Life Education Queensland Submission to The Committee: Health and Wellbeing Queensland

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Thank you for the opportunity to provide a submission to help inform the strategic focus of Health and Wellbeing Queensland, as well as our thoughts on the current funding gaps in regards to improving the future health and wellbeing of Queenslanders.

Over the past two decades, the proportion of Australians with overweight or obese body weight has increased while levels of physical activity across the population have decreased.

The recent 2018 Nutrition across the Life Stages Report, Australian Institute of Health and Wellbeing, found that generally, Australians of all ages do not eat enough of the five food groups, eat too much discretionary food and eat too much sugar, saturated fat and sodium. It also stated that good eating practices are not being established in early childhood leading to poor practices carrying forward into adulthood. On top of this, the report found that only 30% of young people aged between 2-17 years and 44% aged 18 and over met the Australian physical activity guidelines with a high percentage of children and young people exceeding the guidelines for sedentary or screen-based behaviour reported. In addition, 45% of the energy intake of teenagers, and 40% for those aged 4 – 13 years, is from unhealthy foods or discretionary foods.

In regards to smoking, it is important to remember that whilst we have achieved considerable success in reducing smoking rates among young Australians, there are still one in four children who live with a daily smoker. In 2011, of the modifiable risk factors, tobacco smoking was responsible for the greatest disease burden in Queensland. In 2016, it was estimated that smoking accounted for 3600 deaths (12% of all deaths) in Queensland, whilst two-thirds of current smokers are likely to die of smoking-related illness.

In addition, alcohol use caused 4.6% of the total disability burden (YLD) in Queensland and caused about 46,200 hospitalisations and 146,100 patient days. According to the Chief Medical Officer's 2018 report*, '52% of secondary students aged 12–17 years had consumed alcohol in the previous 12 months in 2017, and 32% had done so in the previous four weeks— conflicting with Guideline 3 (national guidelines) that the safest option for those aged under 18 years of age is to not drink alcohol.'*

Overall, the importance of an increased focus on prevention is self-evident. In Queensland in 2016/17, there were 193,634 potentially preventable hospitalisations. In 2015, there were 10,379 premature deaths and 5,315 avoidable deaths. In 2011, there were 907,268 years of healthy life lost to death or disability in Queensland. This not only reinforces the burden on our health system from preventable chronic disease and avoidable accidents and injuries, but also the impact on individuals, families and communities, which is so much greater and harder to measure.

As the Chief Medical Officer states: *'Prevention is a sound investment—it improves population wellbeing, delays the onset of disease and helps to constrain increasing costs associated with an ageing population over the long term.'*

There is a current gap and need for targeted, strategic early intervention education for our children and young people, specifically in the early and primary school years (ages 3-13), and continuing into the secondary school years, as part of a holistic approach. One that includes education and support for teachers as well as parents and carers. This is reinforced by the Australian Medical Association.

'While it is important to provide adults with opportunities to increase their health literacy, it may be more fruitful to focus on ensuring suitable levels of health literacy are achieved among all children and young people. This is particularly important given the increase in preventable disease and disability including associated health care costs. Teachers and other professionals must be supported to deliver health literacy education in a developmentally appropriate and engaging manner.' **AMA**

Having worked with over 850 schools and pre-schools in Queensland and interacting with more than 130,000 parents and teachers, one of the most common barriers expressed by all groups is lack of time.

Teachers tell us that competing demands for their time in an already crowded curriculum heavily focussed on literacy and numeracy often means that Health and Physical Education (HPE) does not receive sufficient focus. The role of NGOs in supporting teachers and parents is therefore crucial.

In order to support schools and childcare centres with health and wellbeing, programs must meet their needs and be curriculum aligned, age appropriate, sequential, cross-curricula and allow for flexible modes of delivery.

Programs must also be tailored to meet the needs of individual communities. Community considerations, consultation around program needs, design and implementation and ongoing support is vital for the program to be successfully imbedded into the community to effect the necessary change in behaviours and ultimately the desired results.

It is also important that programs look at and address health and wellbeing holistically and not just physical health in isolation.

One in four young Australians suffer from mental health issues and a consistent theme in feedback we receive from teachers is that children lack skills to navigate friendship groups, regulate their emotions and demonstrate resilience and that this impacts significantly on their health and wellbeing.

Sadly, significant and deplorable numbers of Australian children are exposed to domestic and family violence. While quantifiable data around the numbers of young children is limited, we know that statistically two in five people aged 18 years and over had experienced violence since the age of 15, Australian Bureau of Statistics Personal Safety Survey 2016. Growing up in a home experiencing domestic and family violence can impact on children and young people in a variety of ways, being physically, socially, behaviourally and emotionally and it is during these formative years their ideas around relationships are being learned.

Therefore, programs must work with children to identify characteristics of healthy, positive relationships, to understand how to respect and take care of themselves and others and provide them with the appropriate skills and strategies to help maintain positive, safe relationships both online and offline.

To quote the 2018 Chief Medical Officer's report: '*Health loss in adolescence and early adulthood (15–29 years) was characterised by the consequences of risk taking, and mental illness. This is a period of cognitive and social change and is generally prior to the onset of many of the lifestyle related conditions and signs of bodily wear and tear. Young people as well as children have an opportunity to prevent and delay the onset of chronic conditions by adopting healthy behaviours and limiting the development of unhealthy habits. Preventing injury deaths and treating and preventing mental illness will have the greatest impact on total disease burden in young people. An underlying risk factor for young people is risky alcohol consumption.'*

Similarly to schools, parents are struggling with competing demands and stressors and are becoming increasingly stretched and time poor. Providing education, resources and support that is available to parents and carers across varying platforms and mediums that is accessible to them on demand and at a time that is convenient must be a consideration. No longer can the majority of parents take time out of their schedules to attend meetings/events organised either during the day, by schools or community groups or outside of the home. Programs and providers must meet their needs where they are.

In summary, holistic health promotion and intervention focused in the early and primary school years, and reinforced in secondary school, that is tailored to individual community needs with a combined focus on physical as well as mental and social health education that supports children, families and schools is crucial to providing positive health outcomes for all Queenslanders.

Life Education welcomes a greater focus on prevention through the establishment of Health and Wellbeing Queensland. We have identified the following funding gaps, based on our experience of working with almost 10,000 classroom teachers each year, many thousands of parents, and over 200,000 Queensland children and young people.

Early Child Development

To quote the World Health Organisation:

'The early child period is considered to be the most important developmental phase throughout the lifespan. Healthy early child development (ECD)—which includes the physical, social/emotional, and language/cognitive domains of development, each equally important—strongly influences well-being, obesity/stunting, mental health, heart disease, competence in literacy and numeracy, criminality, and economic participation throughout life. What happens to the child in the early years is critical for the child's developmental trajectory and life course.'

It is important that health literacy, and the skills that go with it, begin to be established early in life, before the commencement of primary school.

Life Education recently developed a series of health education modules aligned with the early years learning framework for pre-school children aged 3-5, in addition to our primary school program.

In the early years, our content focuses on sun, water and road safety, nutrition and physical activity as well as the beginnings of social/emotional learning. This acts as an important basis and springboard into our primary school program. We would like to extend this content even further and our capacity to deliver it.

We are experiencing high demand from early learning centres for this new early years program. However this is not currently funded. We are missing a very significant opportunity in these crucial early years of life.

Recommendation

Funding for health education programs in early learning centres, delivered by specialist health educators working alongside pre-school teachers, is a necessary first step in investing in the physical health and social and emotional wellbeing of Queensland children. There is a

wonderful opportunity for Life Education to contribute in this space, serving as a springboard to our primary school program.

Nutrition and Physical Activity

The delivery of education to children on the importance of nutrition and physical activity, supported by teacher and student resources, is vital. This is a major focus of Life Education's content in the junior primary school years, but would be strengthened further by a greater focus in the middle and upper primary school years. In addition, other factors such as the school food environment and parent influence needs greater attention, along with an increased focus on communities where obesity rates are higher than average, which includes many low socio-economic areas, regional and remote Queensland and Aboriginal and Torres Strait Islander communities. Life Education is now working in many of these communities, with approximately 30 community based health educators across the State. In addition to our existing work, we are in the process of launching a pilot program in North Queensland in partnership with the Primary Health Network and Deadly Choices, to help address the issues identified above.

Through a series of stakeholder consultations in targeted communities in NQ, including Aboriginal and Torres Strait Islander communities, we are trialling a program called "Healthy Eats". This program encompasses a multi-faceted approach, which includes initiatives such as:

- delivery of a 45-minute "Healthy Eats" lesson in the classroom, in partnership with 20 local primary schools, targeted to students in Years 4-6. This is in addition to Life Education's existing program.
- working with QAST to facilitate an audit of school tuck-shop menus and the school food environment
- supporting school tuck-shop staff to implement Smart Choices
- cooking demonstrations in local communities
- a regular "Healthy Eats" article in the school newsletter
- a "Healthy Eats" recipe book
- Training of local indigenous people to support the program's implementation

There is little doubt that, given the profile of our mascot Healthy Harold, that he can also be a significant influencer and driver of behaviour change among children.

We believe this multi-faceted approach will strengthen and enhance our existing delivery of nutrition education, especially in targeted communities where the need is greatest.

Recommendation

Extend the delivery of nutrition education in primary school to years 5 and 6. Expand Life Education's 'Healthy Eats' initiative into targeted communities throughout Queensland, working in partnership with local community groups, schools and parents through a multi-faceted approach.

Social and Emotional Wellbeing

As stated by the World Health Organisation, 'without mental health there can be no true physical health.' The two are inextricably linked. The capacity of young people to make decisions that protect and enhance their physical health depends very much on having the

necessary resilience, positive attitude and social/emotional skills, as well as the health literacy, to navigate through the many choices they will face whilst growing up.

The prevalence of domestic and family violence brings with it many physical, emotional and social implications as the effects on children and young people can be many and varied and may include anxiety, depression, self-harm, low self-esteem, poorly developed communication skills through to substance abuse and suicide. Sadly, "*children of mothers experiencing domestic violence have higher rates of social and emotional problems compared to other children*", (A report prepared by: The Australian Domestic & Family Violence Clearinghouse: The University of New South Wales For: The Benevolent Society 1 August 2011).

Physical health education should therefore be taught alongside education that promotes healthy, safe relationships in a way that empowers young people to interact positively and respectfully with their peers, parents, teachers, and the world around them.

Life Education is facing growing demand for content recently developed on cyber safety, bullying and respectful relationships. This demand is coming from schools as well as parents, however it is competing with our existing content on nutrition, physical activity, smoking and alcohol which is currently funded by Queensland Health. Rather than being in competition, Life Education believes that delivering both forms of education is imperative. Students should not have one without the other.

Recommendation

Funding should be made available to enable a greater focus on children's social and emotional wellbeing, in additional to physical health, encompassing a holistic approach. In particular, this funding should include respectful relationships education, encompassing bullying and cyber safety and decision making skills. Life Education is keen to expand the development and delivery of this content and we have the capability to offer it to schools alongside our health education content, so that we have a truly integrated health and wellbeing approach.

Secondary Schools

As the Chief Medical Officer's report states: 'new generations of young people are still likely to consider taking up smoking, and therefore prevention strategies must be alert, active and ongoing.'

This is especially true for indigenous Australians. 23% of the 10-year health gap between indigenous and non-indigenous Australians is due to tobacco smoking – the leading contributor. Indigenous Australians are also 2.5 times more likely to smoke tobacco daily than non-indigenous Australians.

Last year, Life Education delivered alcohol, tobacco and other drug education to 36,249 Queensland young people, with our tobacco module provided free to many lower socio-economic and remote communities. This work must continue. However, this reach was very much focused on upper primary school. Whilst early intervention is important, it is also important that drug education be further reinforced closer to the age of initiation during the secondary school years, and this is especially true of alcohol and illicit drugs. Our interaction with secondary schools indicates that delivery of alcohol and other drug education is sporadic and often unstructured. There are few providers in this space.

Similarly, whilst Life Education now delivers sexual health and relationships education to more than 30,000 Queensland young people, the vast majority of these are also in primary

school, where the focus is predominantly on puberty. Again, our experience tells us that the delivery of sexual health education by teachers in both primary and secondary schools is sporadic, and greater support is needed by NGOs to ensure that Queensland young people are empowered to make safe and healthy decisions.

In 2017, for young people in Queensland, there were 34,111 notifications for communicable diseases and related conditions, with the leading cause being a sexually transmitted infection (STI) chlamydia which accounted for 53% or 17,969 notifications.

Through our experience, we believe that the issues of drug education, sexual health education and resilience (social and emotional wellbeing) education are intertwined and should be delivered through a more integrated approach, rather than seeing each as separate. Building the resilience skills for effective decision making as well as the skills to create and maintain healthy, respectful relationships, should go hand in hand with drug and sexual health education.

Life Education is well placed to grow into this space, given the very strong awareness of, and respect for our work, among parents, children and teachers. Continuing our education program into secondary schools, building upon what we teach in the primary school years, is an obvious next step that is only constrained by funding.

Recommendation

An allocation of funding for the development and delivery of sexual health, drug and resilience education to young people in secondary school is important to ensure that we are fully investing in children's health literacy, decision making skills, and social/emotional wellbeing throughout their school years. Secondary schools, in general, cannot do this work alone. Not for profit organisations such as Life Education should be playing a facilitating role in working with secondary school teachers, parents and students to help create the positive environment in which our young people can flourish, both physically, socially and emotionally.

Parents and Teachers

While the benefits of early intervention education for children are undisputed, if we are to achieve the best outcomes for children, best practise highlights a need to include and work closely with both teachers and parents in taking a combined, holistic approach to health and wellbeing.

Having a successful partnership between home and school positively impacts on the child. Teachers provide us with consistent feedback stating their appreciation for the resources Life Education provides, both before and after the Life Education lesson, which provides ongoing curriculum aligned content that teachers can implement in the classroom. Alongside this, we believe that providing classroom teachers with more professional development opportunities will assist them further to integrate health and wellbeing education into their daily teaching. So that home and school are working together, support must be given to educate and empower parents allowing them to make more informed choices and decisions regarding the health and wellbeing of their children, as their primary carers.

Recommendation

Funding should be made available to allow for additional professional development for teachers and development of education resources and supports for parents encompassing children's physical health, social and emotional wellbeing, resilience building and relationship management. Life Education is keen to expand the development and delivery of

parent and teacher education. We already have a database of more than 20,000 Queensland teachers and parents with whom we can communicate through digital channels. In addition, Life Education's team of 30 health educators are highly respected within the school community and represent a significant community resource that can be maximised for further face-to-face health and wellbeing education.

Authors

Michael Fawsitt – CEO, Life Education Queensland.

Michael has more than 25 years of experience in the not for profit sector. He commenced as CEO of Life Education Queensland after spending 14 years with leading charity, World Vision Australia. In 2006 Michael was one of four finalists for Queensland Australian of the Year for his work in establishing their Youth Leadership program, as well as for leading World Vision Queensland's fundraising response to the Asian tsunami. Since commencing as CEO of Life Education Queensland, Michael has grown the team from 13 staff to more than 50, doubled the number of children accessing health and drug education, and extended Life Education's presence into regional and remote areas of the state.

Sharon Lansley – Health and Wellbeing Education Manager

Sharon joined Life Education Queensland following five years as National Education Manager for the charity Bravehearts, where she oversaw significant growth in their services across Australia. Prior to that, Sharon was Community Programs Manager with the Gold Coast Titans and South East Queensland Development Manager with the ARL.

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