoughts about what we are going to have for the next five or 10 years. Are we at a critical point, now, to make some key decisions about what is going to be happening in our school canteens?

Ms GARDNER: I would agree very much that it is critical, because the food supply changes all the time, and our food policy needs to take account of that. As well, our policy needs to take account of some of the social determinants for health. We need to look at reversing what is happening with overweight and obesity and the role that that has, and to make sure that our nutritional criteria and guidelines within that setting are right. But there also needs to be some built-in flexibility that matches the operational environment in which canteens work. School canteens are not homogenous; they are very different. The facilities within schools and the equipment available are very different. Trying to get out 120 lunch orders when lunch is at 11.15, and your brown paper bags have come in at 9.00 is really difficult. So you can understand why sometimes the default might be to go to a packaged food item.

The Hon. GREG DONNELLY: The examination of the policy at the moment will hopefully lead to a new policy which will refine, improve and enhance what we have now. Do you think there is a concentration of minds to get it right? Do you think there is enough horsepower—I will use that word—being put into getting it right this time?

Ms GARDNER: My understanding is that that is the case. We have certainly provided advice and assistance and comment. I should probably declare an interest in that we have been producing some work towards that. We have provided a quote and are being funded to do that, based on our expert knowledge of canteens across the State.

The Hon. GREG DONNELLY: Is there a timeline for the release of this new policy?

Ms GARDNER: No.

The Hon. PENNY SHARPE: I have a couple of questions. You quote some figures in your submission. On is that 387 public schools have leased canteens. Where do those figures come from?

Ms GARDNER: They are released every year by the Department of Education at the end of the year. The 2015 figures came out in the first quarter of this year. They are provided. They list the schools that have tendered and the price of that tender.

The Hon. PENNY SHARPE: So that is where the 6.23 figure comes from.

Ms GARDNER: Yes.

The Hon. PENNY SHARPE: I am very familiar with Crunch and Sip. I packed a Crunch and Sip box this morning for my year 1 daughter. How many schools run the Crunch and Sip program?

Ms KNIGHT: There are two stages to implementing the program. The first stage is where schools receive information. A lot of schools have received the information. The next stage is when they come back to us and say, "Yes, we are fully doing this program." We have been funded over the last six-or-so years to administer that program. Previous to this year we kept track on a database of how many schools were running the program and how many schools had asked for information. The figures I am quoting are from the end of last year. At that time about 50 per cent of New South Wales primary schools had come back to us to say, "Yes; we are fully doing this program."

The Hon. PENNY SHARPE: Fifty per cent of primary schools are doing Crunch and Sip?

Ms KNIGHT: Yes, it is a primary school program. Just over 80 per cent of schools have received the information so there may be some other schools that are doing it but have not come back to us and said, "Yes, we are doing it."

The Hon. PENNY SHARPE: Do you run any canteens yourselves?

Ms GARDNER: Yes.

The Hon. PENNY SHARPE: How many?

Ms GARDNER: In New South Wales we run two. We run Roseville College, which is a private kindergarten to year 12 school, and we run Waitara Primary School. We originally ran that canteen five days a week. It was not financially viable and we negotiated to run it for three days a week. We are only just at break-even point. We freshly cook and we meet all the guidelines. We also operate six canteens in the Australian Capital Territory because our membership covers the ACT, and we have been invited.

The Hon. PENNY SHARPE: Is that at primary schools, secondary colleges or high schools?

Ms GARDNER: We have a college and two high schools. We source from those high schools to two primary schools.

The CHAIR: Does your membership include schools that contract out their canteen services?

Ms GARDNER: Yes, the membership can be the school or the lessee. We do have lessees that are members. Often a lessee wants to join because it wants to put that it is a member of the Healthy Kids Association in its tender. To operate a public school canteen you have to tender for it.

The CHAIR: In that instance it would be the contractor of the canteen that would be the member rather than the school's P&C, for instance.

Ms GARDNER: That is right.

The CHAIR: I was interested in your comments in your submission regarding the leased canteen operators and their being held to account for their menus. What mechanisms do you know of—if you do know of any—where high schools put certain health criteria in their contract? We all recognise now that we are in a situation where there is not a volunteer support base to staff school canteens. What mechanisms can schools put in contracts to get a health school out of their operator?

Ms GARDNER: Currently the contract has a clause that says, "You will develop your menu in accordance with the Nutrition in Schools policy." Underpinning that policy is Fresh Taste @ School. We believe that that needs to be strengthened and that the menu must be independently assessed against the policy. We propose that organisations such as mine would do that assessment and provide that advice as an independent third party back to the school. We undertake menu assessments now. Operators have asked us to do that, and we have provided them with advice to make changes. But unless there is a way in which menus can be assessed

there is no easy way for the school to decide, just by looking at a menu board. Often it is what is not on the menu that is the problem with what is being sold at a school.

We have had the discussion previously about the need for a mechanism and what that might be. As schools move away from operating their own canteens they no longer take out a membership with us unless they see other values around some of the other work that we do. Trying to entice the lessees to be members—beyond seeing a value to being a member in winning a tender—is difficult for us. That also makes it difficult for us to have any influence to meet our health promotion charitable objectives. So we think that part of the mechanism should be an annual menu assessment with a report given to the principal, then the principal asking when any items that do not meet the policy will be taken off or alternatives found.

The CHAIR: In terms of being able to maintain your membership for one of those private operators, couldn't you do that yourselves?

Ms GARDNER: We could do that. If a school is a member we would do that for them.

The CHAIR: You are saying that a lot of private operators come to you so that they can win a tender. In order to maintain their membership with you, could you not have a requirement that they submit themselves to a yearly audit of their menus to make sure they comply with your guidelines?

Ms GARDNER: We could try and do that. To get them to do it voluntarily has not worked. It relates to your earlier questions with respect to regulation. They sign a contract to say that they will meet it. Sometimes they say, "Not only will we meet Fresh Taste, we are a member of the Healthy Kids Association." They take their tenders out for three to five years and after their one year is up they do not rejoin to be a member of us. They also do not have any consequence coming that someone says that your menu is not good enough or this seems strange, how come you are now selling confectionary or soft drinks or you have introduced other foods that might not be acceptable such as deep fried foods, doughnuts or whatever it might be?

Unless there is an accountable and transparent way for them to show it the reality is they are not going to do it. We have been unsuccessful even looking at what benefits we can give them, how we can provide them with support because there is a margin issue. Their motivation for operating that food service is somewhat different from the motivation that the parent group might have for having the food service in the school or the principal and we ourselves for how we operate.

The Hon. Dr PETER PHELPS: Could you give me some examples of what might be called red light products?

Ms GARDNER: Under the guidelines there are cut-offs for food. They are the foods that very quickly can become higher in energy and fat. Some of those cut-offs tend to be in the savoury snacks because the salt and fat content is too high. In the sweet snacks the cakes, the icing, the doughnuts are self-evident. In iced confectionary, ice creams, it is the difference between a Paddle Pop and a Magnum. There is a big difference there. Sugar sweetened drinks, sizes of drinks—

The CHAIR: To that point is a Paddle Pop orange and a Magnum red?

Ms GARDNER: Yes. The difference between a pizza that is maybe canteen made that has its base sauce being made and has got vegetables grated and hidden into it with low-fat cheese, a low-fat ham and some pineapple versus a premade, no-name pizza that comes out of wherever that is high in fat, high in salt and high in energy. It is trying to educate around what is a healthy pizza. Certain pies of certain sizes have fat and salt content that is too high, whereas the food industry has pies that are made that are controlled for that and controlled for size. Certain chicken products, certain potatoes and fried foods, those things.

The Hon. Dr PETER PHELPS: Would a meat pie be amber or red?

Ms GARDNER: It can be both and that is where the issue is. In our sometimes food that is where the threshold is between the cut-off for energy, salt, fat, fibre is at the edge where an amber product which should be limited on your menu can very quickly slip over into red. On our website for those categories where that happens you can enter data and it will calculate whether it is still amber or now it is red.

The Hon. Dr PETER PHELPS: You said in your earlier testimony that you have to educate the student that she should not have a pie every Friday. What you really mean is there should be some sort of regulation which limits her consumption of pies at school to two every 10 weeks?

Ms GARDNER: No, what I am saying is—

The Hon. Dr PETER PHELPS: That is what it says on your website. It says:

RED "Occasionally" — do not sell these foods more than twice per term

You are saying to this 16-year-old girl that you cannot have a pie more than twice every 10 weeks through the school canteen.

Ms GARDNER: No, I am saying that if your school wants to sell a pie then sell them a healthy pie and limit that pie to only be sold once a week. So the 16-year-old girl says, "Gee, I like to have a pie at school. I am going to order my pie on the day that the pie is there." Because there is a quality difference. There are pies which meet the criteria to be amber because they are controlled for salt and fat.

The Hon. Dr PETER PHELPS: It just seems a bit strange that we seem to be denying agency to teenagers to make decisions relating to their own lives?

Ms GARDNER: What we are saying is there are decisions that teenagers need to make but when they are at school those decisions—

The Hon. Dr PETER PHELPS: Should be made for them?

Ms GARDNER: No, there should be a framework by which they are given enough information and they are given the choice to buy those foods and within our education facilities we should be educating them about food. It is trying to help them understand and make decisions about food so that they will move forward understanding the types of food that we can eat every day. Food is a wonderful thing. It has great benefit. But it is very easy when given too many options to default to the least healthy of those options. We believe that the teaching aim of a food service is not about giving them foods that are least healthy for them. It is about providing a canteen service with everyday foods and choice for them to take and eat and consume within the environment of the school.

The Hon. Dr PETER PHELPS: What is more fun: carrot sticks and celery sticks or a vanilla slice?

Ms GARDNER: It depends on the context and what it goes with.

The Hon. GREG DONNELLY: And how many vanilla slices you eat.

Ms GARDNER: Exactly.

The Hon. Dr PETER PHELPS: But that is the point. Say I am a 16-year-old girl who plays netball at a competitive level, so I have two nights a week of training for netball. I also play judo at a competitive level and I do one night a week of judo training and play on the weekends. My expenditure of calorific content is far higher than normal. Why should I not be able to make the decision to say, "You know what? I'd love a packet of Life Savers at lunch. I would like a 600 ml chocolate milk and a sausage roll at lunch." Why would you go to the extent of mandating that you cannot serve it because the lowest common denominator says that your brother is a lazy slug who sits around playing World of Tanks all day and has zero calorific output so you should be punished for the sins of others?

Ms GARDNER: The issue is she can still have her vanilla slice, she can still have her Life Savers. She can still have those foods. It is about the appropriate environment in which she is able to purchase them.

The Hon. Dr PETER PHELPS: What you are saying is that if they abided by your thing you would not be able to sell these foods more than twice per term.

Ms GARDNER: That is not mine. That is the current guidelines and policy of the New South Wales Government.

The Hon. Dr PETER PHELPS: Which you endorse?

Ms GARDNER: I do, because my view—

The Hon. Dr PETER PHELPS: So you would not be able to buy your Life Savers more than twice per term?

Ms GARDNER: No, my view is that within the school environment we have the role to educate our students for what they should and should not eat every day.

The Hon. Dr PETER PHELPS: I have no argument with the persuasive side. It is the regulation side which concerns me. It is saying to a 16-year-old girl, because the age of consent in New South Wales is 16, you can have sex five nights week, there is no problem with that, but you can only have a sausage roll twice every 10 weeks. Does that not seem to you to be a remarkable intrusion upon the agency of teenagers?

Ms GARDNER: It does not, no.

The Hon. GREG DONNELLY: Well done for dealing with that. Dr Phelps is being very prosecutorial today with his questions.

Ms GARDNER: I think it is important to have a robust discussion.

The Hon. GREG DONNELLY: I think you did it very well. Dr Phelps is trying to draw the issues out. The second last paragraph on the first page of your submission is about the current approach being led by Health in New South Wales. You make the comment in that final sentence:

> Until Education can see the importance of their role in improving food literacy, the optimum time and place for intervention is being missed.

It there a growing awareness of Health from your point of view as to the need to lift their game a little bit in this area?

Ms GARDNER: The Department of Health, through population health—now the Office of Preventive Health—in my 10 years of working in this field has always led around this issue and indeed has provided funding to my organisation to provide support and assistance to schools because it is seen as a preventive health mechanism. The issue for us with education is that there are many issues with regard to student welfare. Healthy food in schools is considered to be a student welfare issue. We would argue that it is a teaching-learning issue as well. It is very hard—

The Hon. GREG DONNELLY: Do you mean in the curriculum?

Ms GARDNER: In the curriculum and just within the environment—within the curriculum and within policy for how we talk to our students every day within that school environment, whether it is with a teaching and a learning outcome or with a general educative value system. Education has been very difficult at times to engage with. Education has been difficult to get to agree or say, "Yes, we will provide and look at a mechanism whereby we will see that there is compliance with this." When the policy was first made, the two Ministers got together and it was a joint announcement, but the funding has always come out of Health. My personal view is a bit that Health makes us do this even though it is the Government and it is a government policy. It is a policy within the Department of Education but it is very difficult to have a discussion around how we may look at those mechanisms to build some accountability into schools to meet that policy in the same way that we might be able to have a discussion around cyberbullying.

The Hon. GREG DONNELLY: I have more questions but I will put them on notice. Thank you very much.

The CHAIR: The Hon. Dr Peter Phelps might have to do likewise. Thank you very much for appearing before us today. You may have taken some questions on notice. The secretariat can assist you with them. You have 21 days to provide answers to the Committee.

(The witnesses withdrew)

(Luncheon adjournment)

JULIE-ANNE MITCHELL, Director of Cardiovascular Health Programs, National Heart Foundation Australia, NSW Division, affirmed and examined

KERRY DOYLE, Chief Executive Officer, National Heart Foundation Australia, NSW Division, affirmed and examined

STURT EASTWOOD, Chief Executive Officer, Diabetes NSW and ACT, sworn and examined

The CHAIR: Welcome to our next witnesses. Before we commence, I acknowledge the presence in the gallery of a former member of this place, Ms Roza Sage, and welcome her back into the building. Does anyone want to provide a brief opening statement?

Ms DOYLE: Yes, I have an opening statement to provide. Thank you very much for the opportunity. As we all know, childhood overweight and obesity is a complex issue requiring long-term commitment and a multifaceted approach to address the problem. New South Wales should be pleased with its ability to have stabilised the prevalence of overweight and obesity amongst five to 16 year olds to around 22 per cent, but we should be far from complacent. The challenge is to put in place strategies that will assist healthy weight gain in children as they grow while avoiding stigmatisation or an unhealthy obsession with weight loss or body shape.

Five actions that the Heart Foundation would like to propose include, first, supercharging investment in the Make Healthy Normal campaign. Currently, the campaign models healthy adult behaviours around eating and physical activity, which could easily be expanded to include children. However, as a platform for the New South Wales Government's marketing effort, it is quite underfunded. Only $3.5 million was spent on the Make Healthy Normal advertising campaign last year compared to other behaviour-change programs such as the $7.1 million spent on Quit and the $16 million spent on road safety campaigns. We would ask for an increase to around $36 million over four years to bring it to the level of other successful behaviour-change campaigns.

We also know that children today are more sedentary than they were before; in fact, more than half of children under the age of 10, or 57 per cent, are now driven to and from school each day—a decline in active travel to school by 42 per cent. We have an active travel charter; there is a document that needs to be implemented and to be funded. That funding would be around $12.5 million and it would be amongst the agencies that are signatories to that program. This afternoon a number of the school organisations you are speaking to are also signatories to this initiative and we would encourage you to seek their views on this issue.

The Government also needs to walk the talk when it comes to making its own procurement decisions. It is the owner of a significant amount of real estate on which there is a variety of advertising; so we would really like the Government to take action in its own backyard. Fourthly, New South Wales is a State under construction, with changes that will affect generations to come. The question we need to ask ourselves is what will be the health legacy of the planning decisions we make today? In the nineteenth century, sanitation and infectious diseases were the problem. In our generation, it is sedentary behaviour and urban design that limits access and walkability and the preference for a car that are contributing to overweight and obesity epidemics that will also flow on to impacts around non-communicable diseases in the future.

Finally, as a mother of five and a grandmother of nine, one thing I know about is pester power, driven by the promotion of unhealthy foods and drinks through mass media. The Heart Foundation recognises that restrictions on media fall outside of the control of New South Wales, but it is true that the New South Wales Government can play a strong leadership role doing things like restricting unhealthy food and drink marketing during kids' viewing times, potentially a tax levy on sugar-sweetened beverages, making the health star rating mandatory and using the Healthy Food Partnership and other Federal mechanisms to set clear reformulation targets with set time limits, reducing saturated fats, trans fats, salt and added sugar. Non-government organisations like the Heart Foundation can and do make a contribution to promoting healthy lifestyles in our community. We also have the ability to connect and consult with agencies, including local government, in a way that governments sometimes cannot. Reducing childhood obesity by 5 per cent over the next 10 years is an enormous challenge and we can only achieve it by bold action, sustained commitment and collective effort. Thank you.

The CHAIR: Thank you very much, Ms Doyle. Ms Mitchell or Mr Eastwood, do either of you have an opening statement?

Mr EASTWOOD: I would certainly like to offer a few words if I may. I certainly underline everything that Kerry has said, and thank you for the opportunity to participate here as well. Just a couple of points. Childhood obesity is a predictor of adult obesity and, interestingly enough, adult obesity is a predictor of childhood obesity because the behaviours are passed down to their children and obesity, as you probably know,

has an extremely strong correlation and relationship with type 2 diabetes. When we talk about obesity we have only got really two things to talk about—one is food and one is activity. If you look at weight, generally speaking, I think the consensus says that that is mostly about food. We know a few other things—that family programs are better than programs that target the individual, that it is actually often more effective to target the adults not the children—but obesity needs the same response as with smoking. We did not get here overnight and we are not going to fix the issue overnight.

I would also like to highlight gestational diabetes, which is almost a little bit before childhood, if you like, but of the 90,000 births in New South Wales in 2015, around about 13 per cent, or 12,000, of those mothers had gestational diabetes, and we know that there is a direct link between gestational diabetes through to obesity and, indeed, type 2 diabetes. So I would underline all the comments we have heard around regulation, legislation, tax, awareness campaigns et cetera, but it has taken us decades to get to this point. We have made it easy for people to make the wrong choice, and at our current trajectory it is really unsustainable if we think we are going to continue the current levels of care that we provide for the citizens of this State. Thank you.

The CHAIR: Ms Mitchell, do you have a statement you would like to make?

Ms MITCHELL: No.

The CHAIR: As Ms Mitchell has no opening statement, we turn to questions.

The Hon. GREG DONNELLY: Mr Eastwood, in your opening statement, you distinguish family programs from programs for individuals or for children. Can you elucidate further on what a family program is, whether there is good understanding of that definition and give us some examples?

Mr EASTWOOD: I can take the question on notice, but the study came out of Canada. Go4Fun would be a current program that is family-oriented. All of these elements are important, but focusing on the children, if the educating and teaching of the children and all that learning is being completely disregarded in their home environment, then it is in fact their parents and their caregivers who are the primary determiners of their philosophies and principles in life in due course, and much of that education and much of that time can be wasted. I think the basic premise is that we need to educate their entire environment. That starts with the family and the caregivers, so that what they are taught at school is reinforced in their home and domestic space and that actually extends beyond their domestic space to their peers' domestic space—in other words, it is all of society. In many respects with childhood obesity, we have lost society's ability to limit and self-regulate. It is politically okay now to be obese, but the long-term consequences for the health of that person are nothing but negative. I will take the question on notice in terms of the study, but that is the general consensus.

The Hon. GREG DONNELLY: Family programs are an intuitive appeal to the idea that you need to get things right on the home front in terms of eating and regulating intake of certain foods. Do you think that such programs that exist today in Australia are taken seriously, or is this something new that you are trying to create understanding around and promote?

Mr EASTWOOD: I will answer that two ways. I do not think there is anything too new anywhere. I think there are lots of great ideas that are underfunded and splintered, so you do not actually get capacity at a society level. I could point to Go4Fun as an example, because it is one you may know here in New South Wales. It is only during weekdays, yet it is in theory a family-oriented program. Unless it can be extended to after hours and weekends to the extent that the family can actually participate, what its stated endeavours are and what it actually manages to achieve are two different things.

The Hon. GREG DONNELLY: All three of you might like to comment on this. What is the level of cooperation and coordination between the State and the Commonwealth on this issue of childhood obesity? We have not had any comments on that today—it has not been our line of questioning—but I am wondering about it with all three of you here now. Is there much coordination? Is it done particularly well? Is it done across policy areas like education and health?

Ms MITCHELL: I think that there is not at this time a dedicated Federal committee on childhood obesity. Nonetheless, different States and Territories do run their own healthy eating physical activity programs. They are named differently in different States and Territories. Certainly there are some mechanisms there to assist. There is the Healthy Food Partnership, which is a Federal committee made up of Federal government representatives, NGOs and the food industry, which is looking at driving reformulation of processed foods in the community, particularly with a focus on driving down saturated fat, salt and trans fats in processed foods. There are also the Federal government health committees that look at a range of issues. There is Food Standards Australia New Zealand [FSANZ], which also looks at the regulation of food products that are available in the retail sector. There are different mechanisms but not a dedicated obesity committee, to my knowledge.

Ms DOYLE: I think, with the profile, visibility, coordination and integrated funding, there is a lot more that can be done in that area. If you look at some documentation relating to a visit by Shellie Pfohl, who looks after the President's council on physical activity, you will see some very good models overseas around coordination and really strong action. There was significant interest at all levels of government in her visit, but I think it is fair to say that there has not been concerted or coordinated action as a result.

The Hon. GREG DONNELLY: Why would you say that? There is such interest in this area. It has led to the establishment of this inquiry, which was driven by particular members, and we have had witnesses today from State agencies talking about the significance of this matter. It seems to be a paradox that there is a concern but at a national level it does not seem to be manifesting.

Ms DOYLE: It is a multifaceted issue that spans a whole range of portfolios just at State level, so the degree of coordination and funding models to support it are always barriers, despite commitment and will. I think that is exacerbated when you have three tiers of government.

The Hon. Dr PETER PHELPS: Apart from type II diabetes, why should government care about obesity?

Ms MITCHELL: I think it is a significant issue that we all need to concern ourselves with. Certainly from a Heart Foundation perspective, we know from ABS data that amongst children 5 to 17 years of age, 60 per cent of overweight children have at least one risk factor for cardiovascular disease. That may be early signs of hypertension, high cholesterol or raised insulin levels. We certainly know that 25 to 50 per cent of children with overweight or obesity issues will progress to being overweight or obese in adulthood. There is a significant burden to society in terms of the health consequences, the social consequences and the economic consequences of that.

The Hon. Dr PETER PHELPS: Can you expand on the health consequences and presumably the health economic consequences of that? Why do you believe that it necessarily follows that obesity produces long-term greater costs to a health system than non-obesity does?

Ms MITCHELL: It does in terms of the management of the comorbid or the other conditions that can develop as a result of obesity: physical inactivity, sedentary behaviour, poor diet, poor self-esteem. These things can significantly impact on not only our health system but the range of government services that are available in the community. I think that where we have an opportunity to intervene through prevention or early detection programs, we should be doing all that we can to ensure that our environments are not obesogenic and are supportive of healthier choices and healthier practices in the community.

The Hon. Dr PETER PHELPS: Are you aware of the 2008 study by van Baal and others which indicated that the lifetime cost in euros of most people going through the NHS system was, for healthy people, 281,000; obese, 250,000; and smokers, 220,000? This was on the basis that obese and smokers tended to die before healthy people did, and thus the exceedingly high cost of gerontological services meant that obese people and smokers were less of a drain on the health system than healthy people.

Ms DOYLE: I would not feel comfortable commenting on a study that makes those kinds of observations. However, I am happy to provide more detailed health economics advice on notice. My position would be that if a government can support healthy, productive, active people by having the right frameworks in place then it has an obligation to do so.

The Hon. Dr PETER PHELPS: But it is not a matter of supporting them. You mentioned banning ads, taxing, and regulation. That is not support. It is not a carrot; it is a stick. My great concern is that when failing to get immediate results from the carrot approach too many public health advocates start to call for more and more stick.

Ms DOYLE: We have seen very good results in areas such as smoking using a combination of approaches. We are not calling for one approach; we are calling for a range of approaches. They include regulation that makes transparent, whether it be front-pack or kilojoule labelling, what you are getting and results in an informed choice being made. Without that transparency you will not know what you are eating. We are looking at a range of approaches, and they are tried-and-true methods that encourage healthy behaviour.

The Hon. Dr PETER PHELPS: It is not encouraging healthy behaviour; it is mandating healthy behaviour. It is saying, "You are not allowed to do this", or, "If you want to do this, we will tax you heavily." Invariably with these so-called sin taxes it falls on the lower socioeconomic groups to pay. Is that not the case?

Ms MITCHELL: I think the reality is that, as we have stated, obesity is a complex issue and it needs a multitude of strategies, initiatives and programs and, indeed, regulation in part, to encourage a change in our environment. We must support people in the healthy choices that they make every day, not just occasionally.

That means we need a combination of strategies looking at healthy food choices and, equally, at our environment in terms of the way in which it encourages regular physical activity. That could involve the work we do with local government to encourage walking, cycling, and active transport, or the education programs that we provide that teach families and others how to cook well on a budget, how to make healthier choices, and how to socialise in a way that encourages active behaviour.

The Hon. Dr PETER PHELPS: I think Mr Eastwood said that society has lost the ability to self-regulate. Does that mean that it is the Government's job to regulate society's mores?

Mr EASTWOOD: I am an economist by trade and believe in a free-market economy. However, perfect information does not exist. Therefore, there is a place for regulation and legislation to assist in providing a "more adequate" decision-making process. You talk about lower socioeconomic groups. Maybe that sits there because it is where education is lacking, and maybe that is where it needs to be pointed. You referred to a "sin tax". One example might be requiring the people who profit from these sorts of activities and/or food types to contribute to some sort of social fund that is used to drive awareness and education for that group.

The Hon. Dr PETER PHELPS: I understand that McDonald's has a large sports sponsorship program. Do you believe that type of thing would be appropriate?

Mr EASTWOOD: It is something that should be considered. Everyone is clear that McDonalds food is not particularly healthy in the main. However, it has also introduced salads and it has made progress, and it did it voluntarily. I am saying that perhaps government has a role to play in saying that if someone benefits from things that deliver poor outcomes then they have role to play in educating people about those decisions. It may be a balance that is worth exploring.

The Hon. Dr PETER PHELPS: So we should penalise companies for the poor purchasing decisions of their consumers?

Mr EASTWOOD: I am saying that government has a role to legislate or to regulate to the extent that people and/or producers are taking advantage of a lack of education in their constituents where the outcome is placing a cost or a burden on all taxpayers in this country. You could argue that therefore we should remove seatbelts from cars.

The Hon. Dr PETER PHELPS: What is the burden occasioned by obesity? I will grant you that type 2 diabetes is an issue.

Mr EASTWOOD: There is a burden around most chronic disease, and I will start with obesity. Almost as expensive as the health costs associated with it is the loss of productivity. Free-market economics and the maximisation of productive resources is also something worth pursuing.

The Hon. Dr PETER PHELPS: I refer to society's ability to self-regulate. Would you favour, for example, weighing all school-aged students? We know that BMI is a hopelessly flawed index, but could we have some sort of index to indicate levels of over-weight and obesity and then fine or tax parents for having kids who are too fat? If parents have an inability to regulate their children's' calorific intake, should it not be the Government's responsibility to tax those who do not exercise their parental responsibilities?

Ms DOYLE: Our view would be that families—parents and children—and teachers all need to be educated to have greater health literacy rather than punished.

The Hon. Dr PETER PHELPS: But you will get to the stage when people will say, "Yes, I know that this is bad for me, but I will continue to do it." Someone made the direct link between obesity and smoking. I do not think even one smoker in New South Wales would say that they do not know that smoking is bad for them, but they continue to do it. Why do you believe additional education will lead people to believe that obesity is necessarily bad for them, especially when in certain communities greater weight is seen as culturally virtuous?

Ms MITCHELL: I think you are presuming a level playing field. The reality at the moment is that the promotion of unhealthy eating and consuming sugary drinks is normalising behaviour in the community. It is very difficult for parents to counter the advertising tactics that some sectors of the community use to influence behaviour. We need to support parents in the decisions they make, but we also need to ensure that they have access to good-quality food, active transport or public transport, and other services that help them to make healthy choices for themselves and their families. It is not about penalising; it is about looking at the influences that are apparent in the community and finding ways to support families, and parents in particular, to make healthy choices for their kids.

The Hon. Dr PETER PHELPS: Did Coca Cola not advertise in the 1950s, the 1930s, the 1920s, or the 1900s? Why are we necessarily more susceptible to advertising these days?

Ms MITCHELL: Because it is ubiquitous. We need to balance the approach with greater promotion of why eating well and physical activity are good for us. We need to support parents to empower kids to feel that they can participate or be active in the community in positive and supportive ways.

The Hon. Dr PETER PHELPS: But you deny agency to teenagers; you assume that they are ignorant. It may well be the case that teenagers say, "You know what, carrot sticks and taramasalata are better for me, but I'm really hanging out for a double cheeseburger." Why? Because that will give them more enjoyment than some carrot sticks and taramasalata.

Ms DOYLE: They are eating the wrong taramasalata. Food is one part of the equation, but it is only one part. We are not talking about nothing that is enjoyable. We are actually talking about balance, with the balance being healthy eating. But it is really important that we understand also that this is about energy in and energy expended so that the physical activity side is a place where governments can make a massive amount of difference from the built environment through to transport infrastructure and through to programs such as those Sturt Eastwood mentioned and that Shelley Fohl, when she came over, talked about. That is a really critical piece of the equation as well and it is something that we are losing. I can send you the stat—I do not have it off the top of my head—but when I was a kid watching the Coca-Cola advertising, not quite in the 1900s, I was doing that after spending probably from 3.20 in the afternoon until whatever time sunset was running up and down the street or riding a bike or a scooter, or whatever it was, and then coming in and seeing that advertisements and being told by my parents we could not afford Coke.

The Hon. Dr PETER PHELPS: But is that not the key to the issue? There are some people who are biologically determined to be obese and bariatric surgery or gastric banding is appropriate for them, but the overwhelming problem is a failure to exercise parental control in relation to the calorific input of their children either because they do not have the life skills to provide healthy meals in the first place or, alternatively, because they just do not care enough to provide healthy calorific inputs in the first place.

Ms DOYLE: I think I would focus on the life skills, the education and the health literacy of parents and families much more strongly. The Government has an excellent Make Healthy Normal campaign. It is the case that we need to walk the talk and that children are more likely to follow behaviour that is modelled rather than told to them. I think there is a lot of potential for government to extend some of its very good social marketing collateral and really beef that up, but I think that we have a real role to play in supporting parents. I would be happy to send you information about a range of positive program ways that the Heart Foundation is either delivering or actually partnering on that are making a difference at a grassroots level in local communities.

The Hon. GREG DONNELLY: Moving back to a comment that has been made by most of you, I think, about being multifaceted in response to a public health issue that you believe needs to be addressed and in terms of identification of the various assets and agreement on both the list and the relative proportion of one being more important than the other, or at least trying to line them all up to see which deserves more attention than perhaps another, do believe that there is movement towards an agreed position on all of this, or is it just evolving and developing? In saying that, are we doing that in the context that we live in a free market and within a liberal democracy people have choices and they make choices. It is not as though you can hold a number of things as given while you settle on these. Things are moving all the time. My question is in two parts: Firstly, is there a movement towards a general understanding of what the dimensions are or the elements of the multifacets are? Secondly, to the extent that there is agreement, how is that going to be actually implemented in your mind?

Ms MITCHELL: I think that there is a coalescence of understanding on what the interventions need to be. I think that is shared by academics, by government agencies, such as the ones you saw earlier today, and also by the non-government [NGO] sector—Diabetes, Heart Foundation, Cancer—a range of health NGOs. It is about prioritising interventions in the food and nutrition space but equally in the physical activity and built environment space. If we look at tobacco, it had 50 years to get the measures right around tobacco control. There was a lot of testing and innovating over that period of time to see what worked well and what worked well in certain jurisdictions compared to others. In some respects I think the interventions around overweight and obesity are to some extent being nuanced at the moment to look at what works most effectively.

But what we have learnt from tobacco is to actually build in evaluation measures that allow us to assess our progress as we go forward. Overweight and obesity is a major risk factor for most chronic diseases. Now they are overshadowing the number of infectious diseases that are in our community. I think there is a coalescing of intent and focus. We do not know all the areas. It is much more complex in the area of lifestyle than it is in looking at one particular behaviour, such as smoking. I think we are on track, but we do need to supercharge some of our strategies to really get the scale to see whether they are truly effective.

The Hon. GREG DONNELLY: Why would you say that we are on track? What gives you the basis of saying that we are on track?

Ms MITCHELL: I think since 2002 New South Wales has had a focus on childhood obesity. It started with a major focus of looking at across-government approaches to addressing the issue. It is early days but we do know that among childhood overweight and obesity rates in New South Wales that they have plateaued. They have not dropped. But there are green shoots, so to speak, of some of those interventions having effect. In the next five to seven years we will start to see changes. This is why the Premier has prioritised childhood obesity as a major focus for the New South Wales Government. It is now the opportunity to see investment in those strategies, maintain that curve and, hopefully in time, lower it.

Mr EASTWOOD: I am probably not as supportive of that statement. I am not sure that we have seen a stabilisation of the numbers for any greater reason than in fact that is where the current policy settings are going to get it to as opposed to those things actually having an impact. With advertising sitting how it sits and with the various messages—all those things—that is just the rate we will have. I think the question is a good one. I think it covers off, really, the entire conversation in many respects. The Federal health, the State health, the local government initiatives—I do not think they work together particularly well. The State owns population health and that is mostly addressed through primary care, which is owned clearly by Federal. Then basically State gets to inherit poor work done in primary care. There is a big disconnect and lack of incentive to work between those three things.

I think smoking is an interesting thing to talk about. Yes, there is not one single person who smokes today that probably does not realise that is bad for them, but there are a lot fewer people smoking today than there were, and I think that could be exactly the same with obesity over an extended period of investment in public awareness. The big question you asked is: Okay, we have all of those things that we have heard about that we can possibly do, and you will have heard of hundreds or thousands of them, I would think, but I think it is about which ones you implement because you can implement them now and there are other ones that take a long time to bring into place. We can talk about the built environment but we do know that that is years in the making to actually effect any changes there, but you can use State advertising in different ways.

You can introduce things and facilities that the State Government owns to set an example. You can do things around labelling. You can do things that make each decision a real decision rather than the easy decision. And, yes, there are the other things like transport where you can put policies in place and they will take time to play out, but I think awareness is the very first step—to say be real in your choices—because there are long-term consequences. You could initiate that tomorrow, if you so desired.

The Hon. GREG DONNELLY: Ms Mitchell, with respect to your second point on page one about the active travel charter for children, can you elucidate on that in terms of your hopes for the way in which that will progress and be implemented?

Ms MITCHELL: Yes. I think being physically active every day is important for child development, but we know that active travel, particularly for children, between 1971 and 2013 dropped significantly. There are many reason for this: safety concerns, time pressure, convenience. Having an active travel charter for children is a commitment to look at the ways in which we can enable children to be appropriately active, whether they are on their way to school, on their way to visit friends or participating in sport. It requires paved and safe cycling and walking paths in the community. It requires a reduction in traffic congestion and lower speed limits so that children can travel safely in their local environment. The active travel charter has more than 15 signatories from local government, State Government and the non-government sector. It would require an investment of $12.5 million over the next four years, with contributions from Health, Education and local government, to look at the infrastructure needed to enable it to occur in communities.

The Hon. GREG DONNELLY: What is the Government's position on that? Is it encouraging it?

Ms MITCHELL: Yes. The Government launched it at the Walk21 Sydney international conference in 2014. To date the Government has not made a commitment to fund the charter. As a non-government organisation we strongly encourage the Government to sign it, as one of the mechanisms to encourage children to be more physically active.

Ms DOYLE: To clarify: We are a signatory to the charter, not the developer of it.

Ms MITCHELL: That is right. I have copies of the charter here for the Committee.

The CHAIR: Thank you very much. Mr Eastwood, earlier you commented that there are many good programs but splintered funding—that is, small amounts of funding from government going everywhere. In answer to one of Mr Donnelly's questions you talked about the Federal-State overlap. If we look across the

spectrum we see many amounts of funding going to different programs. We talk about the holistic approach and the multifaceted approach. Do you believe that better outcomes could be achieved if some of that funding were concentrated on programs with evidence-based results that we know are working?

Mr EASTWOOD: The quick answer is: Absolutely. I believe that. Take fad diets as an example. It almost does not matter what diet you decide to follow. If you decide to follow a diet your mindset will create the outcome that you wish for. Some programs are better in certain circumstances than others. We can endlessly refine, adapt and custom-make programs for specific purposes. To get real cut-through you need scale. If you can consolidate your funding and get a program that is 80 per cent okay for 80 per cent of the population then you will start to move the dial. Once you have achieved that and you have pretty good proven progress at that level then you can start to extend that program in society. With a problem as large as this throughout society, you need a response mechanism that is large enough to make a difference.

The CHAIR: Ms Doyle or Ms Mitchell, one of the points in your submission says:

> Interventions to help children who are already overweight or obese have low success rates so there is a need to focus on primary prevention.

I think we all agree that prevention is better than cure. Where do we fail to intervene? The Committee has heard evidence about the 0 to 2 and 0 to 5 age groups. At what level do you see intervention becoming less effective?

Ms DOYLE: We can provide studies with much more detailed information than I am able to give off the top of my head. When we take a whole-of-life approach we know that physical activity begins to reduce considerably, irrespective of health literacy, in the tweens and teenage years. We are seeing substantial drop-off rates for both boys and girls. I can provide the specific figures on notice. Despite the fact that we might be laying down good behaviours early on in some sections of the population, they lose the benefit as they get older, which is when they need it more. I will provide data on what the trajectory looks like.

The CHAIR: Thank you very much.

Ms MITCHELL: There is growing recognition that health in the 0 to 5 age group and, in some cases, in utero is a determinant of the health of children as they grow. It is an evolving area. We will see significant developments in the 0 to 5 age group over the next five to 10 years.

The CHAIR: Thank you.

The Hon. Dr PETER PHELPS: Ms Mitchell, are you aware of the New Zealand Green Prescription program?

Ms MITCHELL: Yes.

The Hon. Dr PETER PHELPS: What is your view of it?

Ms MITCHELL: It is a prescription for physical activity written by general practitioners [GPs] for their patients to participate in. It has merit. It is a way for clinicians to engage with their patients on the importance of regular physical activity. It starts a conversation and it allows the patient and the clinician to make a plan that is appropriate for them.

The Hon. Dr PETER PHELPS: Is it fair to say that over the 20 years that it has been running it has seen patients become significantly more active, produced noticeable health changes and led to weight reduction in more than half the cases?

Ms MITCHELL: I cannot speak to the key findings. I do not have them to hand.

The Hon. Dr PETER PHELPS: It presents an interesting alternative to a pharmacological approach to a health issue that can be solved in the long run through a cheaper alternative. In other words, you do not need a pharmacological outcome when you can have a physical outcome.

Ms MITCHELL: We would encourage people to talk about lifestyle with their GP and the practical, everyday things they can change about their lifestyle to improve weight or physical activity.

The Hon. Dr PETER PHELPS: In Australia the default position when you go to the GP is that you get a prescription for a pill that will fix you rather than receiving advice. Physician heal thyself.

Ms MITCHELL: That is dependent on the individual case. We also have to take into account whether that person then has access to cycle paths, walking paths and an environment that is conducive to them becoming regularly active.

The Hon. Dr PETER PHELPS: If a person has a living room they can do sit-ups, push-ups and burpees.

The CHAIR: The time allotted to examine these witnesses has expired. Thank you very much for joining us today. The Committee has resolved that answers to questions taken on notice be returned within 21 days. I think you took a couple on notice. The secretariat will contact you and will offer any assistance you require. Thank you again for attending.

(The witnesses withdrew)

BARBARA WARD, President, Nutrition Australia NSW, sworn and examined

ROSS GRANT, Board Member, Nutrition Australia NSW, sworn and examined

MARGARET MORRIS, Board Member, Nutrition Australia NSW, sworn and examined

The CHAIR: Welcome. Does anyone have an opening statement?

Ms WARD: On behalf of Nutrition Australia, we are very grateful for the opportunity to make a submission in response to the inquiry into childhood overweight and obesity. NSW Nutrition Australia is a peak not-for-profit association that promotes the health and wellbeing of the Australian people by encouraging them to make informed food choices. This is achieved by basing activities on scientific principles and knowledge related to human nutrition, dietetics, food science and technology.

We are very supportive of this inquiry to reduce the prevalence and extent of overweight and obese people in New South Wales and commend the Premier, the Hon. Mike Baird, for his leadership in recognising the importance of addressing childhood, overweight and obesity as one of the 12 Premier's priorities. Our recommendations are outlined under several themes in the submission. The goal is to provide strategies to reduce childhood overweight and obesity while ensuring that the campaign focus is one of health rather than stigmatise obesity or fixate on body mass index [BMI]. Thus, we advocate that any ethical framework should underpin approaches to obesity management to mitigate against possible negative consequences. We appreciate the opportunity to contribute to this process. Thank you.

The CHAIR: Thank you very much. Are there any further opening statements?

Professor MORRIS: I will add to that. The document in front of you really picks up on four broad themes and our recommendations are along those lines. They include measures to reduce the impact of maternal obesity because of its impact on the next generation through education of parents as well as young girls and optimising intake throughout life. The other theme is economic issues around obesity—the prevalence of obesity in lower socioeconomic groups, groups which are disadvantaged and the critical need for appropriate information in those groups.

The third theme is around affordable high-quality food. Here the issue really is that good quality nutritious food is often more expensive than readily available high-energy dense foods. The last point really speaks to the environmental aspects of obesity around the physical environment and providing adequate opportunities for physical activity to complement a healthy diet.

Associate Professor GRANT: I am sure the comments I will make will come up through it, but I essentially add two points. One is that when we talk about Nutrition Australia providing a foundation of understanding health and promoting nutrition particularly, broadly speaking what we want to advocate there is that choosing healthy does not necessarily mean choosing something which is not tasty or enjoyable, so promoting that aspect, and secondly, sending a consistent message of what we feel is needed through all the agencies and bringing them together.

The Hon. Dr PETER PHELPS: Thank you for presenting your submission. Page 2 refers to reducing the impact of a poor diet and obesity: benefits for the mental health of young people". Is it a case that we might be getting too obsessed with obesity. For example, the Butterfly Foundation, which deals with eating disorders, only in the last couple of days, has come out and said that the emphasis on obesity is in fact leading to higher rates of eating disorders amongst teenagers. Are we too obsessed with obesity?

Associate Professor GRANT: I make a comment—and I know Professor Morris will have a lot to say also—the first thing is that we strongly support that statement. We certainly think that obesity is an indicator of probably poor nutrition but not always and obesity is not the same as saying that somebody has a physiology which is no longer functioning as well as we would like it to be. We would first of all support the fact that if we focus on obesity and BMI, then we are going to disadvantage at least 20 per cent. We did a study a few years ago now of cardiovascular risk actors in adolescents and we found that based on the biochemistry, the BMI was right 80 per cent of the time but 20 per cent of the time it was not right. In other words, you had somebody who was either underweight and yet biochemically not functioning the way they should or they were overweight and yet biochemically well, so we think that at least in one in five case we would be misdiagnosing somebody on the basis of BMI in relation to their health.

Professor MORRIS: In fact, the report used the term "obesity" because that is what the New South Wales Government inquiry is about. In fact, of course, we know that poor diet can impact behaviour even when people are at a healthy weight. We know there is data in adolescents that high sugar intakes can affect brain

activity. An interesting study out of the United Kingdom showed that 20-year-old young men who ate really unhealthily for just five days had greatly reduced executive function, so we can measure effects on the brain in healthy people who are eating unhealthily so I fully agree: we should not only focus on obesity here. Nutrition Australia of course has a health focus, not a disease focus, which I think is helpful.

The Hon. Dr PETER PHELPS: Going back to BMI for a moment, BMI is fairly much discredited as a generalised measure of physical health, is it not?

Associate Professor GRANT: BMI still has function and I think there are things that you can still draw from a broad BMI as long as you understand the context and some of that is in relation to the physical makeup of the person, sometimes relating back to the racial makeup of a person, but certainly their muscle mass. If we had the capacity to do a double X-ray scan on everybody, a dual-energy X-ray absorptiometry [DEXA] scan, and get their visceral adiposity adequately, then I think we would be closer to it. BMI is still fairly close. Waist circumference is another way of doing it.

The Hon. Dr PETER PHELPS: Or the pinch test?

Associate Professor GRANT: Yes, the pinch test is still quite useful.

The Hon. Dr PETER PHELPS: It is just that I know of two instances in my own experience. I have a nephew who plays for the Junior Brumbies who, on BMI, is overweight. I have a friend from university who is borderline obese and yet she runs marathons. Those are two personal experiences of my own where I have just gone, "Well, BMI is a completely invalid metric as far as those two people are concerned". How invalid is it more broadly?

Associate Professor GRANT: Yes, I think you are right. From our experience, as I said—and the figures are rough depending on the group that you look at—but probably one in five, which is a significant proportion of the population.

The Hon. Dr PETER PHELPS: You spoke about making food tasty and fun. A quick look at your website showed the Recipe of the Month being Brussels sprouts with ham, chestnuts and walnuts.

The CHAIR: That is actually good. The Rockpool offers something like that, I think. You should give it a go.

The Hon. Dr PETER PHELPS: Is that either tasty or fun?

Ms WARD: Nuts are tasty.

The Hon. Dr PETER PHELPS: That is a rhetorical question.

Associate Professor GRANT: I understand that. I am happy to make a comment, though, in relation to something being tasty or desirable. The more we stimulate certain parts of the brain, the arcuate nucleus in particular—and Professor Morris can comment—with things like high sugar, the more we are going to desire more high-sugared foods. There are very tasty foods out there and in fact you can have children enjoying just as much having a broccoli dish, although it has lots of sulphur in it so there is potential for a younger palate probably having something slightly different, but we have to recognise that there is this reward pathway which is set up when we do stimulate it with sugar. This is potentially one of our problems which, as we have sat in here, you probably have not addressed so much within the other speakers.

The Hon. Dr PETER PHELPS: Can I just raise something which was touched on briefly, I believe, by Professor Morris—education at an early age about food preparation. It is fair to say that half a century ago every girl going through high school would have spent a substantial amount of her time doing home economics, cooking or whatever. As the primary caregiver is normally a female, an argument could be made that that skill has been lost.

Professor MORRIS: Yes, that skills is probably less fully rolled out in the education system presently, but there is no reason that could not change. It should be introduced to both boys and girls, of course.

The Hon. Dr PETER PHELPS: I approach this question quite nervously because you then get into a whole *Feminine Mystique* argument. The second-wave feminism in particular has been trying to promote that we should get away from that domestic goddess view of the primary caregiver to a view of a work-place individual who supplements the family income as part of a dual-income family. You could make an argument that one of the implications is that, because there has been a loss of knowledge about food preparation, mandatory cooking or food preparation classes should be included in the curriculum up to a certain level of school.

Professor MORRIS: That could be one approach. I do not know whether it should be mandatory. There are various ways you can engage young people. We are about to roll out one of those at the University of New South Wales. At the university we have a museum of human diseases. Teenagers love looking at gory bits that come out of bodies. I work on gut biota so I am going to introduce the poo-to-brain axis as a way of engaging them about healthy food and what it does to your gut. If you look at all the sexy chefs on television you discover that most of them are men, in fact, not domestic goddesses. So I think we need to re-engage in different ways with this young group of people, and excite them in other ways.

The Hon. Dr PETER PHELPS: Exclude adolescents for the time being. Pre 12 years old, the food that a child gets is essentially provided by the primary caregiver. That may well be KFC on Monday night, McDonald's on Tuesday night and Pizza Hut on Wednesday night, down the line. Alternatively, it might be home cooked meals of lean meat and three vegetables followed with a piece of fruit for dessert. The issue appears to be—at least for pre-teens, where food choices are made for children—that it is a matter of parental responsibility. It is not a matter of Government responsibility to enforce a certain purchasing pattern, but parental responsibility to ensure that nutrition is effectively delivered to children, is it not?

Professor MORRIS: It is true that parents of children of that age group are the primary deciders of what gets eaten but in the current environment—with a lot of advertising of food and the availability of fast food being much greater than it was 50 years ago, when it did not really exist—

The Hon. Dr PETER PHELPS: That presupposes that parents are afraid to say no to their children these days. For all the talk about, "I want this," or "I want that," you need to have parents who are willing to say, "No, you cannot have it; we are going to have a home cooked dinner tonight, and it is going to be fish and three vegetables. .That is it, and if you do not like it you can go to bed hungry." Isn't it a failure of parents to be parents rather than being the best mates of their kids?

Professor MORRIS: The appropriate diet of many children in our community is fine. Maybe the school environment contributes and, out of school hours, the pervasive seductiveness of sugar-sweetened soft drinks. I agree that the major concern is parental, and that it is in their remit. I guess this is why we are all here—why is it that almost a quarter of our children are overweight or obese?

The Hon. Dr PETER PHELPS: I would argue that it is because there is a lack of parental responsibility in their calorific intake and, to a lesser extent, a failure of parents actively to engage with their children on calorific output. In other words, parents try to be too nice to their children—they are too matey with their children—rather than imposing an eating discipline and a sporting discipline.

Professor MORRIS: In some cases parents are probably not equipped with the skills to have that debate.

The Hon. Dr PETER PHELPS: I agree. Nevertheless, parents have a responsibility, do they not, to ensure that their children are healthy? They have a responsibility not just to ensure that they are free from diseases and that they are clean and all that sort of thing, but to make sure that they have appropriate lifestyles which enhance the healthiness of their children.

Ms WARD: I agree.

Associate Professor GRANT: I would like to comment on that. I think it is a combination. Of course the parental responsibility is certainly there, and is the primary determinant of what a child eats during those ages. I look at the context in which parents have to bring up their children these days. I can speak about when I was growing up; I can remember McDonald's coming into the country for the first time. Now we have a plethora of fast-food outlets. So it is not just the advertising of any individual fast-food outlet but also the access and the disposable income associated of most parents which enables them to offer that to their children, that makes it more difficult for parents to make those choices.

The Hon. Dr PETER PHELPS: Are you saying that because we are richer we have a more difficult time in making choices?

Associate Professor GRANT: No, I think you have more choices. Those choices tend to be fairly loud. In each case where you offer high fat and high sugar—particularly putting them together—you stimulate this reward response which means children are naturally going to want more. So it is more difficult to say no. If you have a look at the overweight and obesity rates within the general population you find that most of our adults are in that category—over 60 per cent in Australia. Within that context it is difficult for the parents. The only thing that governments can do, I guess, is to take responsibility for those areas that they have responsibility for—schools being one of them. So they should be working towards creating an environment where it is easier

for parents and children to choose a healthier lifestyle knowing now what the risks are, which we did not know even 20 years ago. I think that is a legitimate responsibility.

The Hon. GREG DONNELLY: Thank you all for coming along this afternoon. Associate Professor Grant, can you elucidate the issue of the role of schools. We had representatives this morning from the New South Wales Department of Education. I invite you to look at *Hansard* tomorrow, when it is available on the web, to see what their reflections were on the whole issue. I found part of it quite surprising in terms of their coming to terms with some of these issues. Holistically speaking, what is your view of the role of education in trying to tackle this matter?

Associate Professor GRANT: I suppose any group in society that is tasked with the responsibility of leadership—which governments are—has the responsibility to create a society which provides a context for each generation, enabling them to live free, healthy and happy lives. I do not want to pull from the US constitution but I guess you will understand what we are after. Within that context we have generational responsibilities. It is a legal requirement for children to go to schools. Essentially, we take children from the age of six up to 19 so we have a responsibility to educate them in areas of science, technology, history et cetera. It would not be inappropriate to educate them in relation to their own health and wellbeing. It is about health; it is not about taking away choice. So within the context of those schools, is it not responsible for us as legislators to be able to say our schools need to be in an environment which will stimulate healthy behaviour?

We know that they still go out and make choices outside of that, but while they are under our care, in the same way as you would do that with children that are in your own home, you create an environment that will give them the best option and the healthy eating within the New South Wales schools canteen program—these are things that I think go a long way to that. As we have got better educated about the negative influences of some of these things, such as high sugar and high fat—and it is not just those two—it behoves us to take that as far as we can and not only show that we are getting rid of the bad foods but, as we identified a little bit earlier and also in the document, we also get better at showing that this food is actually quite tasty and there is food that you can enjoy that is healthy, and carry that forward into our community so each generation is going to be, hopefully, even better than the last. That feeds into the productivity then of society instead of wasting it down, spending it on multiple non-communicable diseases—the diabetes, the heart disease, the dementia, et cetera, as we go through.

The Hon. GREG DONNELLY: Could I just quiz you in regard to page three under the Health Education heading, the second item about the training and education of those involved in healthcare professions, from doctors through to people who might be involved in physio or allied health services? Is it your submission that that is not really happening presently with the training of the healthcare profession?

Professor MORRIS: I think it is true to say that there is not a lot of formal coverage in many of the medical curricula, and in fact there is a group looking at nutrition and medical education in the country. It does come up often in case studies and other ways of learning, so it is certainly covered. But I think some of the more positive strategies—exercise prescriptions, for instance—some of those areas may not be quite so well-rounded in a formal way in the current situation. I think it probably depends on the program. Exercise physiology programs probably cover many of these aspects in more depth.

Associate Professor GRANT: But not the medical programs specifically, and I guess this is the key thing, that there is not necessarily a consistent message because we have developed a well around the disease management model and if we are happy to stay there then we will keep circulating through the disease management, whereas we need to turn our hospitals into genuine healthcare centres where we engage in a preventive and restorative capacity.

The Hon. GREG DONNELLY: Which brings the submission onto the third point about normalising discussions regarding nutrition and exercise in healthcare settings. It is your submission that that is not done particularly well at the moment.

Professor MORRIS: I think there is evidence about discomfort in the health professionals themselves. If they themselves are a little bit overweight it is harder for them to bring up the topic with their patient. We were talking there about just normalising the ability to comment on health in the GP clinic, for instance.

The Hon. GREG DONNELLY: Under the next heading, at point number six, "Create financial incentives that encourage healthy eating". Would you like to give some examples of what you have got in mind there?

Associate Professor GRANT: I am happy to start on this one. What we really need to ensure—and I am not an economist so I cannot pull out details, except to say that it is recognised and there are papers around it to support this, that essentially it is easier, particularly with some of our lower socio-economic groups, to eat

white bread and have Fanta and essentially take fairly energy-dense but nutrient-poor nutrition because, for them, eating some of the healthier products—and it is interesting to watch when something becomes identified as a healthy or, particularly, a superfood, the price goes up considerably. I will give one quick example. Growing up in a family of eight kids on a small farm in northern New South Wales, it was interesting, we had drums of molasses which we would give to the cattle and, of course, we would get molasses on brown bread going to school. It is interesting to go and buy some molasses now, which has these superfood benefits for rheumatoid arthritis and Alzheimer's and all this sort of thing, and now it will cost you over $10.00 for a small jar.

The Hon. GREG DONNELLY: Especially if it has got lemongrass in it.

Associate Professor GRANT: Exactly. So I guess that was more the flavour of that kind of comment, to say there are healthy foods that are out there but we have let free-market economy, I guess, do what it can and, sort of, what will the community bear? But if we identified a group, and this is not in my expertise; there would be others that can do it, if we identified some essential elements of food—WHO gives us essential pharmaceuticals that should be available across third world countries—why can we not do an essential thing with a certain group of foods that we would make sure were accessible to everybody, and they would have to be a reasonable variety, but I am sure that we could do that in this country, and then let the market take off on everything else? But essentially make a plan that we have got something that people can afford, and show them how to cook it and make delicious things out of it.

Ms WARD: One of the things that Nutrition Australia NSW does is it takes people on shopping tours, so we teach them how to shop and shop for that nutritional, good food that does not really cost them all that much, and then you also do food demonstrations which teaches them how you can cook and you can have this wonderful meal your kids can enjoy rather them saying, "Yuck, what is that?" We engage in a variety of that sort of one-on-one kind of work with individuals and in groups.

Professor MORRIS: I think at this point I also spoke to the data out of Victoria showing that the cost of things like vegetables decides whether some people buy them or not.

The CHAIR: And it is fair to say that—and vegetarians often advocate this—it is cheaper to be a vegetarian than it is to eat meat. It is not necessarily always at a price point, is it?

Ms WARD: No. It depends on the season, it depends what is in. Sometimes you can pick up a kilo of chicken or a kilo of cheap mince a lot cheaper than snow peas, for instance.

The Hon. SHAYNE MALLARD: Thank you for coming in. Sorry I was a little bit late to hear your introductory statement; I have just read the document you gave us. I just wanted to zero in on the school canteen. Has anyone asked questions around that of these witnesses?

The CHAIR: The Hon. Greg Donnelly has asked a few.

The Hon. SHAYNE MALLARD: You have a focus on nutrition in school canteens. I noticed that two of you were in the gallery earlier on today, so you have heard the evidence from different groups about school canteens. As I said to the earlier witnesses, it is five meals out of 21 in a week, 24 per cent of meals is from a school canteen—half of that if you take out holidays. It seems to me that it is targeted as the problem by a lot of advocates but, in actual fact, the canteen itself is over-exaggerated in terms of its role in the overall issue of obesity and weight gain and the habits of eating good food. The canteen is not the be-all and end-all.

Associate Professor GRANT: I will make one comment on that. It might be true that in terms of the overall nutrition or food intake that a child would have, it might be only one-quarter to one-fifth. However, what it is doing within an educational setting is that it is even informally saying that "This is what we think is okay to eat. This is healthy. Go ahead and do that, and if you can get it in your canteen, that is kind of normal; that is what we expect people to eat", and the parents will pick up those messages. If we were to change that, it creates, not only for the kids who are going there to buy it, a "Why aren't we allowed this and this?" and parents would be able to say, "Well, it's because of this and this", and the school could use that as an opportunity for genuinely educating about what health is and, hopefully, that would flow over to the teachers as well.

The Hon. SHAYNE MALLARD: We heard that many schools do not have canteens now; their viability in terms of profitability and in terms of getting volunteers they are not outsourced and even then they are not viable. Coming to your comments before about incentivising healthy eating, do you think there should be some sort of program, particularly in schools in lower socio-economic communities, of some sort of support for healthier food options at subsidised school canteens?

Associate Professor GRANT: Absolutely, and not only just the healthy food options but providing almost a foundational recipe which was going to allow parents and kids to be able to taste some healthy options.

Boost Juice does a pretty roaring trade but it does it best usually in those places that can afford to buy them. You are not going to offer the same variety as a Boost Juice but you would offer significant ones and get farmers and co-ops involved, and that sort of stuff, to provide the fruit and vegies, and it would not be that hard to at least provide that kind of an offer within schools.

The Hon. SHAYNE MALLARD: I had not thought about the fact that a school canteen is in an educational environment, so the kids, the teachers, the parents could get subliminal lessons from the type of food they can get there in terms of an overall diet. I think that is a very good point.

Professor MORRIS: I think it is about exposure. If you are exposed to it at school five days a week, it normalises it.

The Hon. SHAYNE MALLARD: Yeah, meat pie and chips. I understand that.

Ms WARD: Some of the schools are taking initiatives. For instance, we did some work with St Catherine's, and some of the Catholic schools invited us to have a look at their canteens to assess their menus and foods and do an audit of what was happening. We did a survey throughout the school with about 400 students, and then we came up with a report. There are some schools that are taking initiatives to do something about it rather than saying, "The canteen's bad, so let's shut it down."

The CHAIR: Associate Professor Grant, earlier you made mention—perhaps in another context—about what falls under the ambit of government. I guess canteens are wholly in the Government's ambit, so to speak, which is why a lot of things are directed towards them.

The Hon. PENNY SHARPE: I have a couple of quick questions. I am interested in the idea of a selection of keyhole foods that are widely available. Can you point us to anywhere that that is operating?

Associate Professor GRANT: Within a school context?

The Hon. PENNY SHARPE: Not necessarily within Australia. I mean generally within the community as well. Is that what you mean when you talk about food? Point number six 6 says "financial incentives … encourage healthy eating".

Associate Professor GRANT: Yes, creating a minimum list of foods that would be available for people to buy and knowing that within that grouping these people would be able to eat healthily—or at least it could go a long way towards that.

The Hon. PENNY SHARPE: Can you point to any communities that are doing that?

Associate Professor GRANT: I do not know of any.

The Hon. PENNY SHARPE: You could argue that the GST exemption on fresh food does that. Are you aware of any studies on the impact of that, or of whether there has been any impact?

Associate Professor GRANT: As far as the GST goes, no.

Professor MORRIS: I am not aware of any studies that directly speak to that.

The Hon. PENNY SHARPE: Because it is not a bad example: It was deliberately made exempt for that reason.

Professor MORRIS: It is a great example. As somebody who shops in supermarkets as part of my research—I go off to supermarkets and I buy cheap, palatable, energy-dense foods: meat pies, chips, dim sims, cakes, biscuits—I can fill up my trolley very happily for a small amount of money. I do not know that not having the GST offsets the cheapness: six meat pies for $3.65 is a winner, really.

Associate Professor GRANT: I will add that Professor Morris is doing it for research, not for her own table.

The Hon. PENNY SHARPE: That is why I was interested. It just occurred to me that it was—

The Hon. Dr PETER PHELPS: I thought it was dinner at your place!

Professor MORRIS: I often get that question: "Are you having a party?"

The Hon. PENNY SHARPE: I am wondering what your organisation does or has done in relation to urban planning. I think urban planning is very important when we are talking about dealing with this, rather than it coming down to individuals to deal with. There are things that we can do in our environment. Can you point to or give an outline of some of the work you have done in that space?

Professor MORRIS: I have not done any work, but I have spoken to the architects at UNSW. It is an area I would be really interested in getting into, because our universities are interested in key challenges for the country and I think obesity is one of them. We are very keen to establish a dialogue between the engineers, the architects, the urban planners and the food science people as well as the medical people. I think it could bear good fruit.

The CHAIR: As there are no further questions, I thank the witnesses for being with us today. If you did take any questions on notice—I am not sure whether you did—you will have 21 days to respond to those. The secretariat will assist you with that. Thank you very much for appearing here today.

(The witnesses withdrew)

(Short adjournment)

JO MCLEAN, Senior Assistant Division Head, Professional Learning, Association of Independent Schools of New South Wales, affirmed and examined

NICKY SLOSS, Education Consultant, Student Wellbeing, Association of Independent Schools of New South Wales, sworn and examined

MALCOLM HUNT, Manager, Public Affairs, Association of Independent Schools of New South Wales, affirmed and examined

IAN BAKER, Director, Education, Policy and Programs, Catholic Education Commission NSW, sworn and examined

ROSEMARY VELLAR, Leader: School Review and Development, Catholic Schools Office, Diocese of Broken Bay, Catholic Education Commission NSW, sworn and examined

PETER GRACE, State Coordinator—Student Wellbeing and Mission, Catholic Education Commission NSW, sworn and examined

LINDA McNEIL, Executive Director, Council of Catholic School Parents, sworn and examined

ROSE CANTALI, NSW Parents Council, sworn and examined

SUSIE BOYD, President, Federation of Parents and Citizens Associations of NSW, affirmed and examined

The CHAIR: Does anyone wish to make an opening statement?

Dr CANTALI: The NSW Parents Council represents parents of children attending New South Wales independent schools. We thank the Committee for the opportunity to address this hearing. Our parent body welcomes this inquiry, especially given that as parents we are mindful of the impact of obesity on the physical and mental wellbeing of our children. With a large number of parents working longer hours, being time poor and being involved in a stressful lifestyle, it is understandable that eating habits and social changes surrounding our eating rituals can be contributing to weight gains. These problems are often caused by the media and social media, which advertise candies and high-fat food while portraying the perfect physical image. As a consequence, many young people suffer significant psychological and physical problems as a result of weight issues. Many parents are also concerned about the victimisation of some children who struggle with their weight.

We are here today to find a solution to this problem. However, it is complex and we as stakeholders need to be mindful of the impact that any recommendations made as a result of this inquiry could have on schools and families. Schools already seem to be jam-packed with curricula that involve educators not only teaching academic skills but also being gatekeepers who are striving to develop resilience and attitudes that encourage a healthy mental and physical lifestyle. We must explore the limitations of our schools if it is decided that we are to impose compulsory programs in this area. Programs can be made mandatory in schools to teach children about healthy food, but without resources such as funding their implementation can problematic. We also need to be mindful of the religious beliefs and moral standing of each school. In addition, we must explore the limitations of families. In particular, we want to ensure that those families that already struggle with time and finances are not victimised for not having the resources required to implement any strategy deemed to be the right strategy to combat this problem.

The solution to obesity in children is very complex. It is a social problem. It is not only about stopping children eating certain food or exercising. As a parent council, we would be interested in a collaborative approach when designing a program. First, we must investigate the needs and limitations of schools and families, perhaps by creating a focus group that could address the issues and find out what it is about them that leads them down that path. Thereafter we can develop models or case formulation packs that guide schools and families to create their own solutions based on psychological best practice in changing behaviours. We should also request resources and funding based on the needs of each school. These programs could include a variety of strategies designed to control obesity in children, such as restricting the type of foods sold in canteens and education children about living a healthy lifestyle.

However, at the end of the day, it is the home front that needs changing. We should encourage time-poor families to exercise based on reward systems and provide the resources for families to implement preventative measures for children who are at risk of obesity. In conclusion, research has concluded that chronic and stress and depression are related to over-eating and weight gain. We also know that our lifestyle and poor eating habits contribute to obesity. Therefore, we as educators need to equip society with the tools it needs to

educate and to empower people to combat this problem. That could be achieved by encouraging changes in attitudes and behaviour and by developing better coping skills in those at risk.

Ms BOYD: I thank the Committee for inviting the Federation of Parents and Citizens Associations of NSW to participate in this inquiry. We want a voice in what is happening with our children. Teachers have already taken on a parenting role. They tell us all the time that they have to be the parents to our children because we cannot do it. We are pushing for something that is further on in my statement: We would like a wellbeing committee. You have finance committees at schools and we would like a wellbeing committee that is at least 50 per cent minimum—50 per cent—parent involvement, not one of those five departments and two parents, or 10 departments and two parents. It is not that I am having a crack at the department, but we want a majority of parents. You cannot tell people what to do. You need to help them learn what to do.

The school is the constant being. The school will always have the resources there, the knowledge and information. Parents flow into the school and we flow out. You as the school need to keep that information, keep it constant, keep growing and adding: So learn, share; learn more, share more; and keep us involved in the loop. You have overworked staff so I am not saying that we want them to do lots and lots and lots more. That is where resources come in. There are different programs that are out there. Ms McNeil and I were talking about some. My colleagues when we were in the audience seats were talking about Stephanie Alexander Kitchen Garden and other healthy canteens groups. There is a platform for learning links. At the moment they are addressing school retention. They can put a platform up and all of those people with really good programs can say, "This is a really good program for these outcomes".

You have to have diversity. There are over 2,000 schools in the State and they are not all the same. There are some that are the same and there are some that are really similar, but there are huge numbers that are different. I have friends with kids with 40 people in the school and he is in Orange. I have got friends who have 38 children in the school, and it is just past Haberfield. It is somewhere local here—Plunkett Street. It is a small school. These different programs are going to address needs and the requirements of those communities. In one program we are bringing in a kitchen that can teach kids how to make food. That might work when they are growing it in the gardens if you are out at a Campbelltown school where you have a big field and a small school building—all of that space where you can grow your goods—and at Parramatta you have got a tall school building. It is just a straight up and down.

But they do have play space in their but you are not really going to be growing too much garden food there. We need diverse programs for our parents. That is why I like the whole idea of a platform where people can be involved. The department chooses the good six programs that that will work across, or maybe more—I do not know what the number is, which is why we are here to just throw ideas at you guys and you guys come up with the numbers and give us options because, you know, you are supposed to be taking care of the kids. This is one way that we are hoping you will be going to do that.

The CHAIR: Thank you. Are there any further opening statements?

Ms MCNEIL: Yes, please. There has been a lot of work on the parents today. Thank you very much. Like my colleagues, I appreciate the opportunity to be here and to speak for parents. We have seen this issue coming. Certainly back in 2008 when I was working for the Maitland-Newcastle diocese, I was on the committee that worked on the Good for Kids program. We spent probably 18 months working on that program, so we know that there are already many very good programs in schools—like the Good for Kids, like the Crunch and Sip, like the school gardens, the healthy canteens and Fresh Tastes. There are already many good programs in schools. On that front we would just continue to encourage schools to take those up, implement those in the schools and, as Ms Boyd said, to involve parents every step along the way because, while they are educating children they can be educating the parents.

We believe it is most effective when schools, parents and society are on the same page, particularly when it comes to health and wellbeing of children. I agree with my colleagues who said that working on the home front has the most impact, so we would recommend that that is where the resources be focused for this kind of initiative. I ask this question: This is an inquiry into childhood overweight and obesity and this is the Standing Committee on Social Issues, so I wonder why we are having the inquiry? What are we hoping to achieve, given that it has come in under the purview of social issues?

The CHAIR: That is a very good question.

The Hon. SHAYNE MALLARD: We should bring back the former Chair.

The Hon. Dr PETER PHELPS: That is right. Maybe we should call Bronnie.

The CHAIR: Maybe we should. Are there any further opening statements?

Mr BAKER: I am not sure how familiar everyone around the table is with Catholic Education, so I will make just a few brief comments on that. The commission represents and coordinates Catholic schools in New South Wales but does not manage them. Those schools enrol 255,000 students, approximately, and they have almost 20,000 teachers, 8,000 support staff, and 20 per cent of the school-age population of New South Wales attend those schools. We have tabled a briefing note, which is available, so I will speak to it in a very summary way. First of all, obviously we do not start with a policy void. Our colleagues have mentioned a lot of the programs. As far as policy context is concerned, our ground zero was 2002 with the then Premier's Obesity Summit. We think that is still relevant and should not be forgotten. It sets a lot of the policy framework. Catholic schools and their communities are concerned about childhood obesity but we note that the levels have plateaued. That is both a good news and a bad news story. It has not got worse but arguably it has not got better.

Also we are very aware of the data, which shows that the high incidences of childhood obesity are not random. They are highly correlated with disadvantaged communities. Schools, particularly since the Premier's summit in 2002, have taken measures to address the issue together with the Board of Studies, which is now the Board of Studies Teaching and Educational Standards [BOSTES], in the curriculum area; they have a canteen policy, physical activity policies and policies around fundraising. We hope there are not too many ubiquitous chocolate bars being sold for fundraising anymore in our schools. But we think the way ahead is a targeted approach to recognise the fact that high levels of obesity are not random. They are highly correlated with disadvantaged communities. We should recognise that and act on it.

We should also recognise that schools cannot do this alone and it can only be done with a partnership. We are more than happy to build on those partnerships with families, local councils, the Department of Health, Sport and Recreation, and other interested and available actors in this space. We are strongly of the view that for policies to be successful they must have local ownership. Trying to solve the problem from a polling centre in Liverpool Street—or indeed, may I say, from Parliament House in Macquarie Street—is probably not going to take us a long way. In conclusion, we want to be players and partners, as we believe we have been since 2002 at least, and we are particularly interested in how we might be able to focus on those disadvantaged communities.

The CHAIR: Are there any further opening statements?

Mr HUNT: Yes. Thank you, yes, I will make one, which will echo some of the comments already made so I will be quite brief. We represent about 460 independent schools that enrol over 190,000 students. We are a member association, not a school authority. We do not act as a system; rather, we are a sector of schools. That is an important distinction because we work differently to our colleagues in the Catholic and government sectors. We work closely within that group of organisations and we do a lot of work on committees, representing the needs of independent schools and providing a perspective that ensures that independent schools can play their part.

While schools are obvious places for those sorts of efforts to be directed towards, as has been mentioned, all schools struggle already with an overcrowded curriculum and expectations that they are the primary agents of change in our community on anything involving children. There are so many initiatives that already are aimed at improving eating and exercising habits of children, which variously involve schools, parents and community organisations, food manufacturers and suppliers, media, health providers and government and non-government agencies. While many of them have similar goals, too much occurs in isolation. We feel that greater coordination is needed so that the various initiatives and strategies can complement each other and work towards commonly agreed goals. We think improved coordination will improve individual and collective effectiveness and help relieve some of the burden on schools.

As has already been mentioned, any potential solutions involving schools need to be flexible in their implementation and allow for individual school and community contexts to be considered. Mandating solutions to address complex social issues is not effective—which, of course, is not news. Adaptable resources for schools are necessary and need to be accompanied by adequate and sustained funding, particularly for professional learning, practical support and resources for teachers.

The CHAIR: Thank you very much. Dr Cantali, in your opening statement you talked about victimisation. That has been mentioned before in conjunction with the mental health issues that stem from it. Is the victimisation coming from children, parents, schools, or all of the above?

Dr CANTALI: Much of the victimisation takes the form of bullying in the playground, especially when children are obese. There is also victimisation from parents in areas where there is a mixture of class. In schools in the inner west there are some parents who can afford things and other parents who are strapped for cash and cannot afford particular food or a particular type of lifestyle.

The CHAIR: Your organisation is in independent schools as well, so you would see a lot of parents who are making sacrifices.

Dr CANTALI: That is right. They are struggling a lot to send their children to independent schools.

The CHAIR: Thank you for that. Ms Boyd, you outlined some very good points. In particular, you said that you cannot tell parents what to do but that parents need help. You also made a comment about how you would like the Committee to come up with a program that worked. Is one of the problems that parents have too many too much conflicting information and it is difficult to navigate through to see what works and what to apply at their school?

Ms BOYD: Your question is a bit yes and no. It is a confusing question.

The CHAIR: Sorry.

Ms BOYD: Yes, you are right. We were looking at a platform idea. Under Local Schools, Local Decisions [LSLD] there is supposed to be chatting between the principal and the parent. The principal is supposed to say, "Mrs Boyd, do you think we need a student wellbeing program at this school to focus on obesity?" Then we would agree to implement one of the programs. This is my understanding of how schools want to adopt the government programs within the education cycle.

The CHAIR: So you are not told that there is one program that you should follow; you are told that there are five or six choices.

Ms BOYD: There are five or six to choose from. Imagine that everybody sitting around me is delivering a wellbeing program for students. You are the Government and you are running the programs. You say, "The funding process is open across the State. Submit your proposals showing the great programs that you are going to run for students." We all put in our program submissions and everyone says, "Ours is good. Ours is the best. You should take it." The Government will then pick some but not others. The schools then get to choose one of those. You cannot just take one, accept it for the year and then say, "Oh no, that did not work." It has to be run for two to three years. There are always teething problems whenever you introduce something.

Often when parents call us in to help with something it is because of a new idea that someone has brought in. It has bumped up against a wall and they have said, "I don't want to play this game anymore." They then whip up support and everyone says they do not want to play. If you say to the parents, "Look at this great plan; you get to choose one of these programs and it will help your kids," they will chose a plan, bring it back to the school and say that that is what they have chosen. Five people might go to the meeting, plus two from the school to give support and guidance, and they would receive your professional assistance.

We speak to a lot of people. There are 600 parents in my school community in south-west Sydney. It is a low-socioeconomic area with highly disadvantaged children. There are 54 nationalities at our school, which is a huge number of different cultures. You need to get the parent body on board because they will talk to the rest of the parents and there will not be that push-back, where the programs do not stick. If you say, "This is the program; you have to do this now," someone will say, "You are not telling me what to do. See you later." That person will tell ten of their friends, who will tell ten of their friends, then the program drops off. If you get the school leaders on board and they say, "We chose this. Let us give it a try," there is more chance of it sticking.

The CHAIR: Your view, then, is that there needs to be more collective ownership to make it work.

Ms BOYD: Yes. I would do something if somebody I trusted recommended it. We vote these people into the positions because we trust them. If they say "This will be a good idea," we support it.

The CHAIR: Ms McNeil, you outlined a program that you were involved in creating. Do you think it is important to have a range of programs for schools or parents to choose from?

Ms MCNEIL: Yes. As Susie said, when there is a range of programs they can choose the one that best suits their school. That is not in doubt. There are plenty out there already. It is also important to keep in mind that, given that this is an inquiry into social issues, there needs to be a whole-of-society approach.

The CHAIR: I will clarify that the Committee is the Standing Committee on Social Issues, which covers a range of issues across The state. It deals with topics ranging from same-sex marriage legislation to the topic of today's inquiry. That is the name of the Committee; this is not an inquiry into social issues.

Ms MCNEIL: I understand. Sorry. From a whole-of-society point of view, there are other things that need to be looked at to support parents in their parenting. That includes advertising. We have made submissions before, when inquiries have come up, about advertising to children. Another issue is the regulation of grocery

stores relating to putting lollies at the front of the store. Those factors have a great impact and they target these issues where they occur, at the grassroots level.

The CHAIR: Mr Baker, thank you for the history lesson in your presentation, which went back to 2002. We have known this is a problem for a long time. You were involved in the Premier's summit in 2002. You might be in a position to comment, given that history. You said that the problem will not be solved in either the Polding Centre or Macquarie Street. I agree with you. Since those discussions, what have you seen that has been helpful and beneficial in tackling this problem and what have you seen that has not helped or benefited anyone?

Mr BAKER: It is living history. The policies that came out of the 2002 summit are still live. This is an opportunity for a stocktake, to see whether those policies are still the most relevant or can be recrafted in some way. A lot of work has been done in those 14 years, particularly in canteens. Canteens are completely different from 14 years ago—and even more so from 42 years ago, when I started teaching in high school. A lot of work has been done on more inclusive approaches to physical education. A lot of work has been done in primary schools on food education, which my colleague Ms McNeil can talk about in more detail than I can.

Sorry to go down memory lane again, but one thing we learned that was not helpful was when the Federal Government introduced a requirement for two hours of compulsory physical education. It was a one-size-fits all approach across all schools. It did not work. It was severely counterproductive. The other area where there have been more runs on the board but also where there is room for improvement—to use that old schoolteacher phrase—is in dealings with local councils. Some schools have lots of facilities and large grounds, and some do not, including Catholic schools in older suburbs. So, I think a really practical thing is improving relationships and partnerships with local councils for access to grounds and facilities in growth areas, not just in whole suburbs, where you have lots of houses but perhaps not lots of facilities.

The CHAIR: In your opening statement, Mr Hunt, you made the point about a very crowded curriculum and the view that more and more is falling on schools to be responsible for what traditionally has been the role of parents. I am interested in some of the constraints that schools face in delivering because we have heard a lot about education and the power of persuasion. What are some of the real barriers for schools in delivering that element of the curriculum, if it were to become one?

Mr HUNT: There are many. One of the issues is that schools are overburdened in compliance as well, so that a lot of resources now go towards compliance, and I speak for independent schools that do not have the benefit of a centralised support system. Our schools are basically standalone so any compliance work that they do is done at the school level. It is not something that is determined or done more centrally, even by dioceses or departments. The expertise within the school is critical; particularly in smaller schools there is simply not the level of knowledge, expertise and capacity to deal with every issue that comes through the school. Echoing some of the other comments, resourcing of any initiative is an absolutely fundamental part of its success. Schools can really only devote staff to the time needed if they are actually resourced to do so.

The Hon. PENNY SHARPE: I thank everyone for coming in. There are some very good programs and you have actually highlighted some of them, such as Crunch&Sip—I am very familiar with that. I am also very familiar with some of the kitchen gardens that are going on. What are the barriers for uptake in those schools that do not want to do that? Is it a matter of parent engagement? Is it a matter of resources? I completely take your point about needing a suite of different programs because every school is different and parents are doing different things in different places. I am just interested in your feedback. Schools are already doing it obviously with the programs. With those that are not, what do you think is the biggest barrier to getting parental engagement with those programs?

Ms MCNEIL: I will start with a quick answer. We know that with parent engagement very often it has to be school-led. The school may think that the parents are not interested or they may not want to take up programs but they may find that when they introduce them, like Crunch&Sip for example, it sort of has a flow-on effect. The kids go home, they start talking about this and say, "Oh, I need to bring in an apple" or something like that and it catches on that way—Ms Boyd, I suppose, will elaborate on how we actually reach the parents. I think they have to have faith that if they do start a thing it will get support and take-up. I will add that we need to be thinking very seriously about why an apple costs more than a chocolate bar or a little bag of chips because really that is the apple core issue.

Ms BOYD: Yes, that was the first thing that came to my mind when they said, "Do you have anything to say about child obesity?" I said, "Yes. I can buy a chocolate bar cheaper than I can buy an apple." I bought an apple walking up here. I cost me $2 for an apple, and that was a good apple. I can buy an apple for $2 in Merrylands and it is not a good apple. We were misrepresented in the *Daily Telegraph* recently when they said we are banning chocolates because we want to have all apples. That is not what we said. I said chocolates are

cheaper to buy than apples. Why can't we get a better price on our fruit? It is just ridiculous. I took photos of these bespeckled apples that are in Coles or Woollies. It is not Coles versus Woollies; it is $4.95. I can buy an apple in my fruiterer, in my Coles, for $4.98—and I have a picture here if anyone wants me to blow it up on a screen somewhere.

The Hon. PENNY SHARPE: We believe you.

Ms BOYD: But my brother lives in Wheeler Heights and my mum is over at Collaroy. Their apples for $4.95 are better quality as well. It is the whole equality thing as well; it is not just why are apples more expensive than chocolate bars but why are the apples where my mum comes from on her side of town a lot nicer than the apples over on my side of town? I have told her: "When you come over on Wednesday, bring some fruit with you so that my children can get decent fruit." But that is just one family in 600 in the school. It is a bit ridiculous.

Dr CANTALI: Also, education is a big factor as well. It is a habit for some parents. They have been doing it for years and years and their parents have done that before them. A lot of them do not eat fresh food and they are used to having fast food, so breaking the habit is a big thing. It is about educating parents as to alternatives.

Ms BOYD: We have a high refugee population out in my area so if they get an apple that is all bespeckled and everything, they actually think that is a good piece of fruit because it is not all wizened. They do not know any better, so they think, "Okay. I'll pay $5 for that bag of horrible looking fruit" but their children say, "I'm not going to eat that", so it is a waste of money.

Ms MCNEIL: But certainly as Dr Cantali said, education is so important, and education without judgement.

The Hon. PENNY SHARPE: What are the barriers, Mr Baker, for your schools? I accept that schools are overburdened. Everyone who has a program thinks it should be delivered in school because basically the kids are captive there six hours a day five days a week—I get that. Of the programs that are working well, how do you think we can get better uptake from the schools that perhaps are not taking those on?

Mr BAKER: I might hand this to my colleagues who are more connected with the programs but I just reiterate that there are differences between different school communities. There is obviously a resourcing issue here and in terms of physical resources like playing fields, it is probably fairly self-evident. All the statistical data shows this is not, as I said in my opening comments, a random issue. It is highly correlated with disadvantage. Part of the issue is resourcing those schools or the communities really, not just the schools, and the sharing of resources—and that is where local councils come in—but as far as programs literally inside the school gate, I will hand over to my colleague Mr Grace.

Mr GRACE: In terms of barriers, depending on which program you are talking about, for instance, in excess of 80 per cent of our primary schools participate in Crunch&Sip, for instance.

The Hon. PENNY SHARPE: We spend a lot of time being very negative about all the problems. Crunch&Sip has obviously been something that schools have taken up. My daughter does it, which is why I am very familiar with it. Why has Crunch&Sip worked where so many others have failed?

Mr BAKER: Can I say this before I hand back to Mr Grace. I agree with you. We should not assume that overweight and obesity is an issue for every school and every child. It is not. The figures clearly show that 76 per cent of the population do not have a problem, if I can put it that way. We would be the first to say: Please do not construct an agenda for 100 per cent of the child population of New South Wales because they don't need it. We should face the inconvenient truth that this is not a random issue. I could not agree with you more but there are lots of schools that say, "What are you talking about?" In fact, some of the girls' schools would say, "Our problem is that our students don't eat enough".

The Hon. PENNY SHARPE: I am familiar with that too. I am interested in why Crunch and Sip works.

Mr GRACE: It is simple; it is direct. It is also part of the relationship that the school has with the home. It becomes part of custom and practice to put the fruit or the vegetables into the lunchbox.

The Hon. PENNY SHARPE: You should probably explain to my colleagues what the program is.

The Hon. Dr PETER PHELPS: I know it.

The Hon. PENNY SHARPE: Basically, at the same time every day—I think it is at 10 o'clock at my kid's school—they stop whatever they are doing and have a crunch and sip. They have a bit of fruit or vegetable. Does it work the same in every school?

Mr GRACE: I think it works pretty much the same everywhere.

The Hon. PENNY SHARPE: So simplicity is part of it. But it is a pretty radical idea to have kids eating in the classroom. That is a big change from how it has been in the past.

Ms BOYD: That is what they like about it. They are doing something that is a little bit naughty.

The Hon. PENNY SHARPE: Even if it is a carrot.

Ms BOYD: Yes. We are getting to do something that is a little bit naughty for a seven-year-old—to say, 'Pull out your apple.'

The Hon. PENNY SHARPE: I am interested in teacher acceptance of that program within the classroom.

Ms SLOSS: I think that teachers would encourage anything that builds relationships with students in the classroom. That is one strategy—amongst a range of strategies—that can.

Ms VELLAR: In my role in the school system of Broken Bay the Crunch and Sip is timetabled. I see that in a lot of schools that I go into.

The Hon. Dr PETER PHELPS: My question is specifically to Ms Sloss and Mr Baker. Do your schools have mandatory health classes?

Ms SLOSS: Yes, indeed.

The Hon. Dr PETER PHELPS: In fact, Board of Studies Teaching and Learning Educational Standards [BOSTES] NSW mandates health from kindergarten to year 10, doesn't it?

Ms SLOSS: That is correct.

The Hon. Dr PETER PHELPS: So, unless you have a perpetual truancy it is likely that every student is going to be exposed to nutritional information in the school environment at that time.

Ms SLOSS: Correct. It sits in the BOSTES Personal Development, Health and Physical Education [PDHP] curriculum from years K to 10. In a number of schools through student wellbeing programs there would be additional information that would go from year K through to year 12 in some schools.

Ms MCLEAN: There are mandated BOSTES hours for that in years K to 6. Forty per cent of the curriculum is devoted—besides to England and maths—to other key learning areas including personal development, health and physical education. In years 7 to 10 it is 300 indicative hours.

The Hon. Dr PETER PHELPS: Is this not a further example of the mission creep which falls to schools. We have a problem with driving so we teach driving at school. We have a problem with financial management so we teach financial management at school. There is a problem with domestic violence so we teach domestic violence measures at schools. We have a problem with obesity so let us teach anti-obesity techniques at schools. Isn't it unreasonably falling to schools to, in fact, be parents?

Ms MCLEAN: I think it is about acknowledging that there is managed content in schools around that. But knowledge, attitude and behaviour change is not something that happens solely in the classroom. It needs to be a combined effort—a supportive environment with the school, the family and other agencies outside of the school in the local area.

The Hon. Dr PETER PHELPS: It is not even as generous as that. It is not unknown for children to engage in an activity knowing that it is bad for them. Indeed, for many adolescents it is a bit of a thrill to engage in activities which are not prescribed as good by the State or by the various religious views of the institutions in which they are being educated.

Mr BAKER: Yes. You are absolutely right; there is already mandatory health requirements within the curriculum. I put together a list of 17 different types of literacies that schools are meant to cover. I could read it—

The Hon. Dr PETER PHELPS: No!

The CHAIR: You could provide it to us on notice, if you like.

The Hon. Dr PETER PHELPS: I think you are getting at exactly the problem that I am trying to point out. I wondered the point at which pedagogical instruction about what is an appropriate lifestyle can actually filter through, especially in teenage years.

Mr BAKER: In that respect, as they say, we are in heated agreement. On the other hand, the implication of that is not to say that schools should abandon their involvement in this area.

The Hon. Dr PETER PHELPS: But they do not.

Mr BAKER: They do not; I agree.

The Hon. Dr PETER PHELPS: They are required to do it through their instruction in health.

Mr BAKER: It is more than a knowledge thing; it is a values thing. That is why it is absolutely imperative that any school work with the families. You are quite right: knowledge is one thing, and translating that knowledge into action and lifestyle is something quite different. We would agree with you. The last thing we want is more compliance. My colleague from the Association of Independent Schools has said that. There is a compliance check list attached to our briefing note. So, to the extent that anybody might want boxes ticked, boxes are ticked. I do not mean that necessarily in a pejorative way. Compliance has its role. I agree with you: more compliance is not the answer. A lot of this is really values education dressed up as cognitive activity. My colleagues might want to comment.

Ms MCLEAN: What Linda said earlier is true. It is a very complex social issue.

The Hon. Dr PETER PHELPS: That is my next question.

Ms BOYD: I would like to point out that Mr Baker said before that it is not needed for everybody. Seventy-six per cent are at a good rate, but we do have to create something for those who do not have it. We are not saying that everybody needs to do this. I know of schools that have really good programs—they have good gardens et cetera. There is no need for them to take up these programs. Although some schools may not need it that does not mean that a school down the road does not need it. Like Mr Baker said, we do not want this committee to you away and say, "Those people want us to hunt down, and make sure that every school has one of these groups." We would like an option that schools that do not have one of these groups can choose. We are not saying, "You must do it." The over-working of staff—

The Hon. Dr PETER PHELPS: But there are many people who do want mandatory limits in schools. They say, "We would like to have the ability to prescribe what the tuckshop can sell, when it can sell it, under what conditions it can sell it."

Ms BOYD: Are they here?

The Hon. Dr PETER PHELPS: My view is that surely that is a thing left to the parents of that school.

Ms BOYD: That is what we are saying.

The Hon. Dr PETER PHELPS: I think we are in absolute agreement here.

Ms BOYD: We are in furious agreement, again.

Dr CANTALI: Professionally, and as a parent, I agree with a lot of what you are saying with respect to the values that schools should be teaching. We cannot teach everything. However, some of the things that we are talking about today are fundamental, and schools needs to teach the foundation, and where children can acquire resilience.

The Hon. Dr PETER PHELPS: But they already do.

Dr CANTALI: They do, but teaching about what good food is, and what is appropriate—

The Hon. Dr PETER PHELPS: You get that in health lessons, and presumably Healthy Harold makes his appearance at schools around the State every now and again.

Dr CANTALI: That develops through defence in kids. As someone who has a migrant background, I remember that I was able to teach my parents about what was good and what was bad. You just do not take long salamis to school and munch on them during the day, because they are not good for you; they will give you high cholesterol. So I remember teaching my parent what was right and what was wrong. I am sure a lot of our children do that, because the parents have no idea. The school is a bit of a platform where we learn things other than academic skills. But, in saying that, I think you are right: There is a balance that we need to address.

Mr GRACE: I do not believe that the curriculum we have in schools is inadequate in that respect.

Dr CANTALI: I did not say it was inadequate; I just said that we do that anyway. It is a good thing.

Ms MCLEAN: I think we need to acknowledge the internationally accepted framework for health promotion, which is the Ottawa Charter. It has education as only one component of a whole approach to health promotion and making change in healthy attitudes and behaviours. Behavioural change, as you say, Dr Phelps, is very socio-culturally influenced. The Ottawa Charter has five areas, and education is only one of them. They include supportive environments; developing personal skills, which comes from education; re-orienting health services to look at prevention rather than a picking-up-the-pieces approach; inter-sectoral collaboration and public policy. All of those things have to interact. We would advocate that it is a role for everybody in the community.

The Hon. Dr PETER PHELPS: Alternatively it is a role for nobody—in the sense that it is not really the core business of government to go around telling people how to live their lives, is it?

Ms MCNEIL: It is not, but although it is the responsibility of all of us, and it is not the sole responsibility of schools to provide the pedagogical instruction in what is a healthy lifestyle, as Ian Baker said, for those pockets of disadvantage where the statistics are staggering, that may be the only place they are getting that information. For that reason we cannot let it fall away. We do have great programs; we want to make sure that they are being used especially where they are needed because that may be the only exposure those kids are getting to those thoughts and ideas.

The Hon. Dr PETER PHELPS: But that is precisely the same sort of argument that middle-class, white populations have used about correcting the social deficiencies of the working class for years.

Ms MCNEIL: I have sat in front of groups—as I said, without judgement—of irate parents who have argued with me and our structures that it is a child's right to be able to choose among 50 varieties of lollies in a school canteen.

The Hon. Dr PETER PHELPS: And if their parents approve of that I do not see why it is the role of the State to intervene at that point.

Ms MCNEIL: I would say that it would be a very irresponsible school that would not be offering a healthy canteen.

The Hon. Dr PETER PHELPS: But then that is to the school's disadvantage: if it is not popular then it will not be used.

Ms MCNEIL: We would not want to disadvantage those kids for future life; we would want them to have the same advantages as their middle-class, white peers.

The Hon. GREG DONNELLY: Thank you all for coming along this afternoon. This is a general question across the group so feel free to answer it. We have had evidence earlier today that there is a current review going on of the current food policy for schools in New South Wales. I am just wondering if you are aware of that. Secondly, is it moving to some conclusion in the relatively near future, which is going to create some assistance to you, or is it something that is just floating away and you are not quite sure where it is going?

Mr BAKER: I think we were referring to a committee which my colleague is a member of.

Mr GRACE: There are a couple of us here today. The Catholic Education Commission and the Association of Independent Schools has been working with the Department of Education and the Ministry of Health on the review of the Fresh Tastes @ School NSW Healthy School Canteen Strategy. That work has been going on for some time now; it has included a comprehensive literature review, canteen manager surveys, principal surveys, other stakeholder engagement, because we want to get it right. We want there to be an evidence base for the recommendations that are made and for there to be sound but simple reasoning to school communities as to why certain foods are recommended.

There is some tension, I might say, in terms of what level of compliance, if any, should go along with this initiative. We would argue that the power be in the hands of the schools themselves to determine the extent to which its recommendations are implemented, whereas there are others who would suggest that no, it should be a very, very high level of compliance that is monitored. Indeed, earlier today I know that there were a couple of testimonies where, I think it was Mr Mallard who asked the question—the response was well, there is evidence but it is anecdotal. In our working party we are looking for something that is a bit more established than that.

We would say, and I think it has been the sentiment around the table this afternoon, that decisions that are locally made are owned and it is the relationship that exists between the parent body, the students and staff, that most successfully carries out those decisions. So rather than it being a very black-and-white, top-down type

policy with a high level of compliance, we would be looking at something that is a bit more devolved out to the schools themselves. But the work of that working party is ongoing, as I say, and exactly what shape it may take remains to be seen.

Mr BAKER: We are at risk of propelling ourselves into false dichotomies where there is either compliance or there is not. There already is compliance. The briefing note that we attached contains as an appendix to it an example of a compliance checklist, literally. We would say that there needs to be a proper balance and we do not think there is a case for more compliance. There is a case for updated guidance to schools, but this is already—as the point was made earlier—a regulated space; there already is a Personal Development, Health and Physical Education syllabus that already is mandatory by law; the implementation of it already is oversighted, as you can see from the tabled document.

The Hon. GREG DONNELLY: The issue of the need to outsource the running of canteens to a concession on, for them, I presume, some sort of at least small profitable basis, is that a matter that has manifested in the Catholic education system and in independent schools?

Mr BAKER: The short answer is yes, for a range of reasons. When I started 42 years ago the canteens were all voluntary. That is not a viable option for a whole lot of reasons I do not need to rehearse here. I think some people see that as an evil intrusion of commercialism into schools. Well, no. It is a regulated space, there are agreements, the firms which do this do so in a regulated way, but it is a local decision. So increasingly school canteens are contracted out, and that is a local matter, but it is regulated.

The Hon. GREG DONNELLY: Given that these guidelines, which we are dealing with a review of now, were last looked at in 2005, in the context of the review that is taking place now, do you think there needs to be any particular attention given to the issue of the outsourcing arrangements, or is your position that this is a matter that the schools can look after?

Mr BAKER: My opening point was about going down memory lane. The policy frameworks were set going back to 2002. So we would agree that it is timely to review those policy frameworks and see whether they are still appropriate. But whatever comes out of that review needs to balance appropriate regulation with local decision-making. That is the tricky bit: balancing appropriate regulation with local decision-making, and that is exactly how contracting out works in Catholic schools.

The Hon. GREG DONNELLY: Just one final question and it is to you, Mr Baker, because it is in your submission, but others might care to comment. About potential specific actions to look at and issues to look at you have got here on page nine at point 2 (c) "incentives for local government to expand access to sport and recreation facilities including access for school-based groups". Could you elucidate that a little bit—what thoughts you might have had about how that might be done or do you have any practical examples where the Catholic education system has had some success and, without naming it, a specific school you can use as a bit of an example?

Mr BAKER: I cannot recite examples off the top of my head but we could provide them. At the risk of being trite about it, some local councils are more cooperative than others. There are still issues around legal liability despite the reforms to the Civil Liability Act some 10 years ago; so that is an inhibitor—there could still be issues around who is ultimately responsible if something happens literally on the playing field. Some of those issues could usefully be revisited, and we acknowledge there are costs—playing fields have to be maintained, usage is an issue. So I think as far as high-level policy, which is sort of the way the commission becomes involved in this, we would see issues around some funding support, again targeted—when I say "again", you would have noted one of our themes is let us look at the high-incidence areas, the disadvantaged communities—to literally maintain and in some cases create the playing spaces, particularly in the new suburbs out there in western and south-western Sydney, and we could look usefully at some of the remaining legal liability issues, that is at the high level.

The Hon. GREG DONNELLY: Mr Hunt, is there anything in the context of independent schools on this issue of accessing local government assets like fields and recreational facilities?

Mr HUNT: I am not sure that it is a major issue for independent schools in particular. I do not have figures on this but certainly for the vast majority accessing sporting fields and outsourcing canteens and those kinds of things is fairly standard practice. They are used to doing these things on their own because they do not have the systemic support, and it is not really an issue for them to seek solutions that are going to suit them. They do not generally have to get approval from a higher authority other than when they need to access space they do not currently have, and they will arrange a way to do it.

The CHAIR: Mr Baker, you spoke about the private operators in canteens and how you saw that as a viable system. We received evidence earlier today that although some private operators would say that they are

providing a healthy menu in line with what the agreement with the school is, they do not do that in practice. Is that something you are aware of in the Catholic school system?

Mr BAKER: The arrangements are underpinned by legal agreement, and that would be a clear breach of the agreement. No, the feedback that comes to me is that these are mutually acceptable agreements, but they are certainly oversighted and regulated. There are certainly contractual arrangements and, if any provider were in breach of those, the school would immediately take it up.

Mr GRACE: Schools hold those external providers to a high standard. The reality is that it is a competitive market out there and, if the providers of these external services are going to do the wrong thing by the schools, the schools will vote with their feet in terms of those external providers and move to one of their competitors.

Mr BAKER: We have never argued for laissez faire, for no regulation. Our argument is that this is already a highly regulated space, and we do not see any compelling case for more regulation. If there were documented cases of abuse of those arrangements, we would want to know about them.

The CHAIR: Ms Boyd, you talked before about the challenge of the chocolate bar costing more than the apple. From your perspective, would the best way to address that for government to impose a tax to make the chocolate bar more expensive than the apple?

Ms BOYD: Heck, no! I am looking at reducing the cost of that apple.

The Hon. Dr PETER PHELPS: I raised a proposal earlier with one of the other witnesses that on an annual or semiannual basis we weigh schoolchildren and then fine their parents if they do not have an appropriate level of fitness and body mass index. There are three parent representatives here. What is your view of that?

Ms BOYD: Bad idea—bad, bad, bad. Did we catch that?

Ms MCNEIL: I agree.

The Hon. Dr PETER PHELPS: It was said with tongue firmly in cheek, but it is the logical conclusion to many of these public health issues—that is, we cannot fine the child for what is the responsibility of their parents. Another thing I would like to raise, particularly with you, Ms Boyd, is in relation to not merely a social but also a cultural aspect. If you went to a Tongan community and said, "Your child is overweight", in many instances you would get the response—

Ms BOYD: They would go, "Yes!"

The Hon. Dr PETER PHELPS: That is the Tongan conception of a good body shape.

Ms BOYD: I grew up in that community. Jonah Lomu's legs? They are the legs they are after.

The Hon. Dr PETER PHELPS: That is exactly right: large thighs. I grew up in the inner west and I know what certain Pacific Islander communities think of as the best body image. There is a danger of us falling into a white, Western view of what children should look like, is there not?

Ms BOYD: I am a little bit pale, but I am actually Maori.

The Hon. SHAYNE MALLARD: We got the accent—do not worry!

Ms BOYD: My family were Maori, Portuguese, Cook Islands, Scottish—we are everything. Yes, Jonah Lomu's thighs, strong community, Cook Islanders—most of those ethnicities are from the Islands, my real house. We serve our children that. Look at me: I am not a sculpted, tiny Dr Cantali character. There is more of me to love.

The Hon. Dr PETER PHELPS: The point I am trying to get at is the statewide imposition of any one-size-fits-all approach that denies both individual parental responsibility and community expectations is inevitably going to be a failure. Any programs that you put in have to have the most decentralised and parent-centred initiatives rather than some government mandate about what you want as an outcome.

Ms BOYD: With those programs with the gardens that we have running out there, we like vegetables. I have a lot of Muslim friends, and they like their vegetables. I have a lot of different ethnic friends. I just said there are 54 nationalities within our school. We have large community gathering days, and there is a lot of different food that gets eaten. But the one thing that is similar that we have been raising, and that it looks like we will continue to raise, is that people like gardening and doing physical activity outside. We live in Sydney: There is not that much gardening going on for our children, but we are trying to push for our personal area. We are trying to show the kids that gardening is good and healthy vegetables are good. But that is going to work for

us at Merrylands High; it might not work up the road at Granville South High, which is why I have pushed the "We want a suite of options for everybody". We are not telling everyone, "One size fits all and you're all going to fit into it," because my Thai friends are not going to fit into the same mould as my Samoan friends.

Dr CANTALI: I think you are going to have to look at healthy lifestyle, not so much at obesity. It is more about having a healthy lifestyle, because you get a lot of children with malnutrition who are neglected, and they are the ones we worry about. That is where the children have to be aware of what is and is not good food.

The Hon. Dr PETER PHELPS: With respect, Dr Cantali, does that not already exist? What you may have in this circumstance is people who know full well the consequences of their actions but say, "You know what? I'm stinging for a cheeseburger and a Coke."

The CHAIR: Dr Phelps, we will leave it there. You and Dr Cantali can have a conversation about that afterwards. Thank you all very much for joining us this afternoon. If you took any questions on notice—I am not sure whether anybody did—you have 21 days to come back to the committee. You may receive questions on notice from the committee following the transcript. The secretariat will contact you in relation to any questions you have taken on notice or anything that may come. Thank you again for joining us.

(The Committee adjourned at 16:02)