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RESEARCH ARTICLE

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Awareness and use of the Eat Smart Play Smart resources in Out of School Hours Care services: A staff survey in New South Wales, Australia

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Abstract

Issue Addressed: Out of School Hours Care (OSHC) is an important setting to promote healthy eating and physical activity. Between 2017 and 2018, The Eat Smart Play Smart (ESPS) resources were disseminated to OSHC services across New South Wales (NSW), Australia. The aim of this study was to evaluate the awareness and usability of ESPS to support OSHC healthy eating and physical activity practices.

Methods: All NSW OSHC services (approximately 1700) were invited to complete an online survey to assess awareness and use of the ESPS resources (manual and online modules). Data were analysed using SPSS (Version 29).

Results: A total of 393 OSHC staff responded to the survey. Most (75%) had used the ESPS resources. Of the 25% who had not used the resources, 63% indicated it was because they did not receive the manual and 52% were not aware of the resources. Of the OSHC services that knew about the resources, 69% indicated that ESPS contributed to their service's ability to meet the Australian National Quality Standards. Respondents identified additional support was required regarding physical activity educational materials and professional learning. Suggestions for improvements included offering content in different formats (e.g., digital).

Conclusion: This evaluation identified factors influencing the uptake of the ESPS resources and will inform future interventions for OSHC staff to improve knowledge and practices in healthy eating and physical activity promotion.

So What? Our findings will support the optimisation of ESPS resources and inform future development of future healthy eating and physical activity interventions in the OSHC setting.

KEYWORDS
after-school care, before-school care, childcare, education, healthy eating, physical activity, professional learning

1 | INTRODUCTION

Out of School Hours Care (OSHC) services provide care to approximately 516 920 children in Australia.[1] Approximately 4861 OSHC services operate in Australia (as of June 2022).[1] New South Wales (NSW) has the largest enrolment in OSHC services[2] with children spending an average of 11.3 h per week, and up to 5.5 h per day in care.[3] OSHC services are increasingly important for Australian parents who work outside school hours.[3,4] OSHC services provide care for children, aged 5–12 years, before (approximately 06:30–09:30) and after (14:30–18:30) school on weekdays during school terms. OSHC also operate on pupil-free days and school holidays (vacation care) from approximately 06:30–18:30.[5] OSHC services offer breakfast, morning tea and afternoon tea to children, and opportunities for indoor play (e.g., board games, crafts, reading or recreational screen-time) and physical activity (e.g., staff-led organised play or child-led free play).[6,7]

OSHC services can positively impact child physical activity and nutrition however this can be limited by staff knowledge, behaviour and training.[8,9] Therefore, there is a need for educators to be appropriately trained and supported.[10,11] However, currently, there are no national or state-based (NSW) mandatory qualification requirements for educators in OSHC services, and formal training is non-mandatory and comprised of limited nutrition or physical activity content.[12,13]

To assist OSHC services in meeting National Quality Standards (NQS) relating to healthy eating and physical activity, the Eat Smart Play Smart (ESPS) resources were developed with funding from the NSW Ministry of Health. Distribution of resources began in November 2017 across NSW OSHC services as hard copy manuals, followed by online self-paced learning modules in September 2018. The resources included evidence-based guidelines for healthy eating and physical activity for children, as well as practical tools for OSHC staff (including recipes, food activities, menu templates, indoor and outdoor physical activity games, sample policy statements, care plan for children with specific dietary needs, and food handling and hygiene checklists).

The use of the ESPS and other resources in supporting OSHC services to promote healthy eating and physical activity and meet the NQS is yet to be evaluated. Therefore, this study aims to:

1. Evaluate the awareness and usefulness of the ESPS resources throughout NSW OSHC services and;
2. Determine which other resources and support staff would find useful in promoting healthy eating and physical activity behaviours in OSHC services.

2 | METHODS

A cross-sectional survey was conducted between December 2019 and August 2020 with NSW OSHC services. The online survey was pilot tested with the research team beforehand to trial its usability and technical functionality. OSHC services were eligible to participate if they (a) provided care to primary-school aged children (Kindergarten to 6th grade); (b) operated before school, after school or during vacation care hours; (c) were located within NSW, Australia, and; (d) had more than five students enrolled per day.

Approximately 1700 OSHC services were sent an email about the study, a participant information sheet, and instructions on how to complete the survey via email. The email addresses of OSHC services were obtained from the publicly accessible registry of the Australian Children's Education & Care Quality Authority. The survey was distributed via Qualtrics software (Qualtrics, Provo, UT, USA). Tacit consent was obtained from all respondents. The initial email was followed by a reminder email. The survey was also distributed locally via email to OSHC services through NSW Local Health Districts (health jurisdictions). The survey (Supplementary File 1) included 16 questions about usefulness of the content, frequency of use, other resources and professional learning used to promote physical activity and nutrition, additional support that would be beneficial for nutrition and physical activity promotion, and how the ESPS resources could be improved. The survey also included questions for respondents who had not used or known about the ESPS resources. This study has been reported according to STROBE guidelines and a checklist has been included (Supplementary File 2).

The study was approved by the University of Wollongong Human Research Ethics Committee (2019/ETH12429) and local promotion of the survey through NSW Local Health Districts was granted in May 2020. Site Specific Approval was granted for partner sites South Western Sydney Local Health District and Illawarra Shoalhaven Local Health District.

Descriptive statistics and frequencies were calculated to summarise survey responses. IBM SPSS Statistics (Version 29, 2022) was used for all analyses. Upon completion of the survey, participants

were offered the opportunity to enter a draw to win a $500 gift voucher to spend on sports and kitchen equipment in their service.

Two researchers (LP, MH) examined the responses to the open-ended question. Each researcher independently coded the responses manually and coding consistency checks were conducted. A high level of coding consistency was achieved, with a rate of 98%. Any inconsistencies that arose were primarily due to differences in the labels assigned to the codes (for instance, 'cooking equipment not available' versus 'limited access to kitchen equipment') rather than misclassification. The codes were then organised into topics and sub-topics, which were subsequently reviewed and adjusted as necessary (i.e., renamed or collapsed).[14]

3 | RESULTS

A total of 393 responses were received from a combination of completed and partially completed surveys (response rate of approximately 23%). Of those who provided the service postcode ($n = 363$), 71% were from metropolitan areas ($n = 279$), 21% were from regional areas ($n = 82$) and only two were from rural areas ($n = 2$). The OSHC services were from a range of areas within 14 (of a total of 15) NSW Local Health Districts.

3.1 | Staff roles and types of OSHC services

Of those who responded to the staff role question ($n = 361$), 50% were coordinators ($n = 180$), 31% were directors ($n = 111$) and 6% were educators ($n = 21$). Other roles ($n = 49$) included kitchen supervisor, dietitian, manager, authorised supervisor, assistant director, service manager, educational leader, and team leader.

OSHC services offered before-school care, after-school care, vacation care and/ or other care (n = 361). 97% of OSHC services offered after-school care ($n = 349$). 82% also reported offering before-school care ($n = 296$) and 83% reported also offering vacation care ($n = 298$). Other types of care (5% percent) included long day care, occasional care, early childhood care, and pupil free day care ($n = 18$).

3.2 | Use of the Eat Smart Play Smart resources

When asked about types of ESPS resources used ($n = 352$), 55% of respondents ($n = 193$) reported using the ESPS manual only, 15% reported using both manual and online learning modules ($n = 54$), 5% reported using the online learning modules only ($n = 16$) and 25% reported never having used the ESPS resources ($n = 89$).

Table 1 reports the ESPS content most used. This included afternoon tea recipes, menu planning and nutrition information and guidelines. The second column of Table 1 highlights the ESPS content ranked as being useful by OSHC staff. The highest-ranked section was afternoon tea recipes, followed by menu planning and nutrition information and guidelines.

TABLE 1 Parts of Eat Smart Play Smart content used and ranked as most useful by Out of School Hours Care services.

Eat Smart Play Smart (ESPS) content	Parts of ESPS content used ($n = 254$)	Parts of ESPS content ranked as most useful ($n = 247$)
Afternoon tea recipes	77%	28%
Menu planning	57%	15%
Nutrition information and guidelines	49%	12%
Food activities and games	46%	7%
Food handling and hygiene	45%	10%
Physical activity ideas or games	42%	7%
Food allergies, special and dietary requirements	39%	8%
Breakfast recipes	33%	7%
Physical activity checklist for Out of School Hours Care	26%	3%
Sample of physical activity program	18%	1%
Sample of nutrition policies	14%	2%
Sample of physical activity policies	10%	0%
Other	2%	0%

Note: Results in last column is presented as weighted averages.

When responding to the question 'How often have you (or your staff) used the ESPS content?' ($n = 246$), 46% stated sometimes (i.e., once or twice per term) ($n = 114$), 29% responded often (i.e., once or twice per month) ($n = 72$), 14% rarely (i.e., less than once per term) ($n = 35$) and 10% very often (i.e., once or twice per week) (n = 24).

In response to the question, 'Does the Eat Smart Play Smart resource contribute to the ability of your service to meet the National Quality Standards?' ($n = 246$), most (69%) reported yes ($n = 169$), while 29% responded that it 'somewhat' did ($n = 71$) and only 2% reported that it did not ($n = 6$).

3.3 | Resources other than the ESPS used to promote healthy eating and physical activity

Table 2 outlines the other resources currently used to promote healthy eating. Most respondents reported using the Australian Dietary Guidelines to promote healthy eating, followed by the Australian Guide to Healthy Eating and the Network of Community Activities (the peak organisation for OSHC services in NSW) resources. Regarding other physical activity resources, most respondents reported using

TABLE 2 Other resources used by Out-of-School Hours Care services to promote healthy eating to children by participants who had and had not used the ESPS resources.

Other resources used to promote healthy eating	% of responses who had used ESPS ($n = 243$)	% of responses who had not used ESPS ($n = 88$)	% of responses overall ($n = 331$)
Australian Dietary Guidelines	76%	69%	74%
Australian Guide to Healthy Eating	58%	51%	56%
Network of Community Activities	50%	35%	46%
Resources accessed on the NSW Healthy Kids website	49%	32%	45%
Munch & Move	36%	32%	35%
Resources accessed on the Heart Foundation website	22%	10%	19%
Crunch & Sip	18%	15%	17%
Resources accessed on the Raising Children Network website	17%	8%	15%
Nutrition Ready to Go at Out of School Hours Services: A Food and Nutrition Manual for Out of School Hours Services	16%	7%	14%
Professional training about healthy eating and physical activity for children	16%	10%	15%
Other (please specify)	6%	2%	3%

Note: Responses given for Other (please specify) include feedAustralia, Community services workshops, Premier's council for active living website.

TABLE 3 Other resources used by Out-of-School Hours Care services to promote physical activity to children by participants who had and had not used the ESPS resources.

Other resources used to promote physical activity	% of responses who had used ESPS ($n = 236$)	% of responses who had not used ESPS ($n = 84$)	% of responses overall ($n = 320$)
Network of Community Activities	47%	35%	43%
Resources accessed on the NSW Healthy Kids website	39%	29%	36%
Munch & Move	33%	36%	34%
Resources accessed on the Heart Foundation website	24%	6%	19%
Australian 24-hour Movement Guidelines	22%	18%	21%
Professional training about physical activity for children	13%	4%	11%
Resources accessed on the Raising Children Network website	13%	7%	11%
Other (please specify)	6%	10%	7%

Note: Responses given for Other (please specify) include Play for Life resources, Active after school resources and theory based research.

the Network of Community Activities, followed by resources on the NSW Healthy Kids website and the Munch & Move resources (NSW program targeting early childhood education and care services) as shown in Table 3.

3.4 | Recommended additional support to promote healthy eating and physical activity

Twenty-nine percent of respondents wanted more healthy eating educational materials, and 19% reported that they would like practical strategies to promote healthy eating (e.g., providing cooking utensils to encourage child involvement in food preparation). Professional learning (16%), opportunities to network with staff via online/social media or face-to-face groups (12%), nutrition curriculum development (12%), and internet-based nutrition programs (11%) were also reported.

One-third of respondents reported that they would like more physical activity educational materials, while 28% reported improved facilities or equipment (e.g., grassed areas for outdoor play, and structured games ideas for indoor play). Professional learning (24%) and opportunities for staff networking (14%) were also reported.

3.5 | Suggestions for areas of improvement of the ESPS resources

Of those responding with suggested improvements ($n = 231$), most (64%) suggested offering content in different formats (e.g., smartphone application), followed by restructuring the manual,

TABLE 4 Topics and sub-topics of open-ended question.

Major topics	Sub-topics	Codes
Resource acceptability	Usefulness of resources	ESPS resource has been useful/appreciative of resource
		ESPS manual useful in meeting NQF
		ESPS manual useful for new educators
		Have used for staff to promote healthy lifestyle to children
		Resource is too long
	Resource format	Recommend online forum to share recipes and/or activity ideas
		Recommend smartphone application
		Recommend someone to explain the document
		Recommend resource site for activities
		Recommend printable resources
		Recommend downloadable resource pages
		Recommend dividing book into sections
		Recommends other resources to promote healthy eating
Content	Recipes	Recommend simpler recipes—minimal time to prepare
		Recommend low cost recipes
		Recipes can be expensive
		Children will not eat the food from recipes provided
		Recommend more culturally diverse recipes
		Recipes not designed for large number of children
		Have used recipes/recipes useful
		Have adjusted recipes (e.g., for preferences or cultural diversity)
		Resource highlighted that some recipes they were using were not healthy
		Recommend wider variety of recipes
		Recommend recipes for fussy eaters
		Recipes result in food waste (from children not eating)
		Recommend recipes with less refined carbohydrate and more wholegrains
		Recommend recipes that are suitable for large numbers
	Activities	Use manual for activity suggestions
		Have used healthy eating activities
		Recommend more healthy eating activities
	Menu planning	Recommend menu planning section of app
		Recommend setting up meal plans and weekly menus
		Recommend more meal examples
		Have used manual to plan menus
Professional development, support and facilities	Service facilities	Cooking equipment minimal
		Space for food preparation minimal
		Limited time for food preparation
		Limited time to promote healthy eating
		Centre burnt down
		Too busy to use
		Only just started to use manual
	Communication with staff, other services, and families	Information can be shared with families
		Have shared resource with other centres

(Continues)

TABLE 4 (Continued)

Major topics	Sub-topics	Codes
		Discussed with other centres how they have included the resource in practice
		Recommend tips to promote manual to staff (what have other services done?)
	More opportunities for training	No courses/training scheduled?
		Recommend more opportunities for healthy eating and physical activity training

that is, separate booklets for recipes and activities (40%), reducing the size (22%) and text message support to encourage the use of resources (15%).

3.6 | Respondents' comments on the ESPS resources

Thirty-four staff provided further feedback regarding the ESPS resources in the open-ended question. All topics and codes are listed in Table 4. The major areas of improvement identified were 'Resource Acceptability,' 'Content' and 'Professional learning, support and facilities.'

'Resource Acceptability' consisted of two parts: 'Usefulness of Resources', and 'Resource Format'. Most responses were regarding the 'Usefulness of resources', which largely discussed how staff found the resources beneficial in facilitating improvements to quality areas related to healthy eating and physical activity, and that the resources are useful for new educators. "*This is a valuable resource for all OSHC programs, especially for new educators who may have limited experience or knowledge in these areas. The resource provides a good link to the national standards, information which can be shared with families and great activity suggestions. The look of the latest edition is very appealing!*" (Participant 175). Comments regarding the first major topic 'Resource format' included recommendations for an ESPS smartphone application (app) and an online forum to share recipes and/or physical activity ideas. "*I think the ESPS manual is a fantastic resource however the format, a large, thick, wordy book, makes it daunting and inaccessible for most educators. An app would be perfect*" (Participant 244). Comments made about having an online platform to share ideas with other OSHC educators were also highlighted "*… It would be great if we could also have a forum where OSHC services can upload or share recipes or physical activity ideas with each other*" (Participant 192).

The second major topic that emerged from participants' comments was 'Content' which consisted of three parts: 'Recipes', 'Activities' and 'Menu Planning'. There were positive and negative comments regarding the recipes. This included recommendations around including low-cost recipes, simplifying recipes due to time constraints, and having culturally diverse recipes. Many respondents commented that they used the recipes and found them useful. Negative feedback included children's refusal to eat the food, "*We tried to include some of the Eat Smart Play Smart meal ideas and the majority of our children would refuse to eat… I also feel that some of the meals aren't designed to be made for a large group, please be mindful of costs and the number of children to prepare meals for*" (Participant 102). The section 'Menu planning' captured comments around how the ESPS resources have been helpful in planning menus, "*We are pleased to use the manual in our service when developing our menus. We would really love to have some healthy and budget friendly recipes or menus to use in our planning implementation. A resource site that we can access easy and fun games for our programs would be fantastic as well*" (Participant 198) and "*This tool… has assisted the educators in the creation of our menu, ensuring that we achieve what is required and it really highlighted that we were often using recipes that weren't the most healthy or nutritious of options*" (Participant 224). Comments regarding 'Activities' were all positive and were related to how educators used the manual for activity suggestions.

The final major topic 'Professional learning, support and facilities' consisted of three sub-topics: 'Service facilities,' 'Communication with staff, other OSHC services and families' and 'More opportunities for training'. 'Service facilities' included having limited time, cooking facilities and space for food preparation. "*I really appreciated the resources and manual when they were provided to me—and I had full intention of reading through and using the information contained in it, but the nature of OSHC meant that I kept putting it off to deal with more pressing concerns*" (Participant 171). The sub-topic 'Communication with staff, other OSHC services and families' included the following: "*Really worthwhile resource and the recipes are an incredible help—especially with larger sized groups and multiple services—we share ideas amongst us*" (Participant 241). The sub-topic 'More opportunities for training' included comments about respondents wanting further resources and training, "*We lost all our resources… It would be great to have some opportunities for healthy eating and physical activities training*" (Participant 286).

3.7 | OSHC services who had not used the ESPS resources

Of those who reported not using the ESPS resources ($n = 88$), 63% reported never receiving the ESPS manual and 52% reported not knowing about the ESPS online learning modules. Of those who had accessed the resources but never used them, 13% reported not having enough time. Other comments (8%) included OSHC services not preparing recipes from the manual due to lack of staff and resources.

Of those who had not used the ESPS resources ($n = 88$), 69% reported using the Australian Dietary Guidelines, 51% used the Australian Guide to Healthy Eating and 35% used the Network of Community Activities (35%) to help promote healthy eating, as shown in Table 2. Regarding physical activity resources used by those who had not used ESPS ($n = 84$), 35% reported using the Network of Community Activities, 29% reported accessing resources on the NSW Healthy Kids website and 18% reported using the Australian 24-h Movement Guidelines for children and young people, as shown in Table 3.

In response to the question about additional support to promote healthy eating ($n = 85$), 26% indicated that they would like access to educational materials. Similarly, in response to the question about additional support to promote physical activity ($n = 82$), 34% reported educational materials. Open-ended responses relating to healthy eating included providing extra time for staff to use for meal planning and research, and access to cheaper fruits and vegetables. For physical activity, open-ended responses included additional support in the form of increased funds to offer physical activity programs such as free sports clinics and having sporting organisations attend to conduct hands-on learning with the children at their service.

4 | DISCUSSION

Our study reported outcomes of a survey to determine the awareness and usefulness of healthy eating and physical activity resources for OSHC services across NSW. Findings indicate that resources in the OSHC setting are not being accessed or need improvement. To our knowledge, no other studies have reported on levels of awareness or use of healthy eating and physical activity resources within OSHC services or any similar settings. However, a study conducted in New South Wales (NSW) investigated the uptake of the Munch & Move program—a NSW state-wide healthy eating and active play professional development program aimed at influencing child healthy eating and physical activity behaviours in Early Childhood Education and Care services.[15] The study found that 88% ($n = 3328$) of Early Childhood Education and Care services had staff trained in the Munch & Move program. It is important to note that the study focused on the completion of training, not on the level of awareness or use of the program or resources. However, we can reasonably assume that those who completed the training were aware of the program resources. In contrast, our findings are different with OSHC services making less use or being less aware of the ESPS resources. This difference could be attributed to the fact that service delivery (reach) and support from Local Health Districts in the OSHC setting is lower compared to the Early Childhood Education and Care setting as there is no core support function provided by Local Health Districts to OSHC. The difference in support could therefore influence the levels of awareness and use of OSHC training and resources.

Apart from ESPS, other resources reported to be used were not specific to OSHC services and were either general in nature or developed for a different age group. Interestingly, Munch & Move resources were reported in the survey as having been used by OSHC staff to promote both healthy eating and physical activity, however these resources are specific to the early childhood education and care settings (birth to 5 years). The use of Munch & Move resources in the OSHC setting could indicate the lack of OSHC-specific resources and training.[6] Although several healthy eating and physical activity health promotion initiatives have successfully targeted early childhood and care settings,[16–18] they are not appropriate for the OSHC setting as they do not address specific healthy eating and physical activity needs of older (primary school-aged) children, the limited time and preparation facilities available and the fact that OSHC staff (not trained cooks) are responsible for food preparation.[19]

Our findings are consistent with previous studies showing that training and resources to educate OSHC staff about physical activity and healthy eating are limited in Australia and opportunities exist to improve the provision of resources and staff training.[7,19–23] The dearth of resources may be due to OSHC services having a lower enrolment and run for less hours than early childhood education and care services and therefore a less funded/ resourced setting.

All respondents ranked more educational materials as the top preference for additional support needed. When respondents were asked about using the ESPS resources, a quarter indicated that they had never used them. Those who had used the ESPS resources found them valuable, and many said they contributed to the ability of their service to meet the NQS. Moreover, respondents suggested the ESPS resources could be improved by delivering the content in more accessible formats such as through digital mediums. When respondents were asked about additional support to promote both physical activity and healthy eating, a majority selected 'further educational materials.' Interestingly, the lack of educational resources and professional learning opportunities can leave many educators feeling undervalued.[24] Additionally, when respondents were asked to provide suggestions to improve the ESPS resources, a majority suggested digital formats. This highlights the potential role of the growing OSHC sector in empowering educators to promote physical activity and healthy eating among Australian children by utilising digital platforms to facilitate wider reach and ease of access.[25]

Potential factors influencing the preference of OSHC staff for a digital format may be time constraints for training and professional learning and high staff turnover. Delivering content in easily accessible formats can enable staff to access materials when convenient, allowing them to make the most of their available time. Digital formats can comprise of short videos, interactive modules or short articles, which educators may find easier to digest than lengthy manuals. These delivery methods align with the principles of adult learning, which emphasise the importance of educational materials being self-directed, engaging and including both verbal and visual content.[26–28] By simplifying information and presenting it in audio and visual formats in manageable sections, the cognitive load on the learner can be reduced and learning opportunities can be maximised.[28] Additionally, digital resources such as an app or website offer the advantage of notifications and easy content updates. This is crucial, as information evolves over time and is a significant contrast to the labour-intensive

and costly process of revising, reprinting, and distributing paper materials.

Furthermore, OSHC is staffed by a largely casualised, transient and younger workforce, with 68% employed for less than 20 h per week, only 10% working full-time, and 42% of employees being aged between 15 and 24 years.[29] Digital content may therefore be more appealing and effective than other formats, as younger generations are generally more accustomed to using digital resources.[30]

Internet-based programs and Smartphone applications are a promising medium for delivery of health promotion initiatives.[31] With the global proliferation in ownership of mobile and wireless technology, health researchers have capitalised on this trend.[32] Research on the effectiveness of mobile health (mHealth) interventions in changing health behaviour is promising[33] with studies demonstrating that app-based interventions can lead to improved physical activity[34] and healthy eating[35] outcomes. Research monitoring implementation of healthy eating and physical activity standards within after-school settings in the United States demonstrated that an app was widely used and provided valuable information to educators.[36] The paucity of OSHC healthy lifestyle interventions in the Australian context is currently being addressed by the Activated OSHC trial, being conducted across 192 OSHC services in three Australian states.[37] The intervention involves tools and online training to implement the new Australian Physical Activity and Screen Time Guidelines for OSHC.[38,39] When complete, the results of this implementation trial will provide a valuable contribution to the evidence-base.

To facilitate improvements in the promotion of physical activity and healthy eating, OSHC staff should be supported with professional learning training and resources specifically designed for this setting. Given healthy eating and physical activity are key elements of the NQS, having appropriate professional learning resources that are in a relevant format is critical. Our study is the first to investigate and document the usefulness of physical activity and healthy eating resources to OSHC staff in Australia. The most suggested area of improvement was developing resources in accessible formats thus indicating that the sector may benefit from digital or mobile health resources to facilitate healthy eating and physical activity professional learning to staff.

4.1 | Strengths and limitations

Strengths of this study include the survey's wide geographical reach within NSW providing generalisable results. Limitations of this study include: (1) contacting survey respondents through various channels and therefore not being able to determine the exact reach and, survey response rate; and (2) several survey questions were not mandatory resulting in variability in sample sizes for different questions.

5 | CONCLUSION

Our study identified a lack of awareness among OSHC services regarding the Eat Smart Play Smart resource. It also emphasised educators' recommendations of potential benefits from additional information and training. While there has been some take up of the ESPS resources, respondents indicated a greater need for educational resources. Specifically, many respondents expressed a preference for digital formats. There are opportunities to enhance current resources to shape the eating and physical activity environments more positively within OSHC services, and ultimately facilitate improvements in child behaviours. Our findings have the potential to inform practice and policy and future research in this area.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ETHICS STATEMENT

The study was approved by the University of Wollongong Human Research Ethics Committee (2019/ETH12429) and local promotion of the survey through NSW Local Health Districts was granted in May 2020. Site Specific Approval was granted for partner sites: South Western Sydney Local Health District (Site Identifier: 2019/STE15662) and Illawarra Shoalhaven Local Health District (Site Identifier: 2019/STE15661).

PARTICIPANT CONSENT

Informed consent was received from all participants. Participants have consented for this research to be published.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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